

**RENTAL APPLICATION MARYLAND FORM**

Each applicant must complete a separate application

For Official Use Only:

Date of Application 6/14/18  
Apartment Address \_\_\_\_\_Monthly Rental Rate \_\_\_\_\_  
Security Deposit \_\_\_\_\_**APPLICANTS PLEASE COMPLETE ALL QUESTIONS. WRITE N/A IF NOT APPLICABLE.**

NAME OF APPLICANT Derek Mackey Jr. Co-Applicant Names \_\_\_\_\_  
Date of Birth 5/13/89 Date of Birth \_\_\_\_\_  
Social Security No. 220-23-0259 Social Security No. \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Emergency Contact Names Dora Liadi  
Emergency Contact Telephone and Address 202-704-0304 405 Southern Ave  
Names of all Occupants: \_\_\_\_\_

CURRENT ADDRESS 5805 Tonguill Ave City Baltimore State MD Zip 21215  
Home Phone No. (443) 202-4562 Community Name Derek Mack  
Rental Rate \_\_\_\_\_ Lease Expiration Date N/A Manager's Name N/A  
Manager's Phone No. N/A How long have you lived at this address? 1 year  
Why are you moving? \_\_\_\_\_

How did you choose our community? \_\_\_\_\_

PRIOR RESIDENCE 3803 Wabash Ave Apt 71 City Baltimore State MD Zip 21215  
Community Name \_\_\_\_\_ Rental Rate 950 pm Lease Expiration Date N/A  
Manager's Name \_\_\_\_\_ Phone No. \_\_\_\_\_ How Long There? 3 mos  
Have you ever been evicted? Yes \_\_\_\_\_ No ☒ If so, from where? \_\_\_\_\_ When? \_\_\_\_\_  
Describe any rental agreement you have not completed? \_\_\_\_\_

**CURRENT EMPLOYMENT**

Employer Name Corrabas Italian Grill Supervisor Allison Tracey Phone (410) 661-5444  
Business Address 7600 Belair Rd. Position Line Cook Years Employed 1 1/2  
Current Income (Weekly/Monthly) \$13.00 per hr Do you know of anything that may interrupt income or ability to  
pay rent? Yes \_\_\_\_\_ No ☒ (If yes, explain) \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Employer Name \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ Position \_\_\_\_\_ Years Employed \_\_\_\_\_  
Salary/Wage Rate \_\_\_\_\_

**OTHER INCOME**

- 1) Source \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_  
2) Source \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

# VEHICLE INFORMATION

Year	Make	Color	License Number	State
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Receipt from applicant is hereby acknowledged of \$ . for a non-refundable processing charge and \$ as a good faith deposit to hold the apartment; which will be applied to all monies due at time of move-in Acceptance of this application and any monies deposited herewith are not binding upon Landlord until the application is approved.

## NOTE IN ACCORDANCE WITH MARYLAND LAW:

1. Applicant may withdraw this application within 48 hours after submitting the application and all monies shall be returned except for the processing charge.
2. If this application is withdrawn after 48 hours, all monies will be forfeited.
3. If this application is not approved, all monies shall be refunded, except for the processing charge.
4. In the event of a refund, 30 days should be allowed for all checks to clear the bank and for regular accounts payable processing or the Applicant's original check(s) shall be returned.
5. Landlord is authorized to contact emergency contact person in the case of an emergency.

**IF MY APPLICATION IS APPROVED, AND A LEASE IS SIGNED, THE GOOD FAITH DEPOSIT SHALL BE APPLIED TOWARDS MY SECURITY/DAMAGES DEPOSIT. ACCEPTANCE OF THIS APPLICATION AND ANY MONIES DEPOSITED HEREWITH ARE NOT BINDING UPON LANDLORD UNTIL THE APPLICATION IS APPROVED AND A LEASE IS SIGNED NOR DOES IT GUARANTEE ME THE AVAILABILITY OF A PARTICULAR APARTMENT.**

I certify that all of the information provided in this Application is complete and correct. I authorize Landlord or his agent to verify the accuracy of these statements, to communicate with my employers and creditors, and to procure such other information, including a credit report or criminal history, which may be required to evaluate this application. False information stated on this application may constitute grounds for rejection of this application and forfeiture of deposits. Landlord may terminate any agreement entered into in reliance on any misstatement made above.

