

**Please Print Legibly:**

**Co-Applicant's Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_

Driver's License # or Government-Issued ID #: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Temporary Local # (if applicable): \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Street City State Zip

☐ **Own** ☐ **Rent** Years: \_\_\_\_\_ Rent/Mortgage Payments: \$ \_\_\_\_\_

Present Landlord/Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

**Reason for moving:** \_\_\_\_\_

Have you ever paid late? ☐ **Yes** ☐ **No** If yes, **Explain** \_\_\_\_\_

Have you ever been evicted? ☐ **Yes** ☐ **No** If yes, **Explain** \_\_\_\_\_

List all **previous addresses** for the last five years including period of stay in each and the name and telephone number of Landlord/Agent from whom you rented. (Use additional sheet if needed.)

**Previous Address:** \_\_\_\_\_  
Street City State Zip

Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

From (Date): \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
Street City State Zip

Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

From (Date): \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

**CURRENT GROSS ANNUAL INCOME:**

Base Pay: \$ \_\_\_\_\_

Overtime: \$ \_\_\_\_\_

Bonuses: \$ \_\_\_\_\_

Commissions: \$ \_\_\_\_\_

Dividends: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

If employed less than one year with current employer, give previous employment information:

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

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Income: \$ \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

IF EMPLOYER REFUSES to verify applicant's employment by phone, it shall become the responsibility of the applicant to provide immediate written confirmation of such information. If applicant is self-employed, attach copies for past two years of individual US tax form 1040 and self-employment US tax schedule C.

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**APPLICANT / CO-APPLICANT:****HOUSING ASSISTANCE PROGRAM:**Are you participating in a Housing Assistance Program? ☐ Yes ☐ No If yes, please complete info below:

Jurisdiction: \_\_\_\_\_/\_\_\_\_\_

Amount: \$ \_\_\_\_\_/\_\_\_\_\_

Attach appropriate documentation.

**ASSETS:**

Checking Account: \$ \_\_\_\_\_/\_\_\_\_\_ Bank: \_\_\_\_\_/\_\_\_\_\_

Savings Account: \$ \_\_\_\_\_/\_\_\_\_\_ Bank: \_\_\_\_\_/\_\_\_\_\_

Credit Union: \$ \_\_\_\_\_/\_\_\_\_\_ Name: \_\_\_\_\_/\_\_\_\_\_

Other Assets: \$ \_\_\_\_\_/\_\_\_\_\_ (Specify) \_\_\_\_\_/\_\_\_\_\_

TOTAL: \$ \_\_\_\_\_/\_\_\_\_\_

**LIABILITIES:** (Auto Loans, Mortgages, Credit Cards, Bank Loans, Installment Loans, Student Loans, Child Support, Alimony etc.)

| <i>Creditor</i> | <i>Total Due</i> | <i>Monthly Terms</i> |
|-----------------|------------------|----------------------|
| _____/_____     | \$ _____/_____   | \$ _____/_____       |
| _____/_____     | \$ _____/_____   | \$ _____/_____       |
| _____/_____     | \$ _____/_____   | \$ _____/_____       |
| _____/_____     | \$ _____/_____   | \$ _____/_____       |
| _____/_____     | \$ _____/_____   | \$ _____/_____       |
| _____/_____     | \$ _____/_____   | \$ _____/_____       |
| _____/_____     | \$ _____/_____   | \$ _____/_____       |
| _____/_____     | \$ _____/_____   | \$ _____/_____       |
| TOTAL:          | \$ _____/_____   | \$ _____/_____       |

Have you ever filed for bankruptcy? ☐ Yes ☐ No If yes, Discharge Date: \_\_\_\_\_Do you have a suit for judgments against you? ☐ Yes ☐ NoAre you obligated to **pay** ☐ or **receive** ☐ child support or **pay** ☐ or **receive** ☐ alimony?

If so, indicate monthly payment: \$ \_\_\_\_\_

APPLICANT: Citizen of (Country): \_\_\_\_\_ Passport #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

CO-APPLICANT: Citizen of (Country): \_\_\_\_\_ Passport #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

**LOCAL REFERENCES:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**THE FOLLOWING PARAGRAPHS ARE REQUIRED IN MONTGOMERY COUNTY, MARYLAND:**

