



## 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: John M. Washingth Birth Date: 3/24/4 SS#: 578-90-0447
Driver's License #: State: State:
Driver's License #: State: Sta
Office Phone: 202 873 - 145 4
Email Address #1. Rottomana 20218 4 phoo Email Address #2:
Present Address: 216162 Sherdan Rd SE WWC 20020 Zip:
Own Rent Years: 3 Rent/Mtg. Pymts: \$ 1052-00
Present Landlord/Agent: Wille Tox2 Phone: 202 478-0074
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: 5246 Marlbon PK zip: 20743 From: 2013 To: 2016
Landlord/Agent's Name: Lexington CT APPS Phone:
Address: 5284 Marbar Pll zip: 20743 From: To:
Landlord/Agent's Name: Lexington CT April Phone: 301 736-5003
heat of
Applicant's Employer: DC GWT Education Position: Bus Altendant
Address: 1050 Frist St US WX 20002 How Long: 142.
Supervisor: Kenya Tolson Supervisor's Phone: 207 868-9700
If employed less than one year, give previous employment information:
Previous Employer: Western Express Formany Position: Document Cord
Address: 9106 Fallard Ct Weser Marlhor md. 20172 How Long: 4475
Supervisor: Supervisor's Phone:
Base Pay:         \$

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.

PGCAR Form #1103 Rental - Rental Application Part 1, Disclosure

Page 3 of 5

Rev. 10/16

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

ASSETS: Checking Account: Savings Account: Credit Union: Other Assets: TOTAL	\$	Bank: 4 Bank: Name: (Specify)	1600059923	Acct. #: Acct. #: Acct. #:	
LIABILITIES: Auto Loan: R.E. Mtg.:	Na	Creditor	\$	l Due	Monthly Terms
Credit Cards:	est me		\$ 225	.00	25.00
Bank Loans: Personal Loans: Alimony: Child Care/Suppor			•	\$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	
Suits/Judgments: _		Tr	S	\$ \$	
OCCUPANTS: Name: N	Number of Adults Coleman Coleman		Number of Children:  Age: VL  Age: 57  Age: 4ge: 57  Age: Age: Age: 4ge: 4ge: 4ge: 4ge: 4ge: 4ge: 4ge: 4	Relationship: Relationship: Relationship: Relationship: Relationship:	Brother elf.
Pets: Dog (Breed	10		Cat:	Relationship	
AUTOMOBILES: Type/Make:	NMe	N.			
vpe/Make:		Year:	Tag #:	State:	
ype/Make:		Year:	Tag #: Tag #: Tag #:	State:	
IOTORCYCLES, 1 ype/Make:	TRUCKS, BOATS, A	ND TRAILERS.	Tag #: Tag #:		
ypomake.	NA	Year:	Tag #:	State:	
re any of the abov	e commercial vehic	les? If so, which ones?	nne nne		
all motor vehicles on fire lanes or on the	or trailers shall have e lawn), OR AS RI	current licenses and n	nay be parked ONLY in gara	ges, driveways, if provideOWNER'S ASSOC	ded, on the street (no
itizen of (Country iplomatic Clause	): US CIT required? Yes	No Length of St	Passport #:		

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Page 4 of 5

Rev. 10/16

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: Many Ford Address: 2442 Stendar Vd 52	_Relationship; Phone:	Soughter 2 1018 ony
LOCAL REFERENCES: Name: SANDAM COleman Address: 9133 Commont and Corrected my 202 Name: Longit of M Address: 410 Landamont Are Cup) Hats mo 20183	_ Relationship: Phone: _ Relationship: _ Phone:	301 704-2915
I have / have not given my present Landlord notice of my intention to vacate Reason for vacating is:	е.	
Applicant's Signature: Jen Wolfschaff	Date: _	11-20-18

