



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: Beenaed Coleman Birth Date: 8/11/60 SS#: 5T8 96 3332

Driver's License #: N/A State: _____

Home Phone: N/A Temporary Local # (if applicable): _____

Office Phone: N/A Cell Phone: _____

Email Address #1: N/A Email Address #2: _____

Present Address: 9196 Springhill Lane Greenbelt md (M.Wiace) Zip: 20790

☐ Own ☐ Rent Years: _____ Rent/Mtg. Pymts: \$ N/A

Present Landlord/Agent: N/A Phone: _____

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: _____ Zip: _____ From: _____ To: _____

Landlord/Agent's Name: _____ Phone: _____

Address: _____ Zip: _____ From: _____ To: _____

Landlord/Agent's Name: _____ Phone: _____

Applicant's Employer: Disabled Position: _____

Address: _____ How Long: _____

Supervisor: _____ Supervisor's Phone: _____

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

Previous Employer: _____ Position: _____

Address: _____ How Long: _____

Supervisor: _____ Supervisor's Phone: _____

GROSS ANNUAL INCOME:

Base Pay: \$ 757
Overtime: \$ _____
Bonuses: \$ _____

Commissions: \$ _____
Dividends: \$ _____
Other: \$ _____
TOTAL: \$ 9084

This Recommended Form is property of the Prince George's County Association of REALTORS®, Inc. and is for use by members only.
Previous editions of this Form should be destroyed.

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

LIABILITIES:

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

OCCUPANTS:

Number of Adults: _____ Number of Children: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____
Name: _____ Age: _____ Relationship: _____

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

AUTOMOBILES:

Type/Make: N/A Year: _____ Tag #: _____ State: _____
Type/Make: N/A Year: _____ Tag #: _____ State: _____
Type/Make: N/A 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): US Citizen 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: _____

Relationship: Sister
Phone: 240 258 0952

LOCAL REFERENCES:

Name: _____ Relationship: _____
Address: _____ Phone: _____
Name: _____ Relationship: _____
Address: _____ Phone: _____

I have _____ / have not _____ given my present Landlord notice of my intention to vacate. N/A
Reason for vacating is: _____

Applicant's Signature: Verlene Epperson for Bernard Coleman Date: 11/22/2018

SOCIAL SECURITY ADMINISTRATION

Date: November 30, 2018
BNC#: 18BC931G32183
REF: C2

VERLEECE EPPERSON FOR
BERNARD U COLEMAN
4004 VINE STREET
CAPITOL HEIGHTS MD 20743-5616

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2018, the full monthly
Social Security benefit before any deductions is.....\$ 906.60

We deduct \$135.50 for medical insurance premiums each month.

The regular monthly Social Security payment is.....\$ 771.00
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the third of each month.

Date of Birth Information

The date of birth shown on our records is August 11, 1960.

Medicare Information

You are entitled to hospital insurance under Medicare beginning January 1982.

You are entitled to medical insurance under Medicare beginning January 1982.

SUSPECT SOCIAL SECURITY FRAUD?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).