

TODAY'S DATE: _____
 UNIT APPLIED FOR: _____
 MONTHLY RENT: _____
 DESIRED MOVE-IN DATE: _____



APPLICATION TO LEASE FILL OUT PORTIONS BELOW LINE COMPLETELY

A NAME _____ SS# _____ DATE OF BIRTH _____
P PRESENT ADDRESS _____ ZIP _____
P HOW LONG / YEARS _____ MONTHS _____ HOME PHONE _____ WORK PHONE _____
L PRESENT LANDLORD _____ PHONE NO. _____ MO RENT PMT _____
I PREVIOUS ADDRESS (IF LESS THAN TWO YEARS AT CURRENT) _____
C PREVIOUS LANDLORD _____ PHONE NO. _____ MO RENT PMT _____
A EMPLOYED BY _____ OCCUPATION _____
N ADDRESS _____ ZIP _____ SALARY/ HR _____ WK _____ BI/WK _____ YR _____
T YEARS EMPLOYED _____ SUPERVISOR NAME _____ PHONE NO. _____
 PREVIOUS EMPLOYMENT (IF LESS THAN TWO YEARS) _____ PHONE NO. _____
 SOURCE OF OTHER INCOME _____ AMT P/MONTH _____
 DRIVERS LICENSE # _____ PETS _____ WEIGHT _____ LB.

OTHER PERSONS TO OCCUPY PREMISES

O	C	C	U	P	A	N	T	S
NAME	AGE	SEX	RELATIONSHIP	BLOOD LEAD LEVEL *				
_____	_____	_____	_____	_____				
_____	_____	_____	_____	_____				
_____	_____	_____	_____	_____				
_____	_____	_____	_____	_____				

* ALL PERSONS UNDER THE AGE OF SIX (6) MUST BE SCREENED FOR ELEVATED BLOOD LEAD PRIOR TO APPLICATION, THE UNIT APPLIED FOR MAY CONTAIN LEAD-BASED PAINT. APPLICANTS WILL NOT BE REJECTED BASED ON BLOOD LEAD LEVELS

A NUMBER OF VEHICLES _____
U
T 1. MAKE _____ COLOR _____ YEAR _____ LICENSE TAG NO. _____
O 2. MAKE _____ COLOR _____ YEAR _____ LICENSE TAG NO. _____

C CURRENT MONTHLY OBLIGATIONS/PAYMENTS

R	E	D	I	T
COMPANY NAME	ACCT #	ORIGINAL AMT	MONTHLY PMTS	
1. _____	_____	_____	_____	
2. _____	_____	_____	_____	
3. _____	_____	_____	_____	
4. _____	_____	_____	_____	

G HAVE YOU OR ANY OTHER RESIDENT EVER:
E FILED FOR BANKRUPTCY? NO YES BEEN EVICTED FROM TENANCY ? NO YES
N
I IN CASE OF ILLNESS, ACCIDENT, EMERGENCY, PLEASE NOTIFY: (NEAREST LIVING RELATIVE)
I NAME _____ ADDRESS _____
N PHONE NO. _____ RELATIONSHIP _____
F REMARKS _____
O

NO PETS ALLOWED EXCEPT BY WRITTEN CONSENT OF MANAGEMENT

The liabilities of the Applicant upon filling out this application are:

1. To pay the non-refundable application fee of \$30.00, subject to the provisions of Section 8-213 of the Real Property Articles of the Annotated Code of Maryland.

2. To answer all questions contained in the application fully and truthfully; in the event this application is accepted and the lease executed, this application shall become a part of the lease and if any answers are false or misleading, the Landlord may at its option, terminate the lease or recover damages from you, or both.

APPLICANT, by execution of this application, authorizes an investigative Consumer Report, which may include investigations of his credit, general reputation, personal character, and mode of living. This application is subject to approval of landlord and/or Ben Frederick Realty, Inc. Once the deposit is paid, if applicant cancels his/her move-in or misrepresents any fact in this application, management reserves the right to retain all of the deposit as compensation for actual damages incurred (i.e. lost rent, leasing fee, advertisings, etc.)

RECEIVED COPY OF LEAD INSPECTION CERTIFICATE FOR THE ABOVE UNIT
 YES **NO** **PLEASE CHECK THE APPROPRIATE BOX**

SIGNATURE OF APPLICANT _____ DATE: _____

With your application, we need the following:

- Copy of driver's license
- Copy of social security card
- Copy of 2 most recent paycheck stubs

We cannot process your application without correct landlord information (including name and phone number)

We love pets but our insurance carrier does not permit dogs on any of the properties that we handle.