Government of 441 4th Street, N Washington, DO	the District of Colum W, Suite 420 South 2 20001	ıbia	Pay	Group: Begin Date: End Date:	S12-12 Mo 10/14/2018 10/27/2018		ees		Union: Advice #: Check Date:	1959-AKF 0009348668 11/09/2018		
Name:	Jean Washington		LE	I: 01/08/	2010				TAX DATA	: Fed	eral	DC Stat
Employee ID: Department: Job Title:	00022271 GO11100000 Adams Place BUS ATTENDANT		Ret	t Plan: A-DC ary: \$32,65	5%	Appt Dat Health P Sal Adm Step:	lan:	01/08/2018 KAIDCH ED0700 4	Tax Status: Allowances: Addl. Pct: Addl. Amt:		ngle 2	M-Se
			HOURS AN	D EARNINGS				National Land				
D			Cur				YT	D	-	TAX	ES	
Description Regular Earnin Admin Closing Annual Leave Employee Ince Holiday Pay Overtime FLS. Overtime Strai Sick Leave Tal	g Pay Taken ntive Award A eligible ght Time	Rate 5.700000			nings 12.65 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	Hou 1,475.5 7.0 42.0 49.0 79.0 19.2 38.5	00 00 00 00 00 00 00	Earnin 23,165. 109.9 659. 200.0 769.2 1,860.4 302.2 604.4	Fed Withho Fed MED/F Fed OASD DC Withho	oldng EE I/EE	Current 50.61 13.69 58.55 29.81	YTD 1,941.43 388.83 1,662.58 1,051.08
TOTAL:			64	1.50 1,0	12.65	1,710.2	25	27,671.1	2 TOTAL:		152.66	5,043.92
B	EFORE-TAX DEDUC	CTIONS			AFTER-TA	X DEDUC	TIONS			ELENY CALLES		
Description Kaiser DC	9	Current	YTD	Description			Current	YT	D Description	EMPLOYER PAI		
Aetna DC PPO		68.32 0.00	819.84 35.43	DC Basic Life DC Life Option DU-ASFCME ( Kaiser HMO D SV-AFSCME C	Council 20 C After Tax		1.59 10.22 18.43 0.00 0.00	31.8 204.4 276.4 546.5 91.7	Kaiser DC Union Robert Union Dental Union Optical	Prefer 1959 Self in Fee	Current 204.96 2.31 13.00 11.00 0.68 10.93 0.00	2,459.522 48.51 273.00 231.00 13.60 218.60 1,639.68
TOTAL:		68.32	855.27	TOTAL:			30.24	1,150.9	2 TOTAL:		0.00	
	TOTAL	GROSS	FED TA	AXABLE GROS	S	TO	TAL TAX		1,11,11	n vi dans d	0.00	0.00
Current YTD		1,012.65 7,671.12		944.3 26,815.8	3	10		2.66	TOTAL DE	98.56 2,006.19		761.43
Year To Date	Sick Leave	Annua	l Leave	FLSA Comp	Restor	ed Leave		re Comp	Habaaa			20,621.01
Start Balance - Earned - Taken - Adjustments	0.0 80.0 38.5 0.0		0.00 161.00 42.00 0.00	0.00 0.00 0.00 0.00	34600	0.00 0.00 0.00 0.00	MI D/M	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	Advice #00093486	Y DISTRIBUTI 668	761.43
ma Datance	41.5		19.00	0.00		0.00		0.00	0.00	Trans		

MESSAGE:

DIRECT DEPOSIT DISTRIBUTION							
Advice #0009348668	Account Type Checking	Account Number **********9923	Deposit Amoun 761.43				
TOTAL:			761.43				

0.00

Total:

761.43

Jean Washington 2662 Sheridan Road SE. Washington, DC 20020

0.00

0.00

	the District of Columb W, Suite 420 South 20001	ia		Begin Date: 09	2-12 Month Emplo /30/2018 /13/2018	yees		Union: Advice #: Check Date:	1959-AKF 0009312727 10/26/2018		
Employee ID: Department:	Jean Washington 00022271 GO11100000 Adams Place BUS ATTENDANT		LEI: Ret I Sala Grad	Plan: A-DC 5% ry: \$32,656.0	Health		01/08/2018 KAIDCH ED0700 4	TAX DATA: Tax Status: Allowances: Addl. Pct: Addl. Amt:	Fede Sing		DC State M-Sep 2
			HOUDS AND	D EARNINGS					TAXE		
Description Overtime FLSA Regular Earnin Holiday Pay	gs 15	Rate 3,550000 5,700000	Curr <u>Hor</u> 2 70	ent	76 793 1,41	ours 9.00	Earnings 1,860.44 22,152.74 769.30	Description Fed Withholds Fed MED/EE Fed OASDI/E	g	Current 82.40 17.54 74.97	YTD 1,890.82 375.14 1,604.03
Admin Closing Annual Leave ' Employee Ince Overtime Straig Sick Leave Tak	Pay Taken ntive Award ght Time	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		0.0 0.0 0.0 0.0	00 00 00 00 10	7.00 2.00 9.25 8.50	109.90 109.90 659.40 200.00 302.24 604.45	DC Withholdn		45.71	1,021.27
TOTAL:			80	0.00 1,277.5	59 1,64	5.75	26,658.47	TOTAL:		220.62	4,891.26
В	EFORE-TAX DEDUC	TIONS			FTER-TAX DED	UCTIONS			EMPLOYER PAI	D BENEFITS	
Description Kaiser DC Aetna DC PPO	2	68.32 0.00	YTD 751.52 35.43	Description DC Basic Life DC Life Option B DU-ASFCME COL Kaiser HMO DC A SV-AFSCME COL	ıncil 20 After Tax	Current 1.59 10.22 18.43 0.00 0.00	YTD 30.21 194.18 258.02 546.56 91.71	Description Kaiser DC Union Robert A Union Dental De Union Optical P DC Basic Life Medical Admin Kaiser HMO DC	C 1959 Self refer 1959 Self Fee	Current 204.96 2.31 13.00 11.00 0.68 10.93 0.00	YTD 2,254.56 46.20 260.00 220.00 12.92 207.67 1,639.68
TOTAL:		68.32	786.95	TOTAL:		30.24	1,120.68	TOTAL:		0.00	0.00
	TOTAL	GROSS	FED T	AXABLE GROSS		TOTAL TA	XES	TOTAL DED	UCTIONS		NET PAY
Current YTD		1,277.59 6,658.47		1,209.27 25,871.52		2	20.62 91.26		98.56 1,907.63		958.41 19,859.58
Year To Date	Sick Leave	Annu	ial Leave	FLSA Comp	Restored Leav	e MPD/	Fire Comp	Jniversal Leave	NET PA	Y DISTRIBUTI	ION
Start Balance + Earned - Taken + Adjustments	0.0 77.0 38.5 0.0		0.00 154.00 42.00 0.00	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00		0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	Advice #0009312		958.41

