

Application For Lease

(Please Print)

Application is made to lease premises known as _____ for _____ months, beginning on the _____ day of _____, 20____ for the monthly rent of \$_____ payable in advance on the first day of each month. Rent is to begin on the _____ day of _____, 20____.

It is understood the premises are to be used as a family residence occupied by not more than _____ persons; and that occupancy is contingent upon property being vacated by the present occupant. Occupancy of all residences shall conform with applicable zoning laws; and additionally, in the case of condominiums, with applicable by-laws, rules, and regulations. All personal property placed in said premises shall be at the Tenant's risk. I/We agree to apply for all utilities' services before taking occupancy of the leased premises and agree to pay for all applicable utilities' services before taking occupancy of the leased premises and agree to pay for all applicable utilities and all necessary deposits.

A Deposit, which will be applied as the first month's rent in the sum of \$_____ is made herewith to be held by _____, with clear understanding that this application, including each prospective occupant, is subject to approval and acceptance. If this application is not approved and accepted by the Landlord or Landlord's Agent, the deposit will be refunded within fifteen days from rejection date, the applicant hereby waiving addition, a separate Application Processing Fee of in the amount of \$_____ will accompany this application. These fees are refundable only if the Landlord or Landlord's Agent elects not to process the application. The credit check may take up to five working days to complete after it is received by the Listing Agent. A Security Deposit (which will include any applicable pet deposit) in the amount of \$_____ is due and payable to the Landlord or Landlord's Agent prior to occupancy.

After approval and acceptance of the application by Landlord or Landlord's Agent, the applicant agrees to execute a lease in accordance with the terms of the application. The deposit shall be deposited by the Landlord or Landlord's Agent. If the applicant should fail to execute a lease and/or occupy the premises, the applicant agrees that the entire deposit herein provided will be forfeited to compensate the Landlord or Landlord's Agent for vacancy and/or damages suffered. In all instances, the disposition shall conform with the Landlord-Tenant laws of the State of Maryland.

Date: _____

Applicant's Name: _____

Social Security #: _____ Date of Birth _____

Drivers License Number _____ (Attach Copy)

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-Mail: _____

CURRENT RESIDENCE

Current Address _____

City _____ State _____ Zip _____

Current Rent \$ _____ How Long at this address? _____

Current Landlord: _____ PHONE # _____

>> If less than 2 years, please provide name, address, and number of previous residence and landlord.

Previous Address _____

City _____ State _____ Zip _____

Previous Rent \$ _____ How Long at this address? _____

Previous Landlord: _____ Phone # _____

EMPLOYMENT

Position _____ Income \$ _____ per month. How Long? _____

Employer: _____

Address: _____

City _____ State _____ ZIP _____

Supervisor _____ Supervisor Phone _____

>> If less than 2 years, please provide name, address, and number of previous employer.

Previous Position _____ Income \$ _____ per month. How Long? _____

Previous Employer: _____

Address: _____

City _____ State _____ ZIP _____

Supervisor _____ Supervisor Phone _____

SPOUSE

Spouse's Name: _____

Social Security #: _____ Date of Birth _____

Drivers License Number _____ (Attach Copy)

PHONE: _____ PAGER/CELL/E-MAIL _____

Position _____ Income \$ _____ per month. How Long? _____

Employer: _____

Address: _____

City _____ State _____ ZIP _____

Supervisor _____ Supervisor Phone _____

>> If less than 2 years, please provide name, address, and number of previous employer.

Previous Position _____ Income \$ _____ per month. How Long? _____

Previous Employer: _____

Address: _____

City _____ State _____ ZIP _____

Supervisor _____ Supervisor Phone _____

GROSS MONTHLY INCOME

Applicant	Spouse	Total
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Base Salary

Bonus & Commissions

Other Income

Source

Total Monthly Income

ASSETS

Value / Amount	Bank / Institution
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Checking Account \$

Savings Account \$

IRA/CD/MM/Stocks \$

Other Liquid Assets \$

DESCRIPTION OF VEHICLES

	Make	Model	Year	Color	License Number	State
1.						
2.						
3.						

OTHER INFORMATION

LIST NAMES AND AGES OF DEPENDENTS THAT WILL BE RESIDING WITH YOU:

Name	Age

LIST TYPE AND AGE OF ANY AND ALL PETS THAT WILL BE RESIDING WITH YOU:

OBLIGATIONS & DEBTS

Bank / Lender	Balance	Monthly Payment
Automobile		
Automobile 2		
Loan		
Credit Card 1		
Credit Card 2		
Other		
		Total Monthly Debt

Have you ever filed for bankruptcy? _____ When? _____

Have you ever had a lien or judgement placed against you? _____

Explanation: _____

IN CASE OF EMERGENCY

IN CASE OF EMERGENCY, LIST TWO RELATIVES NOT LIVING WITH YOU:

Name _____ Relationship _____

Address _____ Phone # _____

Name _____ Relationship _____

Address _____ Phone # _____

This information is presented with the understanding that it may be used as a basis for the acceptance of a lease. The undersigned hereby authorizes the agent to disclose to the Landlord, cooperating brokers all or any portions of the information contained in this financial information sheet.

I/We certify the information above to be true and accurate to the best of my (our) knowledge and by our signatures(s) acknowledge receipt of a copy of this financial sheet. I authorize _____ to submit to a credit bureau the information necessary to obtain a consumer credit report and to obtain employment and residency verifications, information and payment history.

Applicant _____ Date _____

Applicant _____ Date _____