

Prince George's County Association of REALTORS®, Inc.

RENTAL APPLICATION: Part I - Disclosure

Please print clearly and complete all blanks on Part I and Part II of this Form.



Date 8/21/18

Application is made to lease premises known as 1634 Brooksquare Drive #67 Capitol Heights, MD 20743
for the total rental of \$ 18,000 payable monthly in advance on the first day of each month on the
following terms: Monthly Rental: \$ 1,500 Security Deposit: \$ 1,500
Lease Term: 12 months Date Start: 10/1/18 Date End: 10/1/19

A deposit in the sum of _____ Dollars (\$ _____) is made herewith (WHICH SHALL BE APPLIED TO THE SECURITY DEPOSIT UPON SIGNING THE LEASE OR RETURNED TO APPLICANT IN WHOLE OR IN PART AS HEREINAFTER PROVIDED). Additionally, a non-refundable fee of Thirty-Eight Dollars (\$ 38.00) is to be used in full by Listing Broker for the credit/consumer check and processing the application with the understanding that this application, including each prospective occupancy, is subject to Landlord's approval and acceptance. When so approved and accepted, the applicant(s) agree(s) 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 2 days after being notified of acceptance and before possession is given. In the event the application is approved, but the applicant(s) **REFUSE(S) TO SIGN A LEASE WITHIN THE TIME PROVIDED HEREIN**, then the Landlord/Agent **SHALL RETAIN THAT PORTION OF THE HEREIN DESCRIBED DEPOSIT** actually expended as a result of this application, but only to the extent such expenditures exceed the non-refundable fee set forth above. The balance of the deposit, if any, shall be returned to applicant within fifteen (15) days 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 deposit shall be returned in full to the applicant within fifteen (15) days of such action. The applicant(s) hereby waive(s) any claim for damages for reason of non-acceptance of this application.

(Initials: B.B _____)

SPECIAL LEASE REQUIREMENTS:

Waterbed: ☐ Yes ☒ No Pets: ☐ Yes ☒ No

Special Equipment: _____

Other needs and/or requirements: _____

I/we, the undersigned applicant(s) affirm under the penalties of perjury that I/we have read and understand Part I and Part II of this application and that my/our answers to the questions on this application are true and correct to the best of my/our personal knowledge, information and belief and that I/we have not knowingly withheld any fact or circumstance which would, if disclosed, affect my/our application unfavorably.

APPLICANT(S)' SIGNATURE(S):

[Signature]

Checks: \$ _____ Cash: \$ _____ Date: _____

Leasing Broker: _____ Broker Code: _____

Address: _____ Phone: _____

Leasing Agent: _____ MRIS #: _____ Phone: _____

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Previous editions of this Form should be destroyed.

Date Application Received: _____ Consumer/Credit Report Ordered: _____

Office/Owner Approval: _____ Denied: _____ Date: _____

Comments: _____

Deposit Returned: Date: _____ Amount: \$ _____ Withheld: \$ _____

Reason:

Maryland Law requires that all applications for leases must contain certain information regarding the liabilities and rights of applicants. Certain liabilities which the prospective Tenant incurs upon signing this application will be enumerated herein. In addition to these liabilities, there are certain other liabilities and rights which the prospective Tenant has under Maryland Law.

1. If a Landlord/Agent requires from a prospective Tenant any fees other than a security deposit as defined by Section 8-203(a) of the Maryland Real Property Code, and these fees exceed \$25.00, then the Landlord/Agent shall return the fees, subject to the exceptions below, or be liable for twice the amount of the fees in damages. The return shall be made no later than 15 days following the date of occupancy or the written communication by either party to the other of a decision that no tenancy shall occur. The Landlord/Agent may retain only that portion of the fees actually expended for a credit check or other expenses arising out of the application and shall return that portion of the fees not actually expended on behalf of the Tenant making application.
2. If, within 15 days of the first to occur of occupancy or signing a lease, a Tenant decides to terminate the tenancy, the Landlord/Agent may also retain that portion of the fees which represent a loss of rent, if any, resulting from the Tenant's action.
3. The provisions of the foregoing Paragraphs 1 and 2 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.