MESSAGE:

End Balance

38.5

112.00

0.00

DIRECT DEPOSIT DISTRIBUTION							
Advice #0009312727	Account Type Checking	Account Number ********9923	Deposit Amount 958.41				
TOTAL:			958.41				

0.00

Total:

958.41

Jean Washington 2662 Sheridan Road SE. Washington, DC 20020

0.00

0.00

S12-12 Month Employees Pay Group: 1959-AKF Union: Pay Begin Date: 09/16/2018 Advice #: 0009267866 Government of the District of Columbia Pay End Date: 09/29/2018 Check Date: 10/12/2018 441 4th Street, NW, Suite 420 South Washington, DC 20001 TAX DATA: Federal DC State Jean Washington 00022271 Name: LEI: 01/08/2018 Appt Date: Health Plan: 01/08/2018 Tax Status: Single M-Sep Employee ID: Ret Plan: A-DC 5% KAIDCH Allowances: GO11100000 Department: Salary: \$32,656.00 Sal Admin Plan ED0700 Addl. Pct: Adams Place Grade: Step: 4 Addl. Amt: Job Title: **BUS ATTENDANT** HOURS AND EARNINGS TAXES Current Hours YTD Description Fed Withholding Description Rate 15.700000 Earnings 329.70 Hours Earnings Current YTD Annual Leave Taken 1,808.42 357.60 1,529.06 42.00 1,340.75 21.00 659.40 75.57 Regular Earnings 890.98 Fed MED/EE 15.700000 56.75 21,049.81 16.71 Admin Closing Pay Fed OASDI/EE 0.00 7.00 109.90 71.45 Employee Incentive Award 0.00 200.00 DC Withholdng 42.30 975.56 Holiday Pay Overtime FLSA eligible 0.00 42.00 659.40 0.00 76.25 1,795.68 Overtime Straight Time 0.00 19.25 302.24 Sick Leave Taken 0.00 38.50 604.45 TOTAL: 77.75 1,220.68 1,565.75 25,380.88 TOTAL: 206.03 4,670.64 BEFORE-TAX DEDUCTIONS AFTER-TAX DEDUCTIONS EMPLOYER PAID BENEFITS Description Description Current YTD Current YTD YTD 2,049.60 Description Current 204.96 Kaiser DC 68.32 683.20 DC Basic Life 28.62 Kaiser DC Aetna DC PPO 0.00 35.43 DC Life Option B - 1X 10.22 183.96 Union Robert A Ades Legal Ded 2.31 43.89 DU-ASFCME Council 20 Kaiser HMO DC After Tax 18.43 239.59 Union Dental DC 1959 Self 13.00 247.00 0.00 546.56 Union Optical Prefer 1959 Self 11.00 209.00 SV-AFSCME Council 20 0.00 91.71 DC Basic Life 0.68 12.24 Medical Admin Fee 10.93 196.74 Kaiser HMO DC After Tax 0.00 1,639.68 TOTAL: 68.32 718.63 TOTAL: 30.24 1,090.44 TOTAL: 0.00 0.00

	TOTAL GROSS	FED TAXABLE GROSS	TOTAL TAXES	TOTAL DEDUCTIONS	NET PAY
Current	1,220.68	1,152.36	206.03	98.56	916.09
YTD	25,380.88	24,662.25	4,670.64	1,809.07	18,901.17

Year To Date	Sick Leave	Annual Leave	FLSA Comp	Restored Leave	MPD/Fire Comp	Universal Leave	NET PAY DISTRIBUTION	
Start Balance	0.0	0.00	0.00	0.00	0.00	0.00		
+ Earned	73.0	147.00	0.00	0.00	0.00	0.00	Advice #0009267866	916.09
- Taken	38.5	42.00	0.00	0.00	0.00	0.00		2.40.00
+ Adjustments	0.0	0.00	0.00	0.00	0.00	0.00		
End Balance	34.5	105.00	0.00	0.00	0,00	0.00	Total:	916.09

MESSAGE:

DIRECT DEPOSIT DISTRIBUTION							
Advice #0009267866	Account Type Checking	Account Number **********9923	Deposit Amount 916.09				
TOTAL:			916.09				

Jean Washington 2662 Sheridan Road SE. Washington, DC 20020

