



Property Name: _____

Date: _____

Number of occupants:		Apt. Size Desired:		When can you take possession?	
First:		MI:		Last:	
Social Security No:			Date of Birth:		
Driver License No.:			State:		
Telephone Number(s):					
Daytime: _____		Evening: _____			
Pager: _____		Mobile: _____			
CURRENT ADDRESS					
Please Check		Please check type of residence			
<input type="checkbox"/> Rent <input type="checkbox"/> Own		<input type="checkbox"/> Private Residence		<input type="checkbox"/> Apartment <input type="checkbox"/> Condo	
Street:		Apt. #:	City/State/Zip:		
Move in Date:		Monthly Rent:\$		Apartment Size:	
Community Name:			Phone Day/Office:		
Management Company:					
When does your lease expire? <input type="checkbox"/> Yes or <input type="checkbox"/> No					
Are you the Leaseholder? <input type="checkbox"/> Yes or <input type="checkbox"/> No					
Is your present landlord a family member? <input type="checkbox"/> Yes or <input type="checkbox"/> No					
Have you been sued for Rent? <input type="checkbox"/> Yes or <input type="checkbox"/> No					
Landlord Name:		Telephone:		Daytime: _____ Evening: _____	
Type of Pet(s): <input type="checkbox"/> Dog <input type="checkbox"/> Cat		# of Pets:		Weight(s)	
Reason for moving:			Did you give notice? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
PREVIOUS ADDRESS					
Please Check		Please check type of residence			
<input type="checkbox"/> Rent <input type="checkbox"/> Own		<input type="checkbox"/> Private Residence		<input type="checkbox"/> Apartment <input type="checkbox"/> Condo	
Street:		Apt. #:	City/State/Zip:		
Move in date:		Move out date:			
Monthly Rent: \$		Apartment Size:			
Community Name:			Phone Day/Office:		
Was your landlord a family member? <input type="checkbox"/> Yes or <input type="checkbox"/> No					
Landlord Name		Telephone:		Daytime: _____ Evening: _____	
Management Company:					
Were you the Leaseholder? <input type="checkbox"/> Yes or <input type="checkbox"/> No		Number of occupants:			
<input type="checkbox"/> Lease or <input type="checkbox"/> month to month		Did you leave owing a balance? <input type="checkbox"/> Yes or <input type="checkbox"/> No		Amount: \$	
Reason for moving:			Did you give notice? <input type="checkbox"/> Yes or <input type="checkbox"/> No		
CURRENT EMPLOYMENT					
(Please Check)					
Are you in the military or military reserve? <input type="checkbox"/> Yes or <input type="checkbox"/> No					
Are you a full-time student? <input type="checkbox"/> Yes or <input type="checkbox"/> No					
Date Hired:		Occupation/Title:			
Employer:					
Address:			Daytime Phone:		
Division or department:			Evening Phone:		
Hourly Rate:\$		Bonus/Overtime:\$		Yearly Income:\$	
If with above employer less than three years, provide information on additional application.					
Are you subject to transfer with your employment? <input type="checkbox"/> Yes or <input type="checkbox"/> No					

APPLICATION FOR RESIDENCY

Conventional Properties only

If yes, state reason: _____		
ADDITIONAL INCOME		
Source: _____	\$ _____	Per Year
Source: _____	\$ _____	Per Year
PART-TIME OR PREVIOUS EMPLOYER (IF CURRENT IS LESS THAN 2 YEARS)		
Employed: From: _____ To: _____		
Employer: _____	Daytime Phone: _____	
Address: _____	Evening Phone: _____	
Occupation: _____	Division or Dept.: _____	
Hourly Rate \$ _____	Bonus/Overtime \$ _____	Yearly Income: \$ _____
FINANCIAL INFORMATION		
Name of Bank or Financial Institution: _____		
Branch: _____		
Address: _____		
City	State	Zip
Telephone: _____		
Type of Account:		
Checking Number: _____	_____	
Savings Number: _____	_____	
Other Number: _____	_____	
LIST ALL OTHERS WHO WILL OCCUPY APARTMENT		
Name: _____	SSN: _____	Date of Birth: _____
Name: _____	SSN: _____	Date of Birth: _____
Name: _____	SSN: _____	Date of Birth: _____
AUTOMOBILE INFORMATION		
How many automobiles do you own? () One () Two () Three () Other		
Year & Type Auto #1: _____	State: _____	Tag: _____
Year & Type Auto #2: _____	State: _____	Tag: _____
Year & Type Auto #3: _____	State: _____	Tag: _____
Year & Type Auto Other: _____	State: _____	Tag: _____
PERSONAL REFERENCES		
Name: _____		
Address: _____		
Home Phone: _____	Work: _____	
Name: _____		
Address: _____		
Home Phone: _____	Work: _____	
1. Person (other than co-applicant) to be notified in case of emergency:		
Address: _____	_____	
Daytime Phone: _____	Evening Phone: _____	
Relationship: _____	_____	
2. Additional emergency contact (other than co-applicant):		
Address: _____	_____	
Daytime Phone: _____	Evening Phone: _____	
Relationship: _____	_____	

APPLICATION FOR RESIDENCY

Conventional Properties only

APPLICANT PLEASE NOTE:

1. It is understood that no pets will be permitted, and that Premises are to be used as a residence only and to be occupied by those persons listed herein and no other.
2. This Application must be made in person and the contents hereof are considered as part of Lease, to which this Application is attached.
3. All copies of Lease must be executed by all applicants before possession can be allowed (copy of Lease and Regulations are available for prior review).
4. All rents and charges due and payable on the first of each month.
5. In addition to advising you of the liabilities that you incur upon signing this Application, as set forth above, Maryland Law requires an application to contain the following explanatory statement: Fees other than Security Deposit: (1) If a Landlord requires from a prospective tenant any fees other than a Security Deposit as defined by Section 8-203(a) of this subtitle, and those fees exceed \$25.00, then the Landlord 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 not 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, (2) The Landlord may retain only that portion of the fees not 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. If, within 15 days of the first to occur of occupancy or signing a lease, a tenant decides to terminate the tenancy, the Landlord may also retain that portion of the fees which represents the loss of rent, if any, resulting from the tenant's action."
6. It is further understood that the credit report fee in the amount of \$_____ is not refundable. As an inducement to the owner of the property and to the Management Company to accept this Application and lease premises to me/us, we warrant that all statements set forth above are true.

The applicant(s) makes the representations in this Application knowing that Management will rely on their accuracy, and hereby authorizes the Management Company to use any consumer reporting agency, credit bureau, or other investigative agencies employed by such to investigate the references herein listed or statements or other data obtained from me or from any other person pertaining to my employment history, credit, prior tenancies, character, general reputation, personal characteristics, and mode of living, and to obtain a consumer report and such other credit information which may result thereby, and disclose and furnish such information to the owner/agency listed in support of this Application.

In addition, I/we hereby authorize Management to obtain any such credit and other reports on me/us, from time to time during my/our tenancy and thereafter until all sums that may be due the owner or Management are fully paid. The applicant(s) releases Management from any liability whatever for rejection of this Application due to credit information or any other valid business reason. It is further agreed that if any information herein contained is false the Lease made on the strength of this Application may, at the option of the Management, be terminated at any time. Upon false the lease made on the strength of this Application may, at the option of the Management, be terminated at any time. Upon demand made upon Management at any time during the undersigned's tenancy and thereafter, Management is hereby authorized to release any information contained in this Application to any public security officer who may inquire of Management concerning the same in the course of his/her duty.

The undersigned agree(s) to make a rental deposit of \$_____ to be applied to the first month's rent of \$_____. Also, the undersigned agree(s), if accepted, to execute Management lease and pay a balance of \$_____ due on the first month's rent, as well as security deposit on \$_____ and a \$_____ key deposit immediately upon notice of acceptance by Management, or forfeit the deposit in accordance with local law.

DEPOSIT AND MOVE-IN MONEY MUST BE PAID BY MONEY ORDER OR BY CERTIFIED CHECK

I/we represent, warrant and confirm that all statements made by me/us in this application are true and correct.

Applicant Signature: _____

THIS APPLICATION IS MADE SUBJECT TO APPROVAL OF (_____) AND MAY WITHOUT DESIGNATING CAUSE BE DISAPPROVED BY THEM, IT BEING AGREED THAT ANY SUCH DISAPPROVAL SHALL NOT BE CONSIDERED A REFLECTION UPON THE APPLICANT. THIS APPLICATION IS TO BE MADE A PART OF THE LEASE ENTERED INTO BY THE APPLICANT AND THE LANDLORD.

THE TRUTH OF THE INFORMATION CONTAINED HEREIN IS ESSENTIAL, AND IF (_____) DEEMS ANY ANSWER OR STATEMENT HEREIN TO BE FALSE OR MISLEADING, IT SHALL BE CONSIDERED THAT ANY LEASE GRANTED BY VIRTUE OF THIS APPLICATION MAY BE CANCELED AT THEIR OPTION.

IT IS ILLEGAL TO DISCRIMINATE AGAINST ANYONE BECAUSE OF RACE, COLOR, CREED, RELIGION, SEX, NATIONAL ORIGIN, MARITAL STATUS, PHYSICAL OR MENTAL HANDICAP OR ANY OTHER PROHIBITED BASIS OF DISCRIMINATION. IF YOU FEEL THAT YOU HAVE, BEEN DISCRIMINATED AGAINST, PLEASE CONTACT LINDA ROBERTS, EMC, AT 301-562-1766.

THIS PROPERTY DOES NOT DISCRIMINATE ON THE BASIS OF HANDICAPPED STATUS IN THE ADMISSION OF OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, ITS FEDERALLY ASSISTED PROGRAMS OR ACTIVITIES.

APPLICANTS MUST REPORT ALL CHANGES IN ADDRESS, TELEPHONE, OR FAMILY SIZE TO THE RENTAL OFFICE. FAILURE TO DO SO MAY PREVENT US FROM CONTACTING YOU WHEN AN APPROPRIATE APARTMENT IS AVAILABLE.

MANAGEMENT USE ONLY

Type of Apartment Rented: _____

Apartment Number: _____

Apartment Address: _____

APPLICATION FOR RESIDENCY
Conventional Properties only

Date of Occupancy:	_____	Apartment Rental Rate:\$	_____
Date Application Fee Received:	_____	Amount:\$	_____
Rental Agent:	_____		
Concession:	_____		
Special Offered:	_____		
FOR OFFICE USE ONLY:			
APPROVED:		DATE:	
DENIED:		DATE:	