Have you, any Co-applicant or proposed occupant ever been convicted of a felony or any crime involving illegal drugs? Yes \_\_\_\_\_ No ☒

Are you, any Co-applicant or proposed occupant listed on, or required to be registered under any sexual predator notification registries? Yes \_\_\_\_\_ No ☒

Applicant's Signature \_\_\_\_\_

Date 6/14/18

FOR OFFICIAL USE ONLY: Application Received by \_\_\_\_\_ Verified by \_\_\_\_\_

	Yes	Marginal	No
Credit Report Favorable	_____	_____	_____
Employment History Verified and Stable	_____	_____	_____
Income Verified and Stable	_____	_____	_____
Current Landlord Favorable	_____	_____	_____
Criminal Records Report Received	_____	_____	_____

Applicant Approved: Bldg. # \_\_\_\_\_ Apt. # \_\_\_\_\_ Type \_\_\_\_\_ Move-In Date \_\_\_\_\_ Rental Term \_\_\_\_\_ Rate \_\_\_\_\_

Applicant Denied: Form 4-1D sent

Community Manager \_\_\_\_\_

Regional Manager \_\_\_\_\_



**Release of information and  
Authorization for Verification of Application  
For Applicant Screening and Processing (ASAP)**

**Have you ever had an eviction filed against you?**

Applicant: Yes \_\_\_\_\_ No ☒ \_\_\_\_\_ Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you ever left owing money to an owner or landlord?**

Applicant: Yes \_\_\_\_\_ No ☒ \_\_\_\_\_ Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you ever applied for residency anywhere in the past 2 years, but did not move in?**

Applicant: Yes \_\_\_\_\_ No ☒ \_\_\_\_\_ Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you ever had adjudication withheld or been convicted of a felony?**

Applicant: Yes ☒ \_\_\_\_\_ No \_\_\_\_\_ Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_

**IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN IN  
DETAIL THE CIRCUMSTANCES REGARDING THE SITUATION ON THE BACK OF THIS SHEET.**

Applicant(s) represents that all of the above statements and all information on the application for rental are true and complete, and hereby authorizes an investigative consumer report and verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State. I/We hereby release ASAP, the owner, management company, their employees, owners and agents, and any of the above from any liability and responsibility arising from their doing so.

Facsimiles of this authorization may be used to facilitate multiple inquiries. In the event you receive a facsimile of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

This release is an integral part of the Application for Residency and is incorporated therein.

  
\_\_\_\_\_  
Signature Applicant

220-23-0259  
\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Signature Spouse

\_\_\_\_\_  
Social Security #

6/14/18  
\_\_\_\_\_  
Date

5/13/89  
\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Birthdate

(2) Armed Robbery 5 years

Feb 8, 2012 - Feb 8, 2017

Have you ever had an eviction filed against you?  
Applicant: Yes ☒ No ☐ Spouse: Yes ☐ No ☐  
Have you ever left owing money to an owner or landlord?  
Applicant: Yes ☒ No ☐ Spouse: Yes ☐ No ☐  
Have you ever applied for residency anywhere in the past 5 years, but did not move in?  
Applicant: Yes ☒ No ☐ Spouse: Yes ☐ No ☐  
Have you ever had adjudication withheld or been convicted of a felony?  
Applicant: Yes ☒ No ☐ Spouse: Yes ☐ No ☐

IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN IN  
DETAIL THE CIRCUMSTANCES REGARDING THE SITUATION ON THE BACK OF THIS SHEET.

Applicant(s) represents that all of the above statements and all information on the application for rental are true and complete, and hereby authorizes an investigative consumer report and verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history, records, court records, and credit records. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of the application, termination of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State. We hereby release ASAP, the owner, management company, their employees, owners and agents, and any of the above from any liability and responsibility arising from their doing so.

Facsimiles of this authorization may be used to facilitate multiple inquiries. In the event you receive a facsimile of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

This release is an integral part of the Application for Residency and is incorporated therein.

