STRYKE & ASSOCIATES

Professional Rental Property Management

POB 141 Highland, MD 20777 Phone: 301-854-9500 Applicant Name(s): Application is made to lease property located at ____ For monthly rental of \$ Security Deposit: \$ Lease Term: _____ Move-in Date: _____ A non-refundable fee of \$50.00 per person is to be used in full by Stryke and Associates for the applicationfee/consumer check and processing the application with the understanding that this application, including each prospective occupant is subject to Landlord's approval and acceptance. When so approved and accepted, the applicant agrees 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 five (5) days after being notified of acceptance and before possession is given. The fee is to be paid in cash or any secure funding such as a cashier's check, money order and etc. We do not accept personal checks. SPECIAL LEASE REQUIREMENTS: Military/Diplomatic Clause: Y N OCCUPANTS: The premises are to be occupied only by the following number of occupants: Total Number of Occupants: _____ Name: ______Age:_____ Name: ______Age:_____ Age:_____ Name: _____Age:_____ Name: _____ Age: Pets: Dog: Cat: Other: How many pets total? ___ AUTOMOBILE, MOTOR CYCLES, TRUCKS, BOATS, AND TRAIERS: Total Number of Vehicles: 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 CONDOMIMIUM OR HOMEOWNER'S ASSOCIATION. In compliance with Federal fair housing regulations. The Property shall be made available to all persons without regard to race, color, religion, national origin, sex, physical or mental handicaps, familial status or any additional protected classes specified by State of Maryland, District of Columbia or local jurisdiction law.

Personal Information:

Birth Date:	SS#:		
Driver's License # or Government-is		State:	
Home Phone:	- ·	npplicable):	
Current Address:			
Carron Francisco	Street City State Zip)	
Own Rent Years at this add	lress: Rei	nt/Mortgage Payment: \$	
		Phone:	
ist all previous addresses for the last	five years including period of stay in e	ach and the name and telephone number of	
andlord/Agent from whom you rented Previous Address:	d. (Use additional sheet if needed).	and the name and telephone number of	
1 Tevious Address.	Street City State Zi		
Landlord/Agent's Name:			
From (Date):	to Monthly Rent: \$	Phone:	
Previous Address:	_ to wionuny Kent. 5_		
1 revious Address.	Street City State Zi)	
Landlord/Agent's Name:	·	Phone:	
From (Date):	to Monthly Rent: \$_		
Previous Address:			
	Street City State Zip		
Landlord/Agent's Name:			
From (Date):	to Monthly Rent: \$_	Phone:	
Current Employer:			
Position:	Gross Income: \$	How Long:	
Address:			
	Street City State Zip)	
Supervisor		Supervisor's Phone	
If employed less	than one year with current employer, gi	ve previous employment information:	
Previous Employer:			
Position:	Gross Income: \$	How Long:	
Address:			
	Street City State Zip	<u> </u>	
	Succi City State Zij		
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.

Assets: The following info	rmation is optional, but it migh	t help in confirming you	ur financial stability and status.	
Checking Account: \$	Savings Account: \$	Credit Union:	: \$	
Other Assets: \$	_ Specify:			
TOTAL: \$	_			
Have you ever filed for bar	nkruptcy? No Yes Date	e:		
Do you have suite for judg	ments against you? No Ye	s		
If you are not a US citizen	or permanent resident, please t	fill in the following:		
Citizen of (Country):		Status:	Passport #:	
			Relationship:Phone:	
or owner's agent to investig	gate and to report and disclose	to the owner and the ow	lit/consumer report. I hereby authorize to wher's agent the results of the references aining to my credit, employment, rent his	herein
of this application may be executed between the Land substantial breach of said Applicant will be contacted	cancelled at the option of the L llord and/or Agent and the appi lease. After this application had when approval is received.	andlord/Agent. This applicant, and any false or a las been processed, the	is false or misleading, any lease granted plication shall become part of any lease misleading statement shall be considered Landlord/Owner may be contacted for	agreement d a final approval.
			nt and that a written lease will be prepar andlord and/or its Agent and myself to b	•
answers to the questions or	n this application are true and c	correct to the best of my	and understand this application and that personal knowledge, information and blosed, affects my application unfavorab	elief and
Applicant(s) signature(s):				
			-	
Date.			_	
Date:				
Date:			-	
Date:			-	
Data			-	