BANK REFERENCES:		
Applicant: Bank Name/Location: Mey Bank, Rootstown, Ott () Co-Applicant: Bank Name/Location: Huntington (Ravenna, Ott ()	Savings (火) Che	cking () Money market
Co-Applicant: Bank Name/Location: Hentington / Ravena, Ott (∑Savings (∑)Chec	cking () Money market
O		
MONTHLY OBLIGATIONS: Applicant/Co-Applicant Name of Creditor Monthly Payment Monthly Payment	onths remaining	Approx. Balance
Stephen Hamilton US. Dep. of Ed. 50.00	(aC)	3000.50
STEPTICAL TIMINAL DO. DO. S. S.		0000
Do you have any judgments/bankruptcy or lawsuits against you? (NO) _(YES), Explain		
Have you ever been evicted? (NO) (YES, explain)		
Have you ever been convicted of a crime? \(\text{(NO)} \) (YES, explain) Do any occupants Smoke? \(\text{(NO)} \) (NO)		
Do any occupants shoke? (NO) (YES, number/type/size) / Dog / Spay/neutered? (YES) (NO) Are shots up to date: (YES) (NO,	15 165	
Spay/neutered? (YES) X (NO) Are shots up to date: X (YES) (NO,	Reason)	
Contingencies: (this application cannot be processed until the following contingencies are agree	d to or removed)	
AUTHORIZATION: A NON-REFUNDABLE CREDIT CHECK FEE OF (\$) PER APPLICANT
ACCOMPANIES THIS APPLICATION. Applicant(s) expressly authorize(s) verification	of information provid	led in this application from
credit sources, credit bureaus, current and former landlords, current and former has/have the right under section 606(b) of the Fair Credit Reporting Act, to make a wri		
complete and accurate disclosure to the nature and scope of any investigation. A cred	it check may take five	business days after receipt
of completed application. Applicant(s) understand(s) that this information may be shall in determining Applicant(s) reputation for meeting financial obligations but a convent to	ed with prospective la	ndlords and/or their agents
in determining Applicant(s) reputation for meeting financial obligations but a copy of the		
APPLICATION FEE: A separate application fee in the amount of \$		this application. 203(a) of this subtitle, and
these fees exceed \$25, then the landlord shall return the fees, subject to the exception	s below, or be liable fo	r twice the amount of the
fees in damages. The nature shall be made not later than 15 days fallowing the date of accurance of	- 41	-4: love -14b
The return shall be made not later than 15 days following the date of occupancy or other, of a decision that no tenancy shall occur.	the written communic	ation, by either party to the
The landlord may retain only that portion of the fees actual expended for a cr	edit check or other ex	xpenses arising out of the
application, and shall return that portion of the fees not actually expended on behalf of	the tenant making app	lication.
This section does not apply to any landlord who offers four or less dwelling ur location, or to seasonal or condominium rentals.	ills for rent on one pa	arcel of property or at one
LEASE & PAYMENT: Upon approval and acceptance of application, Applicant(s) ag	ree(s) to execute a le	ase in accordance with the
terms of the application and to make payment for the balance of the first month's rent	and security deposit in	the form of a money order
or cashier's check. If Applicant(s) fail to execute a lease and/or make payment, the en	tire application fee acc	companying this application
shall be forfeited without recourse, as liquidated damages, and split equally between the		
OCCUPANCY: Property is to be used as a single-family residence, subject to all a laws, and covenants of any applicable Condo or Homeowners Association. Occupan	oplicable zoning laws	and rules, regulations, by-
the present occupant. Applicant(s) understand(s) that the use or sale of illegal drugs	on the premises shall	be grounds for termination
of lease and occupancy, without recourse, and that all advance rental payments and	deposits shall be forfe	ited as liquidated damages
in the event of said termination.		
CERTIFICATION & REMEDY: Applicant(s) certify that all information provided herei listed are proceeds of illegal activities. Applicant(s) understand(s) that the lease or re	n is true and correct	and that none of the funds
has/have made any false, incomplete or misleading statements in this application.	ntai agreement may b	e terminated if Applicant(s)
Applicant signature: August Agust Agus Agust Agu		pt 18
Co-Applicant signature: Shanly Hamitta	Date: 26 Sep	rt. 2018
natrina H. Hamitton	21-50	DT R
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Credit Check and Application for Lease

Katrina It Hamilton

DOB: (01/15/1992)

290 - 94 - 9863

Katring. Hamilton 92 @gmail.com 72249595

3 dependents: Madeline (6) Matilda (4) Micah (1)

Cell: 330 -258 -3576

4144 New Milford Rd 3 yrs (Own)

Employment info: Cracker Barrel Restaurant (Wantress)

leaving for move

Rotereace: Knisten Hamilton 380

Randy Brown (330) 338-2423

Pastor/ family friend



CREDIT CHECK AND APPLICATION FOR LEASE



Property location/address: 1907 BULRUSH CT, ODENT	ON, MD 21113				
Application Date:			Target move-in date:		
APPLICANT: Stephen D Hamilton			Date of Birth: 09 / 18 / 9		
Social Security#: 215-02-1207 E-Mail hammy 201	15@icloud.com	∼ Drivers License#/	State: UA4	8935/ OH	
Number of Dependents: 1 Names & Ages: Shanle	y Hamilton	~ (21) Spa	vse.		
Home Phone: Work Phone:		Cell Phone	e: 330 75	31 7273	
Present address: 3984 Rosalind Dr Roots	town OH 4	4777 #of y	ears @ prese	nt address: 32	
Own > Rent If rental, Landlord/Property Manager:					
Landlord/Property Manager Phone: Fax:					
Previous address:	Landlord/Proj	perty Manager:			
Landlord/Property Manager Phone: Fax:		Reason for leaving: _			
Present Employer: United States Arrfor	ce	Phone:		No. Yrs:	
Supervisor: 15th Firlan	Phone: <u>540</u>	522 1919	=ax:		
Business Name & Position: ALC (E-3)		Wages: \$	4500	(Monthly)	
Previous Employer:					
Supervisor:					
Business Name/Type:		Wages: \$		(Monthly)	
Additional income/source:	4.				
Personal Reference: 55gt Curtis Brewer	_ Phone: 330 5	75 8085 Relat	ionship: Col	league	
CO-APPLICANT: Shanley M Hamit	ton		Date of Bir	th: 05/84/9	
Social Security#: 278-02-3037 E-Mail Shanky fu	rness @gmail.	Com Drivers Lice	ense#/State: کے	13409107 CT	
Number of Dependents: Names & Ages:					
Home Phone: Work Phone:		Cell Phor	ne:		
Present address: 530 N Walnut Raven					
Own Rent if rental, Landlord/Property Manager:		Mont	thly rent: \$		
Landlord/Property Manager Phone:					
Previous address:	Landlord/Prop	perty Manager:			
Landlord/Property Manager Phone:	ax:	Reason for	leaving:		
Present Employer: Self-Employed (Nan	y Service)	Phone:		No. Yrs: 3	
Supervisor:	Phone:		Fax:		
Business Name & Position:		Wages: \$	1200	(Monthly)	
Previous Employer: Gioninus Pizza		Phone: 😘		No. Yrs:l	
Supervisor: Bailey Smith	Phone:	330 697 5471			
Business Name/Type:		Wages:\$	500	(Monthly)	
Additional income/source:					
Personal Reference: Danielle Furness	Phone: 330	281 7748	Relationship:	Mother	
Additional Occupants: Name(s)/Ages:					
Credit Check and Application for Lease	Page 1 of 2 11/14				