

Lease Application

Conditions and Information: All pages of this lease application must be signed by all persons who will sign the lease agreement. Additional tenant information may be requested. The completing of this application by Landlord creates no obligation of Landlord to approve the application. This application will be approved or rejected usually within five (5) business days of being submitted to Landlord. However, there is no obligation of Landlord to notify tenant unless the application is approved. If this application is approved, Tenant must make the security deposit and sign the lease before the tenancy begins. Landlord complies with all Federal and State laws regarding discrimination and does not discriminate based upon age, sex, race, marital status, religion, national origin, or other prohibited classifications.

Non-Refundable Application Fee: \$15 First Adult over 18 and \$10 for each adult thereafter. Total Application Fee: \$_____

Be 100% Honest with your answers!

Property: _____ Date of Application: _____
Baltimore, MD

Tenant/Applicant Information

Applicant #1 Name: _____ SS#: _____ DOB: _____

Other Names Applicant has used: _____

Driver's License #: _____ State of Issuance: _____ Relation to Applicant #2: _____

Marital Status: _____ Spouse Name: _____ Do you smoke: _____

Children:

Name	Date of Birth	Will live with you?		Will visit you?	
1 _____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 _____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3 _____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4 _____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Applicant #2 Name: _____ SS#: _____ DOB: _____

Other Names Applicant has used: _____

Driver's License #: _____ State of Issuance: _____ Relation to Applicant #1: _____

Marital Status: _____ Spouse Name: _____

Who will live in apartment except applicant(s) and children?

Name #1: _____ SS#: _____ DOB: _____

Name #2: _____ SS#: _____ DOB: _____

Number of smokers you would like to occupy the apartment: _____

Do you have any pets that you would like to occupy the apartment? Note: Pets must be approved.

	Name	Type	Age	Weight	Color
1	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____

Be 100% Honest with your answers!

Financial Information

Expenses: Credit Cards, Car Payments, Loans, Judgments, Collections, etc.

Expense Type	Creditor Name	Balance	Monthly Payment	Ever Delinquent	
1 _____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 _____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3 _____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4 _____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5 _____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Bank Name: _____

Savings Balance: _____

Bank Name: _____

Checking Balance: _____

Important: How much money do you have available for a deposit? _____

Note: Maryland law allows a deposit of up to two times the monthly rental amount.

Have you ever filed bankruptcy? _____ If yes, provide Date: _____

Have you ever been evicted? _____ If yes, provide Date: _____

Do you have any past judgments? _____ Creditor Name: _____ Amount: _____

Creditor Name: _____ Amount: _____

Creditor Name: _____ Amount: _____

Are you a party to any lawsuits? If yes, explain: _____

Car #1 Make: _____ Model: _____ Year: _____ Color: _____

Car #2 Make: _____ Model: _____ Year: _____ Color: _____

Criminal Background

Have you ever been arrested/convicted? If yes, explain: _____

Are you or any of the applicants a registered sex offender? _____

Be 100% Honest with your answers!

Rental/Address Information

Home Phone #: _____ Mobile Phone #: _____

Work Phone #: _____ Other Phone #: _____

Present Address: _____ State: ____ Zip Code: _____

Occupied From: _____ To: _____ Monthly Rent: _____ Your Portion: _____

Owner/Manager Name: _____ Phone #: _____

Reason for moving: _____

What will the Owner/Manager say about you as a tenant: _____

Number of times late on rent: _____ Amount Delinquent: _____ Evicted: _____

Date you would like to begin lease: _____ Amount of funds available for move: _____

Previous Address: _____ State: ____ Zip Code: _____

Occupied From: _____ To: _____ Monthly Rent: _____ Your Portion: _____

Owner/Manager Name: _____ Phone #: _____

Reason for moving: _____

What will the Owner/Manager say about you as a tenant: _____

Number of times late on rent: _____ Amount Delinquent: _____ Evicted: _____

Previous Address: _____ State: ____ Zip Code: _____

Occupied From: _____ To: _____ Monthly Rent: _____ Your Portion: _____

Owner/Manager Name: _____ Phone #: _____

Reason for moving: _____

What will the Owner/Manager say about you as a tenant: _____

Number of times late on rent: _____ Amount Delinquent: _____ Evicted: _____

Be 100% Honest with your answers!

Employment/Income

Applicant 1

Place of Employment: _____ Started: _____ Ended: _____

Address: _____ State: ____ Zip Code: _____

Your Job Title: _____ Hours per Week: _____ Monthly Pay: _____

Supervisor: _____ Phone #: _____

Previous Place of Employment: _____ Started: _____ Ended: _____

Address: _____ State: ____ Zip Code: _____

Your Job Title: _____ Hours per Week: _____ Monthly Pay: _____

Supervisor: _____ Phone #: _____

Applicant 2

Place of Employment: _____ Started: _____ Ended: _____

Address: _____ State: ____ Zip Code: _____

Your Job Title: _____ Hours per Week: _____ Monthly Pay: _____

Supervisor: _____ Phone #: _____

Previous Place of Employment: _____ Started: _____ Ended: _____

Address: _____ State: ____ Zip Code: _____

Your Job Title: _____ Hours per Week: _____ Monthly Pay: _____

Supervisor: _____ Phone #: _____

Other Sources of Income

Source: _____ Monthly Income: _____

Source: _____ Monthly Income: _____

Additional Comments

Please write any other information you would like to share in the following space: _____

Disclosure

RADON GAS DISCLOSURE: Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed Federal and State guidelines have been found in buildings in every State of the United States. Additional information regarding radon gas may be obtained from your County public health unit. Also see: <http://www.epa.gov/iaq/radon/>

Authorization

I/We, _____ & _____, the undersigned applicant(s) authorize Landlord/Owner of property, or his/her/their agent to contact persons listed and not listed on this application and to order and review my/our credit and criminal history and investigate the accuracy of the information contained in the application. I/We further authorize all banks, employers, and creditors, credit card companies, references, and any and all other persons to provide to Landlord any and all information concerning my/our credit, background and character.

Applicant #1 Signature: _____

Date: _____

Applicant #2 Signature: _____

Date: _____

For Official Use Only

Paid

Amount

Comments:

Approved

Declined

Applicant Notification Date: _____

Method: _____

Comments: _____

End of Application
