





RENTAL APPLICATION (For Use in Washington, DC)

(For ose in washington, DC)	
Applicant's Name: Whitey Alexander Co-Applicant's Name:	and, if applicable
Co-Applicant's Name:	("the Applicant"
for monthly rental of \$ \$6060 or \$6,180 Security Deposit: \$ 6150 Already or	on Account
Lease Term: MonthtoMonth/lyr Term Move-in Date: 08/01/2018? Move-out Date: TBD	
A deposit in the amount of \$ \$6,150 Already on Account (the "Deposit") is to be held by Landle understanding that this Application, including each prospective occupant, is subject to approval and accepta authorized property manager. The Applicant has no leasehold interests in the rental property until there is a the case of payment by check, the words "Deposit" shall be placed on the check.	ance by owner or his duly
Additionally, an Application fee of \$ 38.00 ("the Application Fee") is to be used by the credit/consumer check and processing the application with the understanding that this application, in occupant is subject to Landlord's approval and acceptance. Should the actual cost expended for a credit arising out the Application exceed the amount of the Application fee, a portion of the Deposit shall be ap cost. When so approved and accepted, Applicant agrees to execute a lease and to pay any balance due on the first month's rent (as required by Landlord) within three (3) business days after being notified of acceptance is given.	cluding each prospective check or other expenses plied to pay such excess ne security deposit and/or
SPECIAL LEASE REQUIREMENTS: Military/Diplomatic Clause: Yes X No Contingencies/Special Equipment:	
OCCUPANTS: The premises are to be occupied only by the following # of occupants: Total Number of Occupants: 5 Name: White All Company State of the company	Age: Age:
Pets: Dog: Breed: Weight: Total Number of Dogs:	
Cat: Total Number of Cats: Other: How many	pets total?
AUTOMOBILES, MOTORCYCLES, TRUCKS, BOATS, AND TRAILERS:	
Type/Make: Type/Make: Tag #: H99-600 St	tate:
Type/Make: Year: Tag #: H94-G0V St. Type/Make: Year: Tag #: St.	tate:
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, (not in fire lanes or on the lawn), OR AS REQUIRED BY THE CONDOMINIUM OR HOMEOWNER'S	if provided, on the street ASSOCIATION.
In compliance with federal fair housing regulations, the Property shall be made available to all per race, color, religion, national origin, sex, physical or mental handicaps, familial status or any addit specified by State of Maryland, District of Columbia or local jurisdiction law.	
For Office Use Only: Date	
For Office Use Only: DateApplication Received by Agent/Broker:	

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6/2012

GCAAR # 1204, DC - Rental Application
(Previously form # 1204)

Taylor Properties, 175 Admiral Cochrane Drive #111 Annapolis, MD 20401
Phone: (301) 320-3400 Fax: Jack J. Col

Please Print Legibly:
Applicant's Name: Whitey Hexander
Birth Date: 08/02/1995 SS#: 408-79-1715
Driver's License # or Government-Issued ID #: 119362059 State: TN
Home Phone: 423-753-7865 Temporary Local # (if applicable):
Office Phone: 43-956-8534
E-mail Address: whtle alexande 169ma E-mail Address:
Current Address: 3 DOVE TYCE Case Jones borough TN 31659
Street City State Zip
Own Rent Years: NA Rent/Mortgage Payments: \$ NA
Own Rent Years: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Reason for moving: Jole
Have you ever paid late? Yes No If yes, Explain
Have you ever been evicted? Yes No If yes, Explain
Thave you ever been evicted. Tes Two 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.)
35726
Previous Address: 603 Cleanian Rd Houser At Bours
Street City State Zip
Landlord/Agent's Name: Amarda Abboth Phone: (464) 862-3871
From (Date): Danuary 2018 To: July 2018 Monthly Rent: \$ 350
Trom (Butc). Not (As y 10) 10. (Stay Batt) Intolling Roll. 5
Previous Address: 343 ECGM St. New York NY 10065
Street C City State Zip
Landlord/Agent's Name: Prince Woodelthax Real 25tate Phone: 212-999 - 4888
From (Date): January 2018 Monthly Rent: \$ 2,100
Current Employer: Melliko Compressman Koes Congressional Office
Position: Press Secretary How Long: Ream Aug. 13th
Address: 336 Cannon HOB Washenatan DC 30515
Street City State Zip
Supervisor: Nath Mayer Supervisor's Phone: (202) 205 - 6336
CURRENT GROSS ANNUAL INCOME: Commissions: \$
Base Pay: \$ 40,000 \(\cdot \)
Overtime: \$ Other: \$
Bonuses: \$NA TOTAL: \$
If employed less than one year with current employer, give previous employment information:
Previous Employer: What Walkard Taco Mana
Position: Server How Long: 5 Months Gross Income: \$ 1000 Mining on War
Address: 1014 Oxymory Rd. Homewood Al 35209
Street City State Zip
Supervisor: Michah McDaniel S Supervisor's Phone: 205-414-0441
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 $\ensuremath{\text{C}}.$