1. *In the event the Application is approved, but the Applicant **FAILS FOR ANY REASON TO SIGN A LEASE WITHIN THE TIME PROVIDED HEREIN**, then the Landlord/Agent **SHALL BE ENTITLED TO RETAIN ALL OR A PORTION OF THE APPLICATION FEE AND/OR RETAIN A PORTION OF THE DEPOSIT** as specified herein. The balance of the Application Fee and/or Deposit, if any, shall be returned to applicant within fifteen (15) days following the date of occupancy or of receipt of written communication, by either party to the other, of a decision that no tenancy shall occur. In the event the application is not approved and accepted by Landlord, the Application Fee and/or Deposit less that portion of the Application Fee actually expended by Landlord/Agent for a credit check or other expenses arising out of the Application shall be returned to the applicant within fifteen (15) days of such action. If Landlord/Agent requires from an Applicant any fees other than a security deposit in excess of \$25.00, Landlord/Agent shall return the fees subject to the provisions above or Landlord/Agent shall be liable to Applicant for twice the amount of the fees collected.*
2. *The provisions of the foregoing Paragraph 1 do not apply to any Landlord/Agent who offers four or less dwelling units for rent on one parcel of property, or at one location, or to seasonal or condominium rentals.*
3. *I certify that I have received and carefully examined a sample of the lease and any addenda. I agree that I shall apply for all utilities services before taking occupancy of the leased premises and agree to pay all utilities: **GAS, OIL, ELECTRICITY, WATER, SEWER, REFUSE**, where applicable, and will pay deposits therefore, if required. The applicant hereby waives any claim for damages for reason of non-acceptance of this application.*
4. *Should I sign a lease for the above-referenced property managed by Listing Broker/Landlord, I am prepared to deposit with the Listing Broker/Landlord a security deposit in an amount not to exceed the maximum security deposit permitted by law and in accordance with the risks to the property involved. I understand that the rate of interest on the security deposit will be as prescribed by Maryland Law. If a security deposit is required, I understand that I may make a written request to the Landlord/Agent within fifteen (15) days of the date of occupancy a list of all existing damages.*

**ELECTRONIC SIGNATURES:** In accordance with the Uniform Electronic Transactions Act (UETA) and the Electronic Signatures in Global and National Commerce Act, or E-Sign (the Act), and other applicable local or state legislation regarding Electronic Signatures and Transactions, the applicant(s) do hereby expressly authorize and agree to the use of electronic signatures as an additional method of signing and/or initialing this application and/or any future contracts or addenda. The applicants hereby agree that either party may sign electronically by utilizing a digital signature service.

Applicant: \_\_\_\_\_ / \_\_\_\_\_ Co-applicant: \_\_\_\_\_ / \_\_\_\_\_

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**AUTHORIZATION TO RELEASE INFORMATION:**

The undersigned applicant affirms under the penalties of perjury that I have read and understand pages 1 through 6 of this application and that my answers to the questions on this application are true and correct to the best of my personal knowledge, information and belief and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

Upon demand made by Listing Broker/Landlord, at any time during the applicant's tenancy or thereafter, Listing Broker/Landlord is hereby authorized to release any information contained in this application to any consumer reporting agency, credit bureau, or other investigative agencies.

The Applicant hereby authorizes Listing Broker/Landlord to order and obtain a credit/consumer report. I hereby authorize the owner or owner's agent to whom this Application is made and any credit bureau or other investigative agency used by such owner or owner's agent to investigate and to report and disclose to the owner and the owner's agent the results of the references herein listed, statements and other data obtained from me or from any other person pertaining to **my credit, employment, rent history and financial responsibility**. In the event the Listing Broker is acting on behalf of the Landlord, another broker or other party directly or indirectly affected by said transaction, the applicant hereby authorizes the Listing Broker to forward and disclose all or any portion of the information contained in the credit/consumer report to the Landlord, another Broker or other party directly or indirectly involved. The applicant hereby releases Listing Broker/Landlord from any liability whatever for rejection of this application due to credit information or any other reason." After this application has been processed, the Landlord/Owner may be contacted for final approval. Applicant will be contacted when approval is received or denied.

I understand that this **APPLICATION DOES NOT CONSTITUTE A COMMITMENT** to lease or rent and that a **WRITTEN LEASE WILL BE PREPARED** if my application is approved. I further understand that the lease **MUST BE SIGNED BY THE LANDLORD AND/OR ITS AGENT AND MYSELF TO BE VALID**.

**PRINT NAME:** \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**CO-APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date: \_\_\_\_\_ Check: \$ \_\_\_\_\_ Cash: \$ \_\_\_\_\_

Leasing Broker: \_\_\_\_\_ Broker Code: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Leasing Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

License #/State: \_\_\_\_\_ / \_\_\_\_\_ MRIS # \_\_\_\_\_

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