



**RENTAL APPLICATION**  
(For Use in Montgomery County, Maryland)

Applicant's Name: Christopher Neitzey and, if applicable,  
 Co-Applicant's Name: Dana Neitzey ("the Applicant")  
 Application is made to lease property located at 721 Crabh Ave. MD for  
 monthly rental of \$ 1950 Security Deposit: \$ 1900  
 Lease Term: 1 year Move-in Date: 8-27-18 Move-out Date: 8-31-19

A deposit in the amount of \$ \_\_\_\_\_ (the "Deposit") is to be held by Landlord/Agent with the clear understanding that this Application, including each prospective occupant, is subject to approval and acceptance by owner or his duly authorized property manager. The Applicant has no leasehold interests in the rental property until there is a fully executed lease. In the case of payment by check, the words "**Deposit**" shall be placed on the check.

Additionally, an Application fee of \$ 40 per person ("the Application Fee") is to be used by the Landlord/Agent for the credit/consumer check and processing the application with the understanding that this application, including each prospective occupant is subject to Landlord's approval and acceptance. Should the actual cost expended for a credit check or other expenses arising out the Application exceed the amount of the Application fee, a portion of the Deposit shall be applied to pay such excess cost. When so approved and accepted, Applicant agrees to execute a lease and to pay any balance due on the security deposit and/or the first month's rent (as required by Landlord) within three (3) business days after being notified of acceptance and before possession is given.

**SPECIAL LEASE REQUIREMENTS:** Military/Diplomatic Clause: ☐ Yes ☒ No

Contingencies/Special Equipment: \_\_\_\_\_

**OCCUPANTS:** The premises are to be occupied only by the following # of occupants:

Total Number of Occupants: 2  
 Name: Chris Neitzey Age: 30  
 Name: Dana Neitzey Age: 30  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_

Pets: ☐ Dog: Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Total Number of Dogs: \_\_\_\_\_  
☐ Cat Total Number of Cats: \_\_\_\_\_ ☒ Other: Mini pig How many pets total? 1

**AUTOMOBILES, MOTOR CYCLES, TRUCKS, BOATS, AND TRAILERS:**

Total Number of Vehicles: 2  
 Type/Make: Subaru Outback Year: 2017 Tag #: Hnm4341 State: NY  
 Type/Make: Dodge Caliber Year: 2010 Tag #: \_\_\_\_\_ State: NY

Are any of the above commercial vehicles? If so, which ones? \_\_\_\_\_

All motor vehicles or trailers shall have current licenses and may be parked **ONLY** in garages, driveways, if provided, on the street (not in fire lanes or on the lawn), **OR AS REQUIRED BY THE CONDOMINIUM OR HOMEOWNER'S ASSOCIATION.**

**In compliance with federal fair housing regulations, the Property shall be made available to all persons without regard to race, color, religion, national origin, sex, physical or mental handicaps, familial status or any additional protected classes specified by State of Maryland, District of Columbia or local jurisdiction law.**

For Office Use Only: Date \_\_\_\_\_  
 Application Received by Agent/Broker: \_\_\_\_\_

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**Please Print Legibly:**

Applicant's Name: Christopher Neitzey

Birth Date: 05/20/1988

SS#: 218211997

Driver's License # or Government-Issued ID #: \_\_\_\_\_ State: NY

Home Phone: 4103300988

Temporary Local # (if applicable): \_\_\_\_\_

Office Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

E-mail Address: Chris.m.neitzey@gmail.com

E-mail Address: \_\_\_\_\_

Current Address: 309 Witherow Ave Troy NY 12182  
Street City State Zip

☒ Own ☐ Rent Years: 2 years

Rent/Mortgage Payments: \$ \$826

Present Landlord/Agent: \_\_\_\_\_

Phone: \_\_\_\_\_

Reason for moving: Relocating for work

Have you ever paid late? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

Have you ever been evicted? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

List all **previous addresses** for the last five years including period of stay in each and the name and telephone number of Landlord/Agent from whom you rented. (Use additional sheet if needed.)