The applicant(s) hereby authorize Listing Broker/Landlord to order and obtain a credit/consumer report from a credit/consumer reporting agency to be used in conjunction with this transaction when the applicant(s) has made application for tenancy. 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(s) hereby authorize 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. Cost of said credit/consumer report is to be paid for by applicant(s) at time of submitting this application.

The truth of the information contained herein is essential, and if the Landlord/Agent determines that any answer or statement contained herein is false or misleading, any lease granted by virtue of this application may be cancelled at the option of the Landlord/Agent. This application shall become part of any lease agreement executed between the Landlord and/or Agent and the applicant(s), and ANY **FALSE OR MISLEADING** statement shall be considered a **SUBSTANTIAL** breach of said lease. 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. If Landlord is out-of-state or overseas, it may take longer to obtain formal approval of tenancy.

I/we 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/we further understand that the lease **MUST BE SIGNED BY BOTH THE LANDLORD AND/OR ITS AGENT AND MYSELF TO BE VALID**. Should I sign a lease for a dwelling unit 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 is determined in accordance with section 8-203, Real Property Article, Annotated Code of Maryland. 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 for a list of all existing damages.

I/we understand that any or all of the information given here may be used by the Landlord and/or its Agent to determine my/our reputation for meeting my/our financial obligations and my/our respect for the property of others. I/we freely give my/our consent to Listing Broker/Landlord to consult with any of the persons named or not named who have direct knowledge of my/our financial reliability.

I/we certify that I/we have received and carefully examined a copy of the Standard Dwelling Lease form and any addendum that may be used in conjunction with the Lease. I/we agree that I/we 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.

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Prince George's County Association of REALTORS®, Inc.
RENTAL APPLICATION: Part II - Applicant Information
Must accompany Part I - Disclosure of Rental Application

Applicant's Name: Brenda Barnes Birth Date: 9/15/90 SS#: 577-23-3434

Driver's License #: 2332870 State: Washington DC

Home Phone: 202-445-6326 Temporary Local # (if applicable): _____

Office Phone: 703-693-0701 Cell Phone: _____

Email Address #1: brendabarnes2009@gmail.com Email Address #2: _____

Present Address: 8529 Greenbelt Rd #103 Greenbelt, MD Zip: 20770

☐ Own ☒ Rent Years: 1 Rent/Mtg. Pymts: \$ 1546.00

Present Landlord/Agent: The Rates at Cipriano Phone: 301-552-1001

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).

Address: 102 57th St. SE Washington DC Zip: 20019 From: 2014 To: 2017

Landlord/Agent's Name: Danita Thomas Phone: 202-437-0371

Address: 3770 Hayes St. #3 Wash. DC Zip: 20019 From: 2014 To: 2016

Landlord/Agent's Name: Mayfair Mansions Phone: 202-396-9101

Applicant's Employer: E3 Federal Solutions Position: Sr. Analyst

Address: 8281 Greenboro Drive, Suite 400, McLean VA How Long: 9 months

Supervisor: Barry Mauer Supervisor's Phone: 571-551-2731

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

Previous Employer: GGI Federal Position: Admin Assistant

Address: 12601 Fair Lake Cr, Fairfax VA, 22033 How Long: 2 yrs

Supervisor: Richard OTe Supervisor's Phone: 703-227-6982

GROSS ANNUAL INCOME: 59,500

Base Pay: \$ ~~22,000~~
 Overtime: \$ _____
 Bonuses: \$ _____

Commissions: \$ _____
 Dividends: \$ _____
 Other: \$ _____
 TOTAL: \$.

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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.

