

# APPLICATION TO LEASE APARTMENT



P.O. BOX 394  
 COCKEYSVILLE, MARYLAND 21030

|                           |                |         |                |
|---------------------------|----------------|---------|----------------|
| <u>For Agent Use Only</u> |                |         |                |
| Date                      | _____          | _____   | _____          |
|                           | (Month)        | (Day)   | (Year)         |
| Apt. Community            | _____          |         |                |
| Bldg.                     | _____          | Style   | _____          |
| Source                    | _____          |         |                |
| License                   | Yes ___ No ___ | SS Card | Yes ___ No ___ |
| Other                     | _____          |         |                |

The undersigned Applicant, \_\_\_\_\_ does offer to lease apartment \_\_\_\_\_ in \_\_\_\_\_ City/County, for a term of \_\_\_\_\_ year \_\_\_\_\_ months commencing on \_\_\_\_\_ at a monthly rental of \$ \_\_\_\_\_. The sum of \$ \_\_\_\_\_ is herewith deposited as a security deposit by the Applicant with the understanding that it will be returned in full if this Application is not approved. If this Application is approved, and the Applicant fails to comply with his/her Lease Agreement, then the Applicant shall be liable for all damages occasioned by such breach including lost rent, and the security deposit may be applied by the Landlord toward such damages. In addition to the foregoing, the Applicant herewith pays a non-refundable fee of \$ \_\_\_\_\_ for processing this application.

**THE APARTMENT WILL BE OCCUPIED BY:**

\_\_\_\_\_  
 (First) (Middle) (Last)

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Hgt. \_\_\_\_\_ Wgt. \_\_\_\_\_ Sex \_\_\_\_\_ Social Security # \_\_\_\_\_

Address Appearing on License \_\_\_\_\_

Is this the same as current address? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, reason \_\_\_\_\_

Other Occupants:

|                  |                   |                 |                         |                |                      |
|------------------|-------------------|-----------------|-------------------------|----------------|----------------------|
| _____<br>(First) | _____<br>(Middle) | _____<br>(Last) | _____<br>(Relationship) | _____<br>(Sex) | _____<br>(Birthdate) |
| _____<br>(First) | _____<br>(Middle) | _____<br>(Last) | _____<br>(Relationship) | _____<br>(Sex) | _____<br>(Birthdate) |
| _____<br>(First) | _____<br>(Middle) | _____<br>(Last) | _____<br>(Relationship) | _____<br>(Sex) | _____<br>(Birthdate) |

**VEHICLE INFORMATION:**

|                       |             |            |            |             |
|-----------------------|-------------|------------|------------|-------------|
| Make _____            | Model _____ | Year _____ | Tag# _____ | State _____ |
| Make _____            | Model _____ | Year _____ | Tag# _____ | State _____ |
| MOTORCYCLE Make _____ | Model _____ | Year _____ | Tag# _____ | State _____ |

**PRESENT ADDRESS:**

Street \_\_\_\_\_  
 \_\_\_\_\_ Apt. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 How Long \_\_\_\_ Yr(s) \_\_\_\_ Mo(s) Present Rent\$ \_\_\_\_\_  
 Roommate Name/Ph.# \_\_\_\_\_  
 Landlord/Mortgage Company \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Landlord/Mortgage Co. Phone No. \_\_\_\_\_  
 Mortgage Account # \_\_\_\_\_

**PREVIOUS ADDRESS:** Required only if at present address less than 2 years.

Street \_\_\_\_\_  
 \_\_\_\_\_ Apt. \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 How Long \_\_\_\_ Yr(s) \_\_\_\_ Mo(s) Rent\$ \_\_\_\_\_  
 Roommate Name/Ph.# \_\_\_\_\_  
 Landlord/Mortgage Company \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Landlord/Mortgage Co. Phone No. \_\_\_\_\_  
 Mortgage Account # \_\_\_\_\_

|  |  |
|--|--|
| <p><b><u>PRESENT EMPLOYER:</u></b></p> <p>Company Name <input style="width: 50px;" type="text"/> _____</p> <p>Street _____</p> <p>City _____ State _____ Zip _____</p> <p><b>Phone No.</b> _____</p> <p>Position _____</p> <p>How Long _____ Yr(s). _____ Mo(s).</p> <p>Supervisor's Name _____</p> <p>Gross Monthly Income \$ _____</p><br><p><b><u>ADDITIONAL INCOME:</u></b></p> <p>Gross Monthly Amount \$ _____</p> <p>Source _____</p> <p><b>Phone No.</b> _____</p> | <p><b><u>PERSONAL REFERENCE:</u></b></p> <p>Name _____</p> <p>Street _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone No. _____</p> <p>Work Phone No. _____</p> <p>Cell Phone No. _____</p> <p><b><u>Closest Relative in Case of Emergency:</u></b></p> <p>Name _____</p> <p>Relationship _____</p> <p>Street _____</p> <p>City _____ State _____ Zip _____</p> <p>Home Phone No. _____</p> <p>Work Phone No. _____</p> <p>Cell Phone No. _____</p> |
|--|--|

|   |
|---|
| <p><b>BANK REFERENCE:</b> Name of Bank _____ Checking Acct. # _____</p> <p style="text-align: right;">Savings Acct. # _____</p> |
|---|

Applicant's Home Phone Number \_\_\_\_\_ Applicant's Cell Phone Number \_\_\_\_\_

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, AND THESE FEES EXCEED \$25, THEN THE LANDLORD SHALL RETURN THE FEES, SUBJECT TO THE EXCEPTIONS BELOW, OR BE LIABLE FOR TWICE THE AMOUNT OF THE FEES IN DAMAGES. THE RETURN SHALL BE MADE NOT LATER THAN 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.

THE LANDLORD MAY RETAIN ONLY THAT PORTION OF THE FEES ACTUALLY EXPENDED FOR A CREDIT CHECK OR OTHER EXPENSES ARISING OUT OF THE APPLICATION, AND SHALL RETURN THAT PORTION OF THE FEES NOT ACTUALLY EXPENDED ON BEHALF OF THE TENANT MAKING APPLICATION.

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 AND VERIFICATION OF MY RESIDENCES, EMPLOYMENT AND INCOME. I FURTHER AUTHORIZED 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 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 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 ALSO AUTHORIZE YOU TO OBTAIN MY CONSUMER CREDIT REPORT AT ANY TIME DURING THE TERM OF THE LEASE, AND AFTER TERMINATION OF THE LEASE, IN ORDER TO ASSIST YOU IN COLLECTION EFFORTS AGAINST ME.

Agent's Signature \_\_\_\_\_ Applicant's Signature \_\_\_\_\_