Previous Address: 206 2nd ave Troy NY 12182  
Street City State Zip

Landlord/Agent's Name: Ray Koslowski Phone: 5185886588

From (Date): May 2015 To: Jan 2017 Monthly Rent: \$ \$1100

Previous Address: 100 N Mohawk st apt 5309 Cohoes Ny 12047  
Street City State Zip

Landlord/Agent's Name: Harmony Mills Phone: (518) 285-0622

From (Date): Feb 2014 To: May 2015 Monthly Rent: \$ \$1200

Current Employer: Afterschool Alliance

Position: Director of STEM Initiatives How Long: Starting August 2018

Address: 1101 14th St NW Suite 700, Washington, DC 20005

Street City State Zip

Supervisor: Jen Rhinehart Supervisor's Phone: 3014710675

**CURRENT GROSS ANNUAL INCOME:**

Base Pay: \$ \$85,000

Overtime: \$ \_\_\_\_\_

Bonuses: \$ \_\_\_\_\_

Commissions: \$ \_\_\_\_\_

Dividends: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

If employed less than one year with current employer, give previous employment information:

Previous Employer: New York State network for youth success

Position: Policy director How Long: 4 years Gross Income: \$ 56,750

Address: 415 river st. Troy, NY 12180

Street City State Zip

Supervisor: Alli Lidie Supervisor's Phone: 7039672808

IF EMPLOYER REFUSES to verify applicant's employment by phone, it shall become the responsibility of the applicant to provide immediate written confirmation of such information. If applicant is self-employed, attach copies for past two years of individual US tax form 1040 and self-employment US tax schedule C.

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Please Print Legibly:

Co-Applicant's Name: Dana Neitzey

Birth Date: 04/12/1988 SS#: 077740253

Driver's License # or Government-Issued ID #: 309 899 994 State: New York

Home Phone: 6312915530 Temporary Local # (if applicable): \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail Address: Dana.wodzinski@gmail.com E-mail Address: \_\_\_\_\_

Current Address: 309 Witherow ave Troy, ny 12182

Street City State Zip

☒ Own ☐ Rent Years: 2 years Rent/Mortgage Payments: \$ 826

Present Landlord/Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for moving: Relocating for work

Have you ever paid late? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

Have you ever been evicted? ☐ Yes ☒ No If yes, Explain \_\_\_\_\_

List all **previous addresses** for the last five years including period of stay in each and the name and telephone number of Landlord/Agent from whom you rented. (Use additional sheet if needed).

Previous Address: Same as Chris

Street City State Zip

Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

From (Date): \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Previous Address: Same as chris

Street City State Zip

Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

From (Date): \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Current Employer: National institutes for Health

Position: Research scientist How Long Starting September 2018

Address: Building 33 Bethesda, MD 20892

Street City State Zip

Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

**CURRENT GROSS ANNUAL INCOME:**

Base Pay: \$ 62,000

Overtime: \$ \_\_\_\_\_

Bonuses: \$ \_\_\_\_\_

Commissions: \$ \_\_\_\_\_

Dividends: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

If employed less than one year with current employer, give previous employment information:

Previous Employer: Ecovative

Position: Research biologist How Long: 5 years 4 months Gross Income: \$ \$55,000

Address: 70 cohoes Avenue Troy, NY 12183

Street City State Zip

Supervisor: Gavin McIntyre Supervisor's Phone: 6316804017

IF EMPLOYER REFUSES to verify applicant's employment by phone, it shall become the responsibility of the applicant to provide immediate written confirmation of such information. If applicant is self-employed, attach copies for past two years of individual US tax form 1040 and self-employment US tax schedule C.

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**APPLICANT / CO-APPLICANT:****HOUSING ASSISTANCE PROGRAM:**Are you participating in a Housing Assistance Program? ☐ Yes ☒ No If yes, please complete info below:

Jurisdiction: \_\_\_\_\_ / \_\_\_\_\_

Amount: \$ \_\_\_\_\_ / \_\_\_\_\_

Attach appropriate documentation.