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Please Print Legibly:				
Co-Applicant's Name: Birth Date:	SS#:			
Driver's License # or Government-Issued ID #:			e:	
Home Phone:		ocal # (if applicable):	·	
Office Phone:	Mobile Phone			
E-mail Address:	F-mail Address	·		*
				2
Current Address:Street	City		State	Zip
Sueet	City		State	Zip
Own Rent Years:	Rent/Mortgage Paymer	nts: \$		
Present Landlord/Agent:		Phone:		
Reason for moving:				
Have you ever paid late? Yes No If yes,	Explain			
Have you ever been evicted? Yes No If y	es, Explain			
List all previous addresses for the last five year Agent from whom you rented. (Use additional ships address:		n each and the name and	telephone numbe	r of Landlord/
Street	City		State	Zip
Landlord/Agent's Name:		Phone:		-
From (Date): To:		Monthly Rent: \$		
		,,,		
Previous Address:				
Street	City		State	Zip
Landlord/Agent's Name:		Phone:		
From (Date): To:		Monthly Rent: \$		
Current Employer:				
Position:		How Long:		
Address:				
Street	City	State	Zip	
Supervisor:		Supervisor's Pho	one:	
CALIBRATION OR OLGO AND VALVE AND OLGO		~		
CURRENT GROSS ANNUAL INCOME:		Commissions: \$		
Base Pay: \$				
Overtime: \$				
Bonuses: \$		TOTAL: \$		
If employed less than one year with current emplo		ment information:		
Previous Employer:				
Position:	How Long:	Gross Inc	ome: \$	
Address:Street	City	State	7:	
	City		Zip	
Supervisor:		Supervisor's Pho	one:	

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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THE FOLLOWING DISCLOSURES ARE REQUIRED BY THE DISTRICT OF COLUMBIA:

		102
	1.	The housing accommodation is rent-controlled x exempt from rent control.
	2.	A copy of the current business license is attached.
l	3.	The undersigned acknowledge(s) having been shown the Registration/Claim of Exemption form and having been offered a copy of the form for the undersigned.
	4.	The housing accommodation is registered as - (check as applicable) condominium cooperative is converting
		to a condominium or cooperative or non-housing use.
	5.	The owner of the housing accommodation is Jack J. Cohen
- 1	6.	The amount of the non-refundable application fee is \$ 38.00 . The amount of the initial security deposit is \$ 6150.00 On . The amount of the security deposit cannot exceed the first full-month of rent. For any tenancy of twelve months or longer, interest on the security deposit shall accrue at the passbook rate prevailing in the DC financial institution in which the funds are held, which rate is re-set every six months (1st of January and 1st of July). Within forty five days after the termination of the tenancy, the housing provider will either (a) return the security deposit plus any interest to the tenant or (b) notify the tenant of the intent to withhold the deposit for defraying expenses incurred pursuant to the lease. If the housing provider intends to withhold the deposit, then within thirty days after notice to that effect the housing provider will give the tenant an itemized statement of the expenses to which the deposit was applied and refund any remaining balance to the tenant.
		The applicable rent for the unit at the date of this disclosure is \$\$6060 or \$6,180.
- 1	8.	The undersigned acknowledge(s) having been shown all Housing Violation Notices issued by the Department of Consumer and Regulatory Affairs within the last twelve months and any Notices issued earlier but still outstanding, and having been offered copies.
		The following petitions or proceedings are pending that could affect the rental unit, whether the rent charged, the services and facilities provided or other matters: Case Number N/A Type of Petition/Proceeding
	10.	The following surcharges (rent increases that will subsequently be rescinded) are in effect for the rental unit: <u>Case Number</u> <u>Type of Surcharge</u> <u>Amount of Surcharge</u> <u>Date of Rescission</u>
	12.	Except for a rent increase upon vacancy, the rent charged a rental unit under rent control may be increased no more frequently than once every twelve months. The undersigned acknowledge(s) having been shown the most recent Notice of Change Form filed pursuant to section
		205(g)(1)(C) of the Act, relating to change of ownership, management, or services and facilities, and having been offered a copy.
		The undersigned acknowledge(s) receipt of a pamphlet published by the Rent Administrator explaining the Act and any regulations under the Act as they relate to implementation of rent increases and petitions permitted to be filed by housing providers and tenants.
	Adn unde	undersigned acknowledge(s) receipt of this disclosure form, the attachment and the pamphlet published by the Rent hinistrator (http://newsroom.dc.gov/file.aspx/release/9439/Rent%20Control%20Pamphlet%208.04.06.pdf) The ersigned acknowledge(s) having been shown the other documents, having been offered copies of those documents and ng received any copies of documents requested by the undersigned as set forth above.
L	Initi	als:
Sigi rega elec	natu ardi troi	TRONIC SIGNATURES: In accordance with the Uniform Electronic Transactions Act (UETA) and the Electronic res in Global and National Commerce Act, or E-Sign (the Act), and other applicable local or state legislation ng Electronic Signatures and Transactions, the applicant(s) do hereby expressly authorize and agree to the use of nic signatures as an additional method of signing and/or initialing this application and/or any future contracts or a. The applicants hereby agree that either party may sign electronically by utilizing a digital signature service.
		Applicant: WA 731/2019 Co-applicant:/