ASSETS:

Checking Account: \$ _____ Bank: _____ Acct. #: _____
Savings Account: \$ _____ Bank: _____ Acct. #: _____
Credit Union: \$ _____ Name: _____ Acct. #: _____
Other Assets: \$ _____ (Specify) _____
TOTAL: \$ _____

LIABILITIES:

Creditor	Total Due	Monthly Terms
Auto Loan: _____	\$ _____	\$ _____
R.E. Mtg.: _____	\$ _____	\$ _____
Credit Cards: _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Bank Loans: _____	\$ _____	\$ _____
Personal Loans: _____	\$ _____	\$ _____
Alimony: _____	\$ _____	\$ _____
Child Care/Support: _____	\$ _____	\$ _____
Suits/Judgments: _____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

OCCUPANTS:

Number of Adults: 2 Number of Children: 2
Name: Brenda Barnes Age: 27 Relationship: Self
Name: Lamont Thomas Age: 29 Relationship: Spouse
Name: Lamar Barnes Age: 6 Relationship: Child
Name: Chase Thomas Age: 3 Relationship: Child
Name: _____ Age: _____ Relationship: _____

Pets: Dog (Breed): N/A Cat: N/A Other: _____

AUTOMOBILES:

Type/Make: Hyundai Sonata Year: 2013 Tag #: PK-4140 State: Washington DC
Type/Make: Chevy Impala Year: 2017 Tag #: FS-6758 State: Washington DC
Type/Make: _____ Year: _____ Tag #: _____ State: _____

MOTORCYCLES, TRUCKS, BOATS, AND TRAILERS:

Type/Make: _____ Year: _____ Tag #: _____ State: _____
Type/Make: _____ Year: _____ Tag #: _____ State: _____

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.**

Citizen of (Country): United States Passport #: _____
Diplomatic Clause required? ☐ Yes ☒ No Length of Stay: _____

Have you ever filed bankruptcy? ☐ Yes ☒ No Date: _____ Explanation: _____

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Have you ever been sued for non-payment of rent or been evicted for non-payment?:

☐ Yes ☒ No If "Yes," please explain: _____

Nearest Relative Name: _____

Address: 4740 Benning Rd. SE #202

Relationship: _____

Phone: 202-669-6195

LOCAL REFERENCES:

Name: Ronita Thomas

Address: 102 57th St. SE Washington DC, 20019

Relationship: _____

Phone: 202-437-0371

Name: Kurtisa Pratt

Address: 5201 Central Avenue SE #303 Washington DC

Relationship: _____

Phone: 202/270/4321

I have / / have not given my present Landlord notice of my intention to vacate.

Reason for vacating is: _____

Applicant's Signature: _____

Date: _____

8/21/18

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8281 Greensboro Dr Ste 400
Mclean, VA 22102-5212

Pay Statement
Period Start Date 07/16/2018
Period End Date 07/31/2018
Pay Date 08/10/2018
Document 3934
Net Pay \$2,054.32

Pay Details

Brenda Barnes 102 57th Street SE Washington, DC 20019 USA	Employee Number	101183	Pay Group	Semimonthly	Federal Income Tax	S 6
	SSN	XXX-XX-XXXX	Location	Pentagon	DC State Income Tax (Residence)	S 4
	Job	Sr. Analyst - Exempt	Division	DOD - Department of Defense	DC State Income Tax (Work)	S 4
	Pay Rate	\$0.0000				
	Pay Frequency	Semi-Monthly				

Earnings

Pay Type	Hours	Current	YTD
Group Term Life		\$0.30	\$3.60
Holiday	0.0000	\$0.00	\$457.72
Paid Time Off	8.0000	\$208.06	\$684.70
Regular Pay	88.0000	\$2,288.61	\$30,266.06

Total Hours 96.0000

Deductions

Deduction	Pre-Tax	Employee		Employer	
		Current	YTD	Current	YTD
Dental	Yes	\$2.65	\$33.29	\$0.00	\$0.00
Expense Reimb	No	\$0.00	(\$270.00)	\$0.00	\$0.00
Group Term Life	No	\$0.30	\$3.60	\$0.00	\$0.00
GTL - Life	No	\$0.00	\$0.00	\$6.00	\$36.00
LTD ER	No	\$0.00	\$0.00	\$0.43	\$5.16
STD ER	No	\$0.00	\$0.00	\$0.17	\$2.04

Taxes

Tax	Current	YTD
Federal Income Tax	\$148.38	\$1,806.09
Employee Medicare	\$36.17	\$454.99
Social Security Employee Tax	\$154.64	\$1,945.48
DC Income Tax	\$100.51	\$1,243.10