2/10/18  
Date

2/13/18  
Birthdate

Date

Birthdate

Signature Applicant

250-2-0529  
Social Security #

Signature Spouse

Social Security #



## CREDIT AUTHORIZATION

- 1 To all consumer-reporting agencies and to all creditors and depositories of the undersigned: Please be advised that the undersigned, each of them, has made application to:

Alicia Darensbourg

requesting an extension of credit to the undersigned. Therefore, the undersigned, and each of them, hereby authorizes you to provide credit report and/or disclosure to the Lender or agent or any designated representative pursuant to the application with the above named The undersigned also authorizes you to disclose your deposit or credit experiences with the undersigned to Lender or to third parties.

2. In addition, the undersigned, and each of them, hereby authorizes Lender to disclose to any third party, or any agent or employee thereof, information regarding the deposit or credit experience with any of the undersigned
- 3 A photographic or carbon copy of this authorization bearing a photographic or carbon copy of the signature(s) of the undersigned may be deemed to equivalent to the original hereof and may be used as a duplicate original
4. Pursuant to my/our application for housing, I/we authorize TAYLOR PROPERTIES to act as the agent and/or lender and/or designated representative of the above named property owner to obtain the full credit report on behalf of the above named property owner.

[Signature] 6/14/18  
Applicant Signature Date

Name Derek Mackey

Social Security # xxx-xx-0259

Date of Birth 5/13/89

Address 5805 Jonquil Ave

Baltimore, MD, 21215

Applicant Signature Date

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

## REQUEST FOR VERIFICATION OF EMPLOYMENT

TO: \_\_\_\_\_

DATE: 6/14/18

The person named below has made an application for an apartment with us. Your firm was listed as having currently or formerly employed this person. The applicant, by his/her signature below, has authorized you to release their employment information. To accurately determine eligibility please list all income the employee is anticipated to receive for the next 12 calendar months. Your assistance in providing this information will be greatly appreciated. Thank you.

Employee's Derek Mackey Jr.  
(Name)

Employee's 5805 Jonquil Ave  
(Address)  
Baltimore, MD. 21215  
(City, State, Zip Code)

Employee's Social Security Number 220-23-0259

APPLICANT'S AUTHORIZATION OF THIS INQUIRY  
I hereby consent to the release of my employment information.

Employee's Signature [Signature]

Date Signed 6/14/18

### THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER

Department or Branch: \_\_\_\_\_

Date(s) of Employment (from) \_\_\_\_\_ (to) \_\_\_\_\_

Gross Salary/Wage \_\_\_\_\_

If hourly indicate rate of pay per hr \_\_\_\_\_ and number of hrs worked per week \_\_\_\_\_

Please list all Additional Income the employee is anticipated to receive for the next 12 calendar months. This would include bonuses, overtime, tips, and commission: \_\_\_\_\_

Signature of Employer \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Please Return This Form To:

Alicia Darensbourg  
PO Box 6595  
Upper Marlboro, MD 20792  
Direct: 301-518-3774  
Email: [adarensbourg@hotmail.com](mailto:adarensbourg@hotmail.com)

## REQUEST FOR RESIDENCY VERIFICATION

To:

Via: ☐ Mail  
☐ Fax  
☐ Phone  
☐ Courier

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The person(s) named below has made application for apartment/housing rental with us. You were listed as having rented to the applicant. The applicant, by his/her signature below, has authorized you to release information about prior residency. Your comments or recommendations on this matter will be sincerely appreciated. We will be pleased to reciprocate this favor in the future. Thank you.

Resident's  
Name(s)

Derek Mackey Jr.

Occupancy  
Address

5805 Tongvil Ave  
Baltimore, MD 21215

Date(s) of Occupancy

2/8/17 - present

Request Submitted By:

Title:

Phone Number:

=====

APPLICANT'S AUTHORIZATION OF THIS INQUIRY:

I hereby consent to the release of my residency information.

Signature

Date Signed

Date Moved-In \_\_\_\_\_ Date Moved-Out \_\_\_\_\_ Still is Occupied \_\_\_\_\_

Amount of Monthly Rent \$ \_\_\_\_\_ Utilities Included \_\_\_\_\_

Rent Generally Paid: \_\_\_\_\_ On-Time \_\_\_\_\_ Occasionally Late \_\_\_\_\_ Often Late

Housekeeping Habits: \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Not Sure

Would you rent to this person again? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure

Other Comments \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Please Return This Form To:

Alicia Darensbourg  
PO Box 6595  
Upper Marlboro, MD 20792  
Direct: 301-518-3774  
Email: adarensbourg@hotmail.com