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AUTHORIZATION TO RELEASE INFORMATION:

1 21 11

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 owner's agent to whom this Application is made and any credit bureau or other investigative agency used by such owner or owner's agent to investigate and to report and disclose to the owner and the owner's agent the results of the references herein listed, statements and other data obtained from me or from any other person pertaining to my credit, employment, rent history and 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 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.

. (i

PRINT NAME: CO-APPLICANT SIGNATURE: Date: Check: \$ Cash: \$ Leasing Broker: Taylor Properties Address: 175 Admiral Cochran Drive #175 Annapolis, MD 21401 Phone: Leasing Agent: Jack J. Cohen Phone: (301) 320-3400	PRINT NAME: Whitley Hoxandly	
CO-APPLICANT SIGNATURE: Date: Date:	APPLICANT SIGNATURE: White alexel	Date: 7/31/18
Date: 7/3 / / Check: \$ Cash: \$	PRINT NAME:	
Leasing Broker: Taylor Properties Address: 175 Admiral Cochran Drive #175 Annapolis, MD 21401 Leasing Agent: Jack J. Cohen Phone: (301) 320-3400	CO-APPLICANT SIGNATURE:	Date:
Address: 175 Admiral Cochran Drive #175 Annapolis, MD 21401 Phone: Leasing Agent: Jack J. Cohen Phone: (301) 320-3400	Date:	Cash: \$
Leasing Agent: Jack J. Cohen Phone: (301) 320-3400	Leasing Broker: Taylor Properties	Broker Code: TAL1
	Address: 175 Admiral Cochran Drive #175 Annapolis, MD	21401 Phone:
License #/State: DC SP91607 / MRIS # 1850	Leasing Agent: Jack J. Cohen	Phone: (301) 320-3400
	License #/State: DC SP91607 /	MRIS # 1850

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APPLICANT / CO-APPLICANT:

HOUSING ASSIST	ANCE PRO	GRAM:		/		
Are you participating	g in a Housin	g Assistance I	Program? 🗌 Yes 🗹	No If yes, please con	nplete info below:	
Jurisdiction:			5475 54-5474, 56-5-76			
Amount: \$						
Attach appropriate d	ocumentation	n.				
ASSETS:						
Checking Account:	\$			Bank:		
Savings Account:	\$			Bank:		
Credit Union:	\$			Name:		
Other Assets:	\$			(Specify)		
TOTAL:	\$			_		
LIABILITIES: (Au	to Loans, Mo	ortgages, Cred	it Cards, Bank Loans,	Installment Loans, S	tudent Loans, Chila	Support, Alimony etc.)
		0 0				
Creditor			Total Due		Monthly	Terms
						/
						<i>!</i>
						/
						/
						/
/						/
	TOTAL:	\$		\$		/
Have you ever filed for bankruptcy?						
APPLICANT: Citiz	en of (Count	ry): 1/11+	tel States	OF I-MERIC Pass	port #: <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	079414
APPLICANT: Citizen of (Country): United States of Applicants: 60/20344 Emergency Contact: Pelocica Alexander Relationship: Mother Address 3 Date Tree Lane, Jonesbaraugh, TN 37459 Phone:						
CO-APPLICANT: (Citizen of (Co	ountry):		Pass	port #:	
		, <u> </u>			L	
Emergency Contact:				Relationship:		
Address					Phone:	
Name: MG/CAddress: 603 C	ICES: 2 Caro Learren	Ine Bu	le Hoover, AL 39	Relationship:	CUrrent 1 Phone: (8	Roommat(564)417-2371
Name:Address:	dona il	Michah	McDanel	Relationship:	Former B Phone: 2	05-414-0441

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