

RENTAL APPLICATION MARYLAND FORM

Each applicant must complete a separate application

For Official Use Only:

Date of Application _____
Apartment 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. _____

Drivers 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 \$35 for a non-refundable processing charge and \$185 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

FOR OFFICIAL USE ONLY: Application Received by _____ Verified by _____

	<u>Yes</u>	<u>Marginal</u>	<u>No</u>
Credit Report Favorable	_____	_____	_____
Employment History Verified and Stable	_____	_____	_____
Income Verified and Stable	_____	_____	_____
Current Landlord Favorable	_____	_____	_____
Criminal Records Report Received	_____	_____	_____

Applicant Approved: Bldg. # _____ Apt. # _____ Type _____ Move-In Date _____ Rental Term _____ Rate _____

Applicant Denied: Form 4-1D sent

Community Manager _____
Regional Manager

REQUEST FOR VERIFICATION OF EMPLOYMENT

TO: _____

DATE: _____

The person named below has made an application for an apartment with us. Your firm was listed as having currently or formerly employed this person. The applicant, by his/her signature below, has authorized you to release their employment information. To accurately determine eligibility please list all income the employee is anticipated to receive for the next 12 calendar months. Your assistance in providing this information will be greatly appreciated. Thank you.

Employee's _____
(Name)

Employee's _____
(Address)

(City, State, Zip Code)

Employee's Social Security Number _____

APPLICANT'S AUTHORIZATION OF THIS INQUIRY
I hereby consent to the release of my employment information.

Employee's Signature

Date Signed

THIS SECTION IS TO BE COMPLETED BY THE EMPLOYER

Department or Branch: _____

Date(s) of Employment (from) _____ (to) _____

Gross Salary/Wage _____

If hourly indicate rate of pay per hr _____ and number of hrs worked per week _____

Please list all Additional Income the employee is anticipated to receive for the next 12 calendar months. This would include bonuses, overtime, tips, and commission: _____

Signature of Employer _____ Title _____ Date _____

Please Return This Form To:

Renee Russell, Site Manager
Chatham Village Apartments
7166 Lauren Lane
Easton, Maryland 21601
Fax (410-822-1406)

REQUEST FOR RESIDENCY VERIFICATION

To:

Via: Mail
 Fax
 Phone
 Courier

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The person(s) named below has made application for apartment/housing rental with us. You were listed as having rented to the applicant. The applicant, by his/her signature below, has authorized you to release information about prior residency. Your comments or recommendations on this matter will be sincerely appreciated. We will be pleased to reciprocate this favor in the future. Thank you.

Resident's Name(s) _____

Occupancy Address _____

Date(s) of Occupancy _____

=====

Request Submitted By: _____ Title: _____ Phone Number: _____

APPLICANT'S AUTHORIZATION OF THIS INQUIRY:
I hereby consent to the release of my residency information.

Signature _____ Date Signed _____

Date Moved-In _____ Date Moved-Out _____ Still is Occupied _____

Amount of Monthly Rent \$ _____ Utilities Included _____

Rent Generally Paid: On-Time Occasionally Late Often Late

Housekeeping Habits: Good Average Not Sure

Would you rent to this person again? Yes No Not Sure

Other Comments _____

Signature _____ Title _____ Date _____

**Release of information and
Authorization for Verification of Application
For Applicant Screening and Processing (ASAP)**

Have you ever had an eviction filed against you?

Applicant: Yes____ No____. Spouse: Yes____ No____.

Have you ever left owing money to an owner or landlord?

Applicant: Yes____ No____. Spouse: Yes____ No____.

Have you ever applied for residency anywhere in the past 2 years, but did not move in?

Applicant: Yes____ No____. Spouse: Yes____ No____.

Have you ever had adjudication withheld or been convicted of a felony?

Applicant: Yes____ No____. Spouse: Yes____ No____.

**IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN IN
DETAIL THE CIRCUMSTANCES REGARDING THE SITUATION ON THE BACK OF THIS SHEET.**

Applicant(s) represents that all of the above statements and all information on the application for rental are true and complete, and hereby authorizes an investigative consumer report and verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State. I/We hereby release ASAP, the owner, management company, their employees, owners and agents, and any of the above from any liability and responsibility arising from their doing so.

Facsimiles of this authorization may be used to facilitate multiple inquiries. In the event you receive a facsimile of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

This release is an integral part of the Application for Residency and is incorporated therein.

Signature Applicant

Date

Social Security #

Birthdate

Signature Spouse

Date

Social Security #

Birthdate

**APPLICATION CRITERIA
& GENERAL OCCUPANCY STANDARDS**

It has been and will continue to be the policy of Chatham Village Apartments to provide equal housing opportunities for all people, regardless of race, color, religion, sex, national origin, handicap or familial status.

All applications for residency are reviewed according to the criteria listed below. If the following criteria is not met, applicant could be required to pay additional deposits or denied.

1. RESIDENT/RENTAL HISTORY

Future Residents must present two (2) years verifiable rental history (must include addresses and telephone numbers where this information can be verified). All addresses on credit report are verified.

2. CREDIT

Future Residents credit must be in good standings. Excessive late payments, collections, judgements, and bankruptcies may subject applicant to denial, additional deposits and or last month's rent.

3. EMPLOYMENT

Future Residents must present two (2) years of consecutive employment. Additionally, the income of the applicant/s' household must be such that the apartment applied for is no larger than 30% of the monthly gross income of the household.

ACCEPTABLE PROOF OF INCOME:

1. Current paycheck stub
2. Copy of last years tax return
3. Letterhead from your employer stating your income, dates of hire, position, and social security number. * The letter must be from Human Resources or an Officer and notarized*

4. OCCUPANCY STANDARDS ARE AS FOLLOWS:

Efficiency	2 persons	Two Bedroom	4 persons
One Bedroom	2 persons	Three Bedroom	6 persons

5. FEES AND DEPOSITS

Application fee: \$35 per married couple, or \$35 per legal adult that will reside in apartment.
Security deposit: \$185.
Pet Fee: \$200 and \$30 a month pet rent.

6. SPECIALS OR CONCESSIONS

None offered at this time.

Applicant Signature _____

Date: _____

Applicant Signature _____

Date: _____

Community Manager Signature _____

Date: _____