

LEASE APPLICATION



TENANT MUST COMPLETE ALL PARTS COMPLETELY

Application Date: _____

1509 4th St

This application is made to lease the premises known as Glenarden, MD 20706
for the TOTAL rent of \$27,600.00 payable monthly in advance on the first day of each month on
the following terms:

Monthly Rent: \$ 2,300.00

Start Date: _____

Security Deposit: \$ 2,300.00

End Date: _____

Lease Term: 12 months

OCCUPANTS

Number of Adults: _____ Number of Children: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

SMOKING

Do any occupants smoke (check one) ☐ YES or ☐ NO

APPLICANT INFORMATION

Applicant's Name: _____ Birth Date: _____ SSN: _____

Driver's License #: _____ State: _____

Home Phone #: _____ Cell Phone #: _____

Current Address: _____

APPLICANT CURRENT ADDRESS INFORMATION

Do you currently (check one) ☐ OWN or ☐ RENT Number of Years at Current Address: _____

Current Monthly Rent/Mortgage Payment: \$ _____

Current Landlord's/Agent's Name: _____

Current Landlord's/Agent's Phone#: _____

Have you given your current Landlord/ Agent notice of your intention to vacate? (check one) ☐ YES or ☐ NO

Reason for vacating: _____

List all previous addresses, prior to your current address, 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).

Address: _____ From: _____ To: _____

Landlord's/ Agent's Name: _____ Landlord's/ Agent's Phone #: _____

Address: _____ From: _____ To: _____

Landlord's/ Agent's Name: _____ Landlord's/ Agent's Phone #: _____

APPLICANT EMPLOYER INFORMATION

Applicant's Employer: _____ Position: _____

Address: _____ Employed Since: _____

Supervisor's Name: _____ Phone #: _____

If employed less than one year, provide previous employment information:

Previous Employer: _____ Position: _____

Address: _____ Employment Dates (Start & End): _____

Supervisor's Name: _____ Phone #: _____

APPLICANT INCOME

NOTE: Alimony, child support or separate maintenance income need not be revealed if the Applicant does not choose to have it considered as a basis for paying the rent obligation.

Base pay: \$ _____ Commissions: \$ _____

Over time: \$ _____ Dividends: \$ _____

Bonuses: \$ _____ Other: _____

TOTAL INCOME: \$ _____ Income is (check one) ☐ **PER MONTH** or ☐ **PER YEAR.**

NOTE: If employer refuses to verify applicant's employment by phone, it will become the responsibility of the Applicant or Co-Applicant to provide immediate written confirmation of such information. If Applicant is self-employed, attach copies of your US tax returns (FORM 1040 and Schedule C) for the past two years.

APPLICANT ASSETS

Checking Account: \$ _____ Bank: _____ Account #: _____

Savings Account: \$ _____ Bank: _____ Account #: _____

Credit Union: \$ _____ C.U. Name: _____ Account #: _____

Other Assets: _____

TOTAL ASSETS: _____

APPLICANT LIABILITIES

Auto Loan (Company): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
Auto Loan (Company): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
Mortgage (Company): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
Credit Card (Name): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
Credit Card (Name): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
Credit Card (Name): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
Bank Loan (Bank Name): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
Personal Loan (Creditor Name): _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
Alimony: _____ Monthly Payment: \$ _____ Pay Until: _____
Child Care/ Support: _____ Monthly Payment: \$ _____ Pay Until: _____
Suits/ Judgments: _____ Monthly Payment: \$ _____ Payoff Balance: \$ _____
TOTAL MONTHLY PAYMENTS: \$ _____ TOTAL PAYOFF BALANCE: \$ _____

APPLICANT'S VEHICLES THAT WILL BE AT THE RENTED PROPERTY

AUTOMOBILES:

Type/Make: _____ Year: _____ Tag #: _____ State: _____
Type/Make: _____ Year: _____ Tag #: _____ State: _____

MOTORCYCLES/ LARGE TRUCKS/ BOATS/ TRAILERS:

Type/Make: _____ Year: _____ Tag #: _____ State: _____
Type/Make: _____ Year: _____ Tag #: _____ State: _____

Are any of the above vehicles commercial vehicles (check one) ☐ YES or ☐ NO

If so, which one(s): _____

All motor vehicles or trailers must have current licenses/ tags and may be parked ONLY in garages/ driveways, if provided, or on the street (not in fire lanes or on the lawn), OR AS REQUIRED BY THE CONDOMINIUM OR HOMEOWNER'S ASSOCIATION.

PETS & SERVICE ANIMALS

Indication of pets below does not guarantee Owner/ Agent acceptance of pets.

