

1442 Marshall Street Rental Application: Equal Housing Opportunity

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

D	1 II OL D III		or Official L	Jse Only			
Application Fee:	arshall St, Baltimore  ☐ \$35.00	, MD 21230 ■ None	PAYABLE 1	ΓΟ Joseph Shane	Kunkle		
Applicant Infor	<b>mation</b> ☐ Ms						
First Name			Last Name			Middle Initial	
Driver's License #			State Issued	I			
Date of Birth			Social Secu	rity #			
Martial Status			Email				
Current Addres	SS						
Street						Apt. Numbe	r
City			State			Zip	
Home Phone			Mobile/Othe	r Number			
Rent or Own	Current N	Monthly Payment		rent, apartment na own, mortgage co		How long have you live	ed here?
Employment							
Current Employer		Supervisor's	Name		Supervisor's	S Phone	
Address		City	State	Zip		Work Phone	<del>,</del>
Your Position/Title	Time work	ed here?	Gross Monthl	y Income		come – child support, alimor e income you want included l	
Pets □ Yes	□ No (All pets subject t	o approval: before occup	nancy or anytime after	moving into your apartm	nent home; adde	ndum to lease agreement requ	uired)
What kind?		Weigh	t	Breed		Age	
What kind?		Weigh	t	Breed		Age	
Criminal Histor	<b>y</b> (You represent the ans	swer is no by leaving a	any of the check bo	xes in this section bla	ank)		
Have you ever beer Have you ever beer Have you ever decla Have you ever brok Have you ever beer	n convicted or pled guil n convicted or pled guil n evicted or asked to m ared bankruptcy? en a lease or rental ag n sued for nonpayment n sued for damage to re	fy to any felony? ove out? ☐ Yes Yes ☐ No reement? ☐ Yes ? ☐ Yes ☐ N	☐ Yes ☐ No ☐ No ☐ No ☐ O	ice, sexual miscono	duct or hones	sty? □ Yes □ No	



	he above, please indicate year, location and						
Other Occup	pants (list names of all persons under 18 who v	will occupy the unit. All occ	cupants over 18 must c	omplete a separate ap	plication)		
First Name	Last Name	Last Name Relationship		te of Birth	Social Security #		
First Name	Last Name	Relationship	Dat	te of Birth	Social Security #		
First Name	Last Name	Relationship	Dat	te of Birth	Social Security #		
Emergency I	Information (Emergency contact person over	er 18 not living with you.)					
First Name	Last Name	Midd	le Initial	Relationship to you			
Street	Apt :	#					
City	State	State			Zip		
Home Phone	Othe	er Phone		Email			
Other Inform Do you own a w							
Rental Histo	ry (list three previous places of residence)						
Dates	Name of appt and manager	Addre	ess		Managers Phone Number		
Dates	Name of appt and manager	Addre	ess		Managers Phone Number		
Dates	Name of appt and manager	Addre	ess		Managers Phone Number		
Vehicle Infor	rmation (list all vehicles to be parked by y	rou)					
Year	Make/Model of Vehicle	Color	License #	S	State		
Year	Make/Model of Vehicle	Color	License #	S	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 cosigner(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 are true and complete.	ation Acknowledgement stated above. By sign	ning this application, you declare that all you	ur statements in
Applicant Full Name (printed)	Applicant Signature	Date	