

## RENTAL APPLICATION for 20434 Jefferson Bl, Hagerstown, Maryland 21742

Rental applications will not be processed unless all requested information is complete. There is a \$35 non-refundable application fee per applicant. Anyone resident over 18 is considered must complete an application.

Date of Application \_\_\_\_\_ When would you like to move into the home? \_\_\_\_\_.

### APPLICANT'S CONTACT INFORMATION

Any and all former names are to be listed and attached to application or application is null and void. Full background check is performed.

Applicant's Full Name(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_ Preferred Phone No \_\_\_\_\_

Can you receive text messages at this number: Yes ( ) No ( ) Best time to call \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License State/Number \_\_\_\_\_

### VEHICLE INFORMATION THAT WILL BE PARKED AT RESIDENCE (INCLUDING MOTORCYCLES, COMPANY CARS, ETC)

Make/Model	Year	Color	State/ Tag #

### EMERGENCY CONTACT INFORMATION

Emergency Contact Name:	Relationship	Phone #	Address

### RESIDENT INFORMATION

<u>Full Name of All Other Residents</u>	<u>Relationship to Applicant/Co-Applicant</u>	<u>Date of Birth if over 18 must fill out co-applicant section</u>

PET INFORMATON List any pets or animals that are to be kept in the home or at the property. (include what kind, breed, weight and age)

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**APPLICANT RESIDENCE HISTORY FOR PAST 5 YEARS.** List most recent first.

**CURRENT ADDRESS** \_\_\_\_\_

Month & Year Moved in \_\_\_\_\_ Monthly Rent\$ \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Landlord or Prop. Mgmt. & phone \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_

Month & Year Moved in/Out \_\_\_\_\_ Monthly Rent\$ \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Landlord or Prop. Mgmt. & phone \_\_\_\_\_

**PREVIOUS ADDRESS** \_\_\_\_\_

Month & Year Moved in/Out \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Landlord/Mgr./Phone \_\_\_\_\_

**APPLICANT EMPLOYMENT HISTORY FOR PAST 5 YEARS**

**Circle Your Current Status:** Full-Time Part-Time Student Unemployed Retired Self-employed Other \_\_\_\_\_

**Most Recent Employer:** \_\_\_\_\_ Address \_\_\_\_\_

Position/Title \_\_\_\_\_ Gross Monthly \$ \_\_\_\_\_ Net (bring home) Monthly \$ \_\_\_\_\_

Supervisor Name & Phone # \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Address \_\_\_\_\_

Position/Title \_\_\_\_\_ Gross Monthly \$ \_\_\_\_\_ Net (bring home) Monthly \$ \_\_\_\_\_

Supervisor Name & Phone # \_\_\_\_\_ Employed From \_\_\_\_\_ To \_\_\_\_\_

**APPLICANT BANK & CREDIT REFERENCES**

Bank Name & Branch	City & State	Type of Account

Credit References (loans, credit cards, etc.)	Account Number	Phone Number

## **ADDITIONAL INFORMATION AND CERTIFICATION**

Please note that all persons over 18 living or residing in the property must submit an application. Dogs are considered on a case-by-case basis and require the payment of a monthly pet fee. No other pets are permitted. Smoking and vaping are not permitted. Credit reports and background checks will be obtained for all applicants.

### **PLEASE COMPLETE THE FOLLOWING ADDITIONAL INFORMATION**

Have you ever had a non-payment of rent case?	( ) NO	( ) YES
If yes, please explain _____		
Have you ever filed bankruptcy?	( ) NO	( ) YES
If yes, please explain _____		
Have you ever been evicted or had an eviction notice?	( ) NO	( ) YES
If yes, please explain _____		
Have you ever broken a rental agreement or lease?	( ) NO	( ) YES
If yes, please explain _____		
Have you ever been convicted of a crime?	( ) NO	( ) YES
If yes, please explain _____		
Do you or any of the people listed on this application smoke (anything, for any purpose)?	( ) NO	( ) YES
If yes, please explain _____		
Do you or any of the people listed on this application vape (anything, for any purpose)?	( ) NO	( ) YES
If yes, please explain _____		
Do you or any of the people listed on this application use illegal drugs?	( ) NO	( ) YES
If yes, please explain _____		
Do you or any of the people listed on this application use prescription medications that were prescribed to someone else?	( ) NO	( ) YES
If yes, please explain _____		
Do you have a water bed, aquarium, or piano in the home?	( ) NO	( ) YES
If yes, please explain _____		

How did you find out about this home? \_\_\_\_\_

Any other comments or questions? \_\_\_\_\_

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## **CERTIFICATION**

I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize the Landlord or representative to verify any information given in this application and to conduct whatever background and credit checks they deem necessary from any authorized agency, business, or person.

By signing below, I authorize the Maryland Department of Labor, Licensing and Regulation to disclose to the Property Owner, Property Manager, and Property Owner's attorney the current name and address of my/our employer. This authorization shall last for a period of 5 years after the date I sign below. I agree to pay up front a non-refundable fee of \$35.00 per applicant.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

