

RENTAL APPLICATION MARYLAND FORM

Each applicant must complete a separate application

Date of Application _____
Address _____

Monthly Rental Rate _____
Security Deposit _____

APPLICANTS PLEASE COMPLETE ALL QUESTIONS. WRITE N/A IF NOT APPLICABLE.

NAME OF APPLICANT _____

Co-Applicant Names _____

Date of Birth _____

Date of Birth _____

Social Security No. _____

Social Security No. _____

Driver's License No. _____

State _____ Expiration Date _____

Emergency Contact Names _____

Emergency Contact Telephone and Address _____

Names of all Occupants: _____

CURRENT ADDRESS _____ City _____ State ____ Zip _____

Home Phone No. _____ Community Name _____

Rental Rate _____ Lease Expiration Date _____ Manager's Name _____

Manager's Phone No. _____ How long have you lived at this address? _____

Why are you moving? _____

How did you choose our community? _____

PRIOR RESIDENCE _____ City _____ State ____ Zip _____

Community Name _____ Rental Rate _____ Lease Expiration Date _____

Manager's Name _____ Phone No. _____ How Long There? _____

Have you ever been evicted? Yes ____ No ____ If so, from where? _____ When? _____

Describe any rental agreement you have not completed? _____

CURRENT EMPLOYMENT

Employer Name _____ Supervisor _____ Phone _____

Business Address _____ Position _____ Years Employed _____

Current Income (Weekly/Monthly) _____ 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 If this application is withdrawn after 48 hours, all monies will be forfeited.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
