219 East Fort Avenue Rental Application: Equal Housing Opportunity

Please complete all information requested below. Incomplete information will delay the processing of your application. **PLEASE PRINT CLEARLY**

For Official Use Only		
Property: 219 East Fort Ave, Baltimore, MD 21230	shane.kunkle@gmail.com	
Application Fee: ☐ $35.00 ■ None	**PAYABLE TO Joseph Shane Kunkle**	

Applicant Information
☐ Mr.   ☐ Mrs.   ☐ Ms

First Name	Last Name	Middle Initial
Driver's License #	State Issued	
Date of Birth	Social Security #	
Martial Status	Email	

Current Address

Street		Apt. Number
City	State	Zip
Home Phone	Mobile/Other Number	

Rent or Own	Current Monthly Payment	If rent, apartment name If own, mortgage company	How long have you lived here?

Employment

Current Employer	Supervisor's Name	Supervisor's Phone

Address	City	State	Zip	Work Phone

Your Position/Title	Time worked here?	Gross Monthly Income	Additional Income – child support, alimony, or other maintenance income you want included for qualification

Pets   ☐ Yes   ☐ No *(All pets subject to approval: before occupancy or anytime after moving into your apartment home; addendum to lease agreement required)*

What kind?	Weight	Breed	Age
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Criminal History (*You represent the answer is no by leaving any of the check boxes in this section blank*)

Have you ever been convicted or pled guilty to a misdemeanor involving violence, sexual misconduct or honesty?   ☐ Yes   ☐ No
Have you ever been convicted or pled guilty to any felony?   ☐ Yes   ☐ No
Have you ever been evicted or asked to move out?   ☐ Yes   ☐ No
Have you ever declared bankruptcy?   ☐ Yes   ☐ No
Have you ever broken a lease or rental agreement?   ☐ Yes   ☐ No
Have you ever been sued for nonpayment?   ☐ Yes   ☐ No
Have you ever been sued for damage to rental property?   ☐ Yes   ☐ No

Have you ever had a recorded lien, garnishment or judgment? ☐ Yes ☐ No

If yes to any of the above, please indicate year, location and details: _____

_____

Other Occupants (*list names of all persons under 18 who will occupy the unit. All occupants over 18 must complete a separate application*)

First Name	Last Name	Relationship	Date of Birth	Social Security #
First Name	Last Name	Relationship	Date of Birth	Social Security #
First Name	Last Name	Relationship	Date of Birth	Social Security #

Emergency Information (*Emergency contact person over 18 not living with you.*)

First Name	Last Name	Middle Initial	Relationship to you
Street	Apt #		
City	State	Zip	
Home Phone	Other Phone	Email	

Other Information

Do you own a waterbed? ☐ Yes ☐ No

Rental History (*list three previous places of residence*)

Dates	Name of appt and manager	Address	Managers Phone Number
Dates	Name of appt and manager	Address	Managers Phone Number
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Vehicle Information (*list all vehicles to be parked by you*)

Year	Make/Model of Vehicle	Color	License #	State
Year	Make/Model of Vehicle	Color	License #	State

Authorization/Acknowledgement   This application is made for the purpose of procuring rental of premises and for credit clearance.

By signing this application, you declare that all your statements in this application are true and complete. You authorize us to verify this information through any means, including consumer reporting agencies and other rental housing owners. If you fail to answer any question or give false information, we may reject your application, retain all application fees and deposits as liquidated damages for its time and expense, and terminate your right of occupancy. We reserve the right to unilaterally deny this application should there be any change or new information available regarding employment, compensation or any other significant item provided or requested herein between the time of the acceptance of this application by management and the move-in date; and/or if this application is not accepted by management within seven (7) days from the date of this application, said amount shall be refunded in either case.

Applicant(s) has read and understands the above statement and to the best of his/her knowledge states that all facts are true and correct. Any applicable application fees must be paid prior to processing of the application and are non-refundable. Applicant agrees that Management shall not be liable for any delay in the date said apartment unit is ready for occupancy. First month rent and security deposit, must be paid by cashiers check or money order prior to move in.

If the applicant finds it necessary to cancel a move-in, the Application Deposit will be refunded provided the cancellation takes place within twenty-four (24) hours after submitting an application, regardless of approval status. Application fee is nonrefundable.

APPLICATION APPROVAL PROCESS - The approval process will begin when we have received completed applications from all applicants and occupants. The three outcomes from the approval process are accepted, conditional acceptance, or denied. Additional information and or deposits may be required if a conditional acceptance is recommended.

We do not discriminate on the basis of race, color, religion, sex, national origin, handicap, or familial status. The undersigned applicant(s) and co-signer(s) hereby consent to allow Joseph Shane and Tammy Kunkle, itself or through its designated agents and its employees, to obtain a consumer report and criminal record information, if applicable, on each of us and to obtain and verify each of our credit and employment information for the purpose of determining whether to lease an apartment to me. We also agree and understand that owner and its agents and employees may obtain additional consumer reports and criminal record reports, if applicable, on each of us in the future to update or review our account. Upon my/our request, owner will tell me/us whether consumer reports or criminal record reports were requested and the names and addresses of any consumer reporting agency that provided such reports.

I have read and understand the Rental Application Acknowledgement stated above. By signing this application, you declare that all your statements in this application are true and complete.

_____

Applicant Full Name (printed)   Applicant Signature   Date