



LEASE APPLICATION

This apartment project strictly adheres to a policy of open occupancy, renting to qualified applicants without regard to race, religion, creed, color, national origin, marital status, sex, or physical or mental handicap.

*** Please answer all questions completely and legibly. Failure to do so may cause delays in processing your application.**

Date / Time of Application _____ Apartment _____
 Apartment Community _____ Monthly Rent \$ _____ SD \$ _____
 Move-In Date _____ Term of Lease _____ to _____

Primary Applicant Information

First _____ **Middle Initial** _____ **Last** _____
 Date of Birth _____ **Social Security Number** _____
 Telephone Day () _____ Night () _____

Current Address _____ Apt # _____
 City, State _____ Zip _____
 Name of Landlord/Community _____
 Telephone Day () _____ Night () _____
 Lease Dates from _____ to _____ Monthly Rent \$ _____
 Reason for Moving? _____

Previous Address _____ Apt # _____
 City, State _____ Zip _____
 Name of Landlord/Community _____
 Telephone Day () _____ Night () _____
 Lease Dates from _____ to _____ Monthly Rent \$ _____
 Reason for Moving? _____

Current Employer _____
 Address _____
 City, State _____ Zip _____
 Telephone Day () _____ Night () _____
 Occupation/Title _____ Name of Supervisor _____
 Length of Employment _____ Annual Income _____

Previous Employer _____
 Address _____
 City, State _____ Zip _____
 Telephone Day () _____ Night () _____
 Occupation/Title _____ Name of Supervisor _____
 Length of Employment _____ Annual Income _____

Driver's License # _____ State _____
 Type of Auto _____ Year _____ License Plate # _____ State _____
 Emergency Contact _____ Relationship _____ Phone # _____
 Address _____
 City, State _____ Zip _____

Primary Applicant Bank/Credit References

Name Bank _____ Checking Account # _____ Savings # _____
Name Creditor _____ Account # _____ Balance \$ _____ Mo. Payment \$ _____
Name Creditor _____ Account # _____ Balance \$ _____ Mo. Payment \$ _____
Name Creditor _____ Account # _____ Balance \$ _____ Mo. Payment \$ _____

Primary Applicant Additional Income

Second Employer _____
Address _____
City, State _____ Zip _____
Telephone Day () _____ Night () _____
Occupation/Title _____ Name of Supervisor _____
Length of Employment _____ Annual Income \$ _____
Any other source of income? _____ Amount \$ _____

Do you have a pet? Yes No If so, what kind _____ Breed/Weight _____

Secondary Applicant Information

First _____ **Middle Initial** _____ **Last** _____
Date of Birth _____ **Social Security Number** _____
Telephone Day () _____ Night () _____

Current Address _____ Apt # _____
City, State _____ Zip _____
Name of Landlord/Community _____
Telephone Day () _____ Night () _____
Lease Dates from _____ to _____ Monthly Rent \$ _____
Reason for Moving? _____

Previous Address _____ Apt # _____
City, State _____ Zip _____
Name of Landlord/Community _____
Telephone Day () _____ Night () _____
Lease Dates from _____ to _____ Monthly Rent \$ _____
Reason for Moving? _____

Current Employer _____
Address _____
City, State _____ Zip _____
Telephone Day () _____ Night () _____
Occupation/Title _____ Name of Supervisor _____
Length of Employment _____ Annual Income _____

Previous Employer _____
Address _____
City, State _____ Zip _____
Telephone Day () _____ Night () _____
Occupation/Title _____ Name of Supervisor _____
Length of Employment _____ Annual Income _____

Driver's License # _____ State _____
Type of Auto _____ Year _____ License Plate # _____ State _____
Emergency Contact _____ Relationship _____ Phone # _____
Address _____
City, State _____ Zip _____

Secondary Applicant Bank/Credit References

Name Bank _____ Checking Account # _____ Savings # _____
Name Creditor _____ Account # _____ Balance \$ _____ Mo. Payment \$ _____
Name Creditor _____ Account # _____ Balance \$ _____ Mo. Payment \$ _____
Name Creditor _____ Account # _____ Balance \$ _____ Mo. Payment \$ _____

Secondary Applicant Additional Income

Second Employer _____
Address _____
City, State _____ Zip _____
Telephone Day () _____ Night () _____
Occupation/Title _____ Name of Supervisor _____
Length of Employment _____ Annual Income _____
Any other source of income? _____ Amount \$ _____

List all people who will be living in the apartment

Name _____ DOB _____ SSN _____ Relationship _____ DL# _____
Name _____ DOB _____ SSN _____ Relationship _____ DL# _____
Name _____ DOB _____ SSN _____ Relationship _____ DL# _____
Name _____ DOB _____ SSN _____ Relationship _____ DL# _____

Have you ever been asked to move from an apartment or evicted by a Court, because you failed to pay your rent or otherwise violated your lease?