**ASSETS:**

Checking Account: \$ \$2,000 / \$1,500 Bank: Sefcu / Bank of America  
Savings Account: \$ \$1,500 / 1,000 Bank: Sefcu / Bank of america  
Credit Union: \$ \_\_\_\_\_ / \_\_\_\_\_ Name: \_\_\_\_\_ / \_\_\_\_\_  
Other Assets: \$ \_\_\_\_\_ / \_\_\_\_\_ (Specify) \_\_\_\_\_ / \_\_\_\_\_  
TOTAL: \$ \_\_\_\_\_ / \_\_\_\_\_

**LIABILITIES:** (Auto Loans, Mortgages, Credit Cards, Bank Loans, Installment Loans, Student Loans, Child Support, Alimony etc.)

Creditor	Total Due	Monthly Terms
Chase bank Auto loan -Subaru Outback	\$ <u>\$14,000</u> /	\$ <u>\$638</u> /
_____	\$ _____ /	\$ _____ /
_____	\$ _____ /	\$ _____ /
_____	\$ _____ /	\$ _____ /
_____	\$ _____ /	\$ _____ /
_____	\$ _____ /	\$ _____ /
_____	\$ _____ /	\$ _____ /
TOTAL:	\$ _____ /	\$ _____ /

Have you ever filed for bankruptcy? ☐ Yes ☒ No If yes, Discharge Date: \_\_\_\_\_Do you have a suit for judgments against you? ☐ Yes ☒ NoAre you obligated to pay ☐ or receive ☐ child support or pay ☐ or receive ☐ alimony?

If so, indicate monthly payment: \$ \_\_\_\_\_

APPLICANT: Citizen of (Country): United States Passport #: \_\_\_\_\_Emergency Contact: Jeanne Rosenberger Relationship: Mother  
Address: 12205 rousby hall rd. Lusby, MD 20657 Phone: 4106107461CO-APPLICANT: Citizen of (Country): United States Passport #: \_\_\_\_\_Emergency Contact: Dawn Wodzinski Relationship: Mother  
Address: 11 turnbike blvd. middle island, ny Phone: 6319874117**LOCAL REFERENCES:**Name: Kevin Neitzey Relationship: Brother  
Address: 1666 st Margaret's rd. Annapolis, md Phone: 4103305144Name: Jennifer Makar Relationship: Friend  
Address: \_\_\_\_\_ Phone: 8457022043

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**THE FOLLOWING PARAGRAPHS ARE REQUIRED IN MONTGOMERY COUNTY, MARYLAND:**

1. In the event the Application is approved, but the Applicant **FAILS FOR ANY REASON TO SIGN A LEASE WITHIN THE TIME PROVIDED HEREIN**, then the Landlord/Agent **SHALL BE ENTITLED TO RETAIN ALL OR A PORTION OF THE APPLICATION FEE AND/OR RETAIN A PORTION OF THE DEPOSIT** as specified herein. The balance of the Application Fee and/or Deposit if any, shall be returned to applicant within fifteen (15) days following the date of occupancy or of receipt of written communication, by either party to the other, of a decision that no tenancy shall occur. In the event the application is not approved and accepted by Landlord, the Application Fee and/or Deposit less that portion of the Application Fee actually expended by Landlord/Agent for a credit check or other expenses arising out of the Application shall be returned to the applicant within fifteen (15) days of such action. If Landlord/Agent requires from an Applicant any fees other than a security deposit in excess of \$25.00, Landlord/Agent shall return the fees subject to the provisions above or Landlord/Agent shall be liable to Applicant for twice the amount of the fees collected.
2. The provisions of the foregoing Paragraph 1 do not apply to any Landlord/Agent who offers four or less dwelling units for rent on one parcel of property, or at one location, or to seasonal or condominium rentals.
3. I certify that I have received and carefully examined a sample of the lease and any addenda. I agree that I shall apply for all utilities services before taking occupancy of the leased premises and agree to pay all utilities: **GAS, OIL, ELECTRICITY, WATER, SEWER, REFUSE**, where applicable, and will pay deposits therefore, if required. The applicant hereby waives any claim for damages for reason of non-acceptance of this application.
4. Should I sign a lease for the above-referenced property managed by Listing Broker/Landlord, I am prepared to deposit with the Listing Broker/Landlord a security deposit in an amount not to exceed the maximum security deposit permitted by law and in accordance with the risks to the property involved. I understand that the rate of interest on the security deposit will be as prescribed by Maryland Law. If a security deposit is required, I understand that I may make a written request to the Landlord/Agent within fifteen (15) days of the date of occupancy a list of all existing damages.

