

Please Print Legibly:

Applicant's Name: Juan Carlos Arias Joya
Birth Date: 05/24/1983 SS#: 942-95-4291
Driver's License # or Government-Issued ID #: A-620-454-108-391 State: MD
Home Phone: _____ Temporary Local # (if applicable): _____
Office Phone: _____ Mobile Phone: 301-732-1630

* E-mail Address: JCJOYA1983@Gmail.com E-mail Address: _____
Current Address: 23 MCCAUSLAND PI Apt #201 Gaithersburg MD 20877
Street City State Zip
☐ Own ☒ Rent Years: 2 Rent/Mortgage Payments: \$ 1,750
Present Landlord/Agent: Amber Commons Phone: 240-720-7102
Reason for moving: We need more space.
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: 19701 cristal Rock Dr Germantown MD 20874
Street City State Zip

Landlord/Agent's Name: the hamptons Phone: 833-826-6839
From (Date): 11/28/15 To: 11/30/16 Monthly Rent: \$ 1,150

Previous Address: 1886 lost Knife Road Gaithersburg MD 20877
Street City State Zip

Landlord/Agent's Name: Cider Mill Phone: 877-741-8237
From (Date): 11/28/14 To: 11/28/15 Monthly Rent: \$ 1,650

Current Employer: Ventresca Enterprises, Inc
Position: Supervisor How Long: 8 Years
Address: 5101 Sunnyside Ave College Park MD 20740
Street City State Zip
Supervisor: Edwin Vazquez Supervisor's Phone: 240-781-8512

CURRENT GROSS ANNUAL INCOME:

32 hr Base Pay: \$ 57,600 / 60,464
48-ov- Overtime: \$ 72,712 / 8,664
Bonuses: \$ _____

Commissions: \$ _____
Dividends: \$ _____
Other: \$ _____
TOTAL: \$ 72,712

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

Previous Employer: _____
Position: _____ How Long: _____ Gross Income: \$ _____
Address: _____
Street City State Zip
Supervisor: _____ Supervisor's Phone: _____

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.

HOUSING ASSISTANCE PROGRAM:

Attach appropriate documentation.

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

Creditor	Total Due	Monthly Terms
/	/	/
/	/	/
/	/	/
/	/	/
/	/	/
/	/	/
/	/	/
/	/	/
TOTAL:	/	/

Name: Oscar Castillo Relationship: Friend
Address: _____ Phone: 954-358-7375