Paid Time Off

Net Pay Distribution

Plan	Current	Balance	Account Number	Account Type	Amount
No records found			xxxxxx8835	Checking	\$2,054.32
			Total		\$2,054.32

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$2,496.97	\$2,494.32	\$439.70	\$2.95	\$2,054.32
YTD	\$31,412.08	\$31,378.79	\$5,449.66	(\$233.11)	\$26,195.53



8281 Greensboro Dr Ste 400
Mclean, VA 22102-5212

Pay Statement

Period Start Date 07/01/2018
Period End Date 07/15/2018
Pay Date 07/25/2018
Document 3329
Net Pay \$2,054.32

Pay Details

Brenda Barnes	Employee Number 101183	Pay Group Semimonthly	Federal Income Tax S 6
102 57th Street SE	SSN XXX-XX-XXXX	Location Pentagon	DC State Income Tax (Residence) S 4
Washington, DC 20019	Job Sr. Analyst - Exempt	Division DOD - Department of Defense	DC State Income Tax (Work) S 4
USA	Pay Rate \$0.0000		
	Pay Frequency Semi-Monthly		

Earnings

Pay Type	Hours	Current	YTD
Group Term Life		\$0.30	\$3.30
Holiday	8.0000	\$249.67	\$457.72
Paid Time Off	0.0000	\$0.00	\$476.64
Regular Pay	78.6700	\$0.00	
Regular Pay	72.0000	\$2,247.00	\$27,977.45

Total Hours 158.6700

Deductions

Deduction	Pre-Tax	Employee		Employer	
		Current	YTD	Current	YTD
Dental	Yes	\$2.65	\$30.64	\$0.00	\$0.00
Expense Reimb	No	\$0.00	(\$270.00)	\$0.00	\$0.00
Group Term Life	No	\$0.30	\$3.30	\$0.00	\$0.00
GTL - Life	No	\$0.00	\$0.00	\$6.00	\$30.00
LTD ER	No	\$0.00	\$0.00	\$0.43	\$4.73
STD ER	No	\$0.00	\$0.00	\$0.17	\$1.87

Taxes

Tax	Current	YTD
Federal Income Tax	\$148.38	\$1,657.71
Employee Medicare	\$36.16	\$418.82
Social Security Employee Tax	\$154.65	\$1,790.84
DC Income Tax	\$100.51	\$1,142.59

Paid Time Off

Net Pay Distribution

Plan	Current	Balance	Account Number	Account Type	Amount
No records found			xxxxxx8835	Checking	\$2,054.32
			Total		\$2,054.32

Pay Summary

	Gross	FIT Taxable Wages	Taxes	Deductions	Net Pay
Current	\$2,496.97	\$2,494.32	\$439.70	\$2.95	\$2,054.32
YTD	\$28,915.11	\$28,884.47	\$5,009.96	(\$236.06)	\$24,141.21

DISTRICT OF COLUMBIA
DRIVER LICENSE



Barbara

4.DLN 2332870 4b.EXP 09/15/2023
1.FAMILY NAME BARNES
2.GIVEN NAMES BARBARA DELORES
3.ADDRESS 10227/H ST SE WASHINGTON, DC 20019-6581
13.SEX F 16.HGT 17.WGT 18.EYES BRO
9.CLASS D
9a.ENDORSEMENTS O
12.RESTRICTIONS 0
1.DOB 09/15/1990
4a.ISS 04/09/2016
5.DD 20254032

17-811939672

A 203608 D 082118
T 1825 46
178119396728 L 027106

\$ 39.00

NOT GOOD OVER \$500

PAY EXACTLY THIRTY-EIGHT DOLLARS AND NO CENTS
PAY TO THE ORDER OF *Taylor Properties*

PAYMENT FOR/ACCT. #

PURCHASER'S ADDRESS

Bradley

PURCHASER'S SIGNATURE
VOIDANCE BY FILING THIS ORDER IN THE TOWN OF THE ANTI-MONEY

⑆02100400⑆ 40178119396728⑈