Yes No If yes, explain _____

Total payment with Application: \$ _____ Check Cash Money Order

Upon execution of Lease first month's rent due.

- 1. It is understood that the sums deposited herewith as Processing Fee are not refundable.
- 2. The sums deposited herewith as Security Deposit are refundable if this Application is not approved by the owners of the apartment community.
- 3. If the owners of the apartment community accept this Application, either orally or in writing, Applicant(s) agree that within five (5) days of having been mailed notice of the approval of this Application, to enter into a Lease in conformity with this Application on the owner's standard form of Lease Agreement (a copy of which has been made available for Applicant(s) to review).
- 4. If the owners of the apartment community accept this Application, and Applicant(s) do not enter into a Lease as aforesaid, Applicant(s) shall remain liable for all damages, including lost rental, incurred by the owners as a result thereof, and the entire sum paid as a Security Deposit may be applied by the owners to such damages and losses, if any. In the event of no losses or damages, the Security Deposit shall be returned.
- 5. If a Landlord requires from a prospective tenant any fees other than a Security Deposit as defined by Section 8-203(a) of the Real Property Article of the Annotated Code of Maryland, and these fees exceed \$25.00, then the Landlord shall return the fees, subject to the exceptions below, or be liable for twice the amount of the fees in damage. The return shall be made no later than fifteen (15) days following the date of occupancy or the written communication, by either party to the other, of a decision that no tenancy shall occur.

6. The Landlord may retain only that portion of the fees actually expended for a credit check or other expenses out of the Application, and shall return that portion of the fees not actually expended on behalf of the tenant making application.
7. Items 5 and 6 of this Lease Application, aforesaid, do not apply to a Landlord who offers four (4) or less dwelling units for rent on one (1) parcel of property or at one (1) location, or to seasonal or condominium rentals.
8. The Landlord agrees to lease to the Applicant(s) the above specified apartment so long as Applicant(s) qualify for tenancy under the criteria established by the owners of the apartment community.
9. It is understood that the Security Deposit, or any portion thereof, may be withheld for unpaid rent, damage due to breach of this Lease or for damage by Tenant or the Tenant's family, agents, employees, guests or invitees in excess of ordinary wear and tear to the Premises, common areas, major appliances and furnishings owned by the Landlord.
10. The Tenant shall have the right to be present when the Landlord, or the Landlord's agent, inspects the Premises in order to determine if any damage was done to the Premises, if the Tenant notifies the Landlord by certified mail of the Tenant's intention to move, the date of moving, and the Tenant's new address. The notice to be furnished by the Tenant shall be mailed to the Landlord at least fifteen (15) days prior to the date of moving. Upon receipt of the notice, the Landlord shall notify the Tenant by certified mail of the time and date when the Premises is to be inspected. The date of inspection shall occur within five (5) days before or five (5) days after the date of moving as designated in the Tenant's notice.
11. Upon written request of Tenant, within fifteen (15) days of occupancy, Tenant shall have the right to have the Premises inspected by the Landlord, in the Tenant's presence, for the purpose of making a written list of damages that exist at the commencement of the tenancy.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my Application unfavorably. As an inducement to enter into the Lease, I authorize you to secure from a consumer reporting agency an investigative consumer report. This report may contain, but would not be limited to, a consumer credit report, a criminal history records investigation, a rental history and verification of my residences, employment and income. I further authorize you and the consumer reporting agency to verify any and all information contained in this Application and to inquire into my character, general reputation, personal characteristics and mode of living, and I release all concerned from any liability in connection with the information they give. I have also been advised that I have the right, under the federal Fair Credit Reporting Act, Section 606(B) to make a written request of you and the consumer reporting agency, within a reasonable time, for a complete and accurate disclosure of the nature and scope of the investigation. I also consent to, and authorize the use of, any subsequent consumer report(s) under this authorization in connection with the collection of any debt associated with the rental of a residence for which application was made. Finally, I acknowledge receipt of the summary of consumer rights required by Section 609 of the Fair Credit Reporting Act entitled "A Summary of Your Rights Under the Fair Credit Reporting Act."

I/We have fully read and understand all of the provisions of this Application and acknowledge receipt of a completed copy of same.

 APPLICANT

 APPLICANT

 APPROVED/REJECTED

 DATE

 RENTAL AGENT