Do you have a Service Animal as identified by the Americans with Disabilities Act or Department of Justice? (check one)
☐ YES or ☐ NO

Do you have any pets (non-service animals) (check one) ☐ YES or ☐ NO How many pet(s)/ service animal(s): _____

Type of pet(s)/ service animal(s) (include breed): _____

Weight(s): _____ Age(s): _____

SPECIAL LEASE REQUIREMENTS

Do you need any special lease requirements? _____

Special equipment needed or necessary modifications to accommodate a disability: _____

DIPLOMATIC CLAUSE

Diplomatic Clause Required (check one) ☐ YES or ☐ NO Length of stay: _____

ACTIVE DUTY MILITARY

Military transfer clause needed? (check one) ☐ YES or ☐ NO Length of stay: _____

BANKRUPTCY/ NON-PAYMENT/ EVICTION/ FELONY CONVICTION

Have you ever filed bankruptcy (check one) ☐ YES or ☐ NO Date Filed: _____ Date Discharged: _____

Explanation: _____

Have you ever been sued for non-payment of rent or been evicted (check one) ☐ YES or ☐ NO

Explanation: _____

Have you or anyone indicated above ever been convicted of a felony in any federal or state court (check one) ☐ YES or ☐ NO

If yes, please attach specific information regarding felony conviction, including date of conviction; charge for which convicted; sentence imposed; whether sentence has been completed; and if sentence has not been completed, specify sentence requirements which remain to be completed.

IN CASE OF EMERGENCY

Nearest relative's name: _____ Relationship: _____

Address: _____ Phone #: _____

LOCAL REFERENCES

Do not include family members.

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

APPLICATION FEE & SECURITY DEPOSIT INFORMATION

If a Landlord/ Agent requires from a prospective Tenant any fees other than a security deposit as defined by Section 8-203(a) of the Real Property Article of the Annotated Code of Maryland, and these fees exceed \$25.00, then the

Landlord/Agent shall return the fees, subject to the exceptions below, or be liable for twice the amount of the fees in damages. The return shall be made no later than 15 days following the date of occupancy or the written communication by either party to the other of a decision that no tenancy shall occur. The Landlord/Agent may retain only that portion of the fees actually expended for a credit check or other expenses arising out of the application and shall return that portion of the fees not actually expended on behalf of the Tenant making application. This section does not apply to any landlord who offers four or less dwelling units for rent on one parcel of property or at one location, or to seasonal or condominium rentals.

An application fee of _____ Dollars. (\$ _____) is to be used by Landlord/ Agent for the credit/consumer check and any other expenses arising out of the application with the understanding that this application, including each prospective occupancy, is subject to Landlord's approval and acceptance.

A security deposit in the sum of _____ Dollars. (\$ _____) is made herewith (WHICH SHALL BE APPLIED TO THE SECURITY DEPOSIT UPON SIGNING THIS LEASE OR RETURNED TO APPLICANT IN WHOLE OR IN PART AS HEREINAFTER PROVIDED).

When so approved and accepted, the applicant(s) agree(s) to execute a lease and to pay any balance due on the security deposit and/or the first month's rent (as required by Landlord) within _____ days after being notified of acceptance and before possession is given. In the event the application is approved, but the applicant(s) **REFUSE(S) TO SIGN A LEASE WITHIN THE TIME PROVIDED HEREIN**, then the Landlord/Agent **SHALL RETAIN THAT PORTION OF THE APPLICATION FEE** actually expended as a result of this application. The balance of the application fee and security deposit, if any, shall be returned to applicant within fifteen (15) days 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 security deposit shall be returned, in full, to the applicant within fifteen (15) days of such action. The applicant(s) hereby waive(s) any claim for damages for reason of non-acceptance of this application.

REVIEW OF LEASE

Tenant has the right to receive and carefully examine a copy of the Standard Dwelling Lease form and any addendum that may be used in conjunction with the Lease prior to submitting this Application. All requests for a copy of the Lease prior to Application must be made in writing.

UTILITY DISCLOSURE

I/We agree that I/we shall apply for all utilities services before taking occupancy of the leased premises and agree to pay all utilities, including: **GAS, OIL, ELECTRICITY, WATER, SEWER, REFUSE**, where applicable, and will pay deposits therefore, if required.

CONSUMER REPORT AUTHORIZATION

I/We authorize you to secure, from a consumer reporting agency, an investigative consumer report. This report may contain, but would not be limited to, a consumer credit report, a criminal history records investigation, verification of my residences, employment and income. I/We authorize the consumer reporting agency to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living, and I/we release all concerned from any liability in connection with any information they give. I/ We have also been advised that I/we have the right, under the Federal Fair Credit Reporting Act (FCRA), Section 606(B), to

make a written request of the consumer reporting agency, within a reasonable time, for a complete and accurate disclosure of the nature and scope of the investigation. I/ We acknowledge that I/ we may obtain from a consumer reporting agency, the summary of consumer rights required by Section 609 of FCRA entitled: *A Summary of Yours Rights Under the Fair Credit Reporting Act*.

I/We hereby affirm that my answers on this Application for Tenancy are true and correct and that I/ we have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. Any false information contained in this application, when discovered, shall be deemed cause for rejection of this application and immediate termination of any subsequent lease or rental agreement.

The above information is presented with the understanding that it may be used as a basis for the acceptance of a lease by the Landlord/Agent. I/We certify that all information contained herein is true and correct and hereby authorize verification of same. I/We hereby authorize disclosure of the information contained herein to the Landlord/Agent, and the credit reporting bureau. I/We hereby authorize the disclosure of the information contained in any consumer report obtained to Landlord/ Agent. **I/We hereby authorize disclosure of the information contained herein or contained in any consumer report obtained by Agent to Landlord and/ or Landlord's authorized representative.**

Applicant's Signature: _____

Date: _____



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