**ELECTRONIC SIGNATURES**

Electronic Signatures in Global and National Commerce Act, or E-Sign (the Act), and other applicable local or state legislation regarding Electronic Signatures and Transactions, the applicant(s) do hereby expressly authorize and agree to the use of electronic signatures as an additional method of signing and/or initialing this application and/or any future: In accordance with the Uniform Electronic Transactions Act (UETA) and the contracts or addenda. The applicants hereby agree that either party may sign electronically by utilizing a digital signature service.

Applicant: MMN / 8/15/18 Co-applicant: NSN / 8/15/18



**AUTHORIZATION TO RELEASE INFORMATION:**

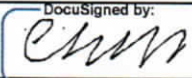
The undersigned applicant affirms under the penalties of perjury that I have read and understand pages 1 through 6 of this application and that my answers to the questions on this application are true and correct to the best of my personal knowledge, information and belief and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

Upon demand made by Listing Broker/Landlord, at any time during the applicant's tenancy or thereafter, Listing Broker/Landlord is hereby authorized to release any information contained in this application to any consumer reporting agency, credit bureau, or other investigative agencies.

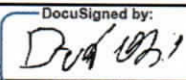
The Applicant hereby authorizes Listing Broker/Landlord to order and obtain a credit/consumer report. I hereby authorize the owner or owners agent to whom this Application is made and any credit bureau or other investigative agency used by such owner or owners agent to investigate and to report and disclose to the owner and the owners agent the results of the references herein listed, statements and other data obtained from me or from any other person pertaining to **financial responsibility**. In the event the Listing Broker is acting on behalf of the Landlord, another broker or other party directly or indirectly affected by said transaction, the applicant hereby authorizes the Listing Broker to forward and disclose all or any portion of the information contained in the credit/consumer report to the Landlord, another Broker or other party directly or indirectly involved. The applicant hereby releases Listing Broker/Landlord from any liability whatever for rejection of this **my credit, employment, rent history and** application due to credit information or any other reason." After this application has been processed, the Landlord/Owner may be contacted for final approval. Applicant will be contacted when approval is received or denied.

I understand that this **APPLICATION DOES NOT CONSTITUTE A COMMITMENT** to lease or rent and that a **WRITTEN LEASE WILL BE PREPARED** if my application is approved. I further understand that the lease **MUST BE SIGNED BY BOTH THE LANDLORD AND/OR ITS AGENT AND MYSELF TO BE VALID**

PRINT NAME: Chris Neitzey

APPLICANT SIGNATURE:  Date: 8/16/2018

PRINT NAME: Dana Wodzinski

CO-APPLICANT SIGNATURE:  Date: 8/16/2018

Date: 8/16/2018 Check: \$ 1950 Cash: \$ \_\_\_\_\_

Leasing Broker: Nicholas D'Ambrosia Broker Code: 6253

Address: 900 Bestgate Rd. #100 Annapolis MD 21401 Phone: 410 295 6529

Leasing Agent: Brooke Austin Phone: 410 207 2526

License #/State: 665374/MD MRIS # 3114036

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