

**APPLICATION CRITERIA  
& GENERAL OCCUPANCY STANDARDS**

It has been and will continue to be the policy of the owners of this community, to provide equal housing opportunities for all people, regardless of race, color, religion, sex, national origin, handicap or familial status.

All applications for residency are reviewed according to the criteria listed below. If the following criteria is not met, applicant could be required to pay additional deposits or denied.

**1. RESIDENT/RENTAL HISTORY**

Future Residents must present two (2) years verifiable good rental history (must include addresses and telephone numbers where this information can be verified). All addresses on credit report are verified.

**2. CREDIT**

Future Residents credit must be in good standings. Excessive late payments, collections, judgments, and bankruptcies may subject applicant to denial, additional deposits and or last month's rent.

**3. EMPLOYMENT**

Future Residents must present two (2) years of consecutive employment.

**ACCEPTABLE PROOF OF INCOME:**

- 1. Current paycheck stub
- 2. Copy of last years tax return
- 3. Letterhead from your employer stating your income, dates of hire, position, and social security number. \* The letter must be from Human Resources or an Officer and notarized\*

**4. CRIMINAL HISTORY**

Applicant or any proposed occupants with any felony convictions will result in automatic denial for residency. Landlord also reserves the right to deny residency to any applicant with a misdemeanor convictions for violent crimes, stalking, drug or sexual offenses.

**5. OCCUPANCY STANDARDS ARE AS FOLLOWS:**

Efficiency	2 persons	Two Bedroom	4 persons
One Bedroom	2 persons	Three Bedroom	6 persons
One bedroom/ Den	4 persons		

**6. FEES AND DEPOSITS**

Application fee: \$\_\_\_\_\_ per legal adult that will reside in apartment or guaranty the lease.  
Security deposit: \$\_\_\_\_\_. A Non-refundable Redecoration fee of \$\_\_\_\_\_. Pet Deposit: \$\_\_\_\_\_. Pet fee \$\_\_\_\_\_ which is non-refundable and an additional \$\_\_\_\_\_ a month pet rent.

**7. COMMUNITY POLICY** Our community policy is to report all non compliances with the terms of your rental agreement or failure to pay rent, or any amounts owed to the credit bureau(s).

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

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

Community Manager Signature \_\_\_\_\_ Date: \_\_\_\_\_

**RENTAL APPLICATION MARYLAND FORM**

Each applicant must complete separate application

**FOR OFFICIAL USE ONLY:**

Date of Application \_\_\_\_\_ Monthly Rental Rate \_\_\_\_\_  
Apartment Address \_\_\_\_\_ Security Deposit \_\_\_\_\_

**APPLICANTS PLEASE COMPLETE ALL QUESTIONS. WRITE N/A IF NOT APPLICABLE.**

NAME OF APPLICANT \_\_\_\_\_ Co-Applicant Names \_\_\_\_\_  
(attach applications for other applicants)  
Other Names Used? \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Copy of Driver's License Attached? Yes \_\_\_\_\_ No \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Spouse's Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_  
Emergency Contact Telephone and Address \_\_\_\_\_  
Names of all Occupants: \_\_\_\_\_

**CURRENT ADDRESS** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Community Name \_\_\_\_\_  
Rental Rate \_\_\_\_\_ Lease Expiration Date \_\_\_\_\_ Manager's Name \_\_\_\_\_  
Manager's Phone No. \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_  
Why are you moving? \_\_\_\_\_  
How did you choose our community? \_\_\_\_\_

**PRIOR RESIDENCE** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Community Name \_\_\_\_\_ Rental Rate \_\_\_\_\_ Lease Expiration Date \_\_\_\_\_  
Manager's Name \_\_\_\_\_ Phone No. \_\_\_\_\_ How Long There? \_\_\_\_\_  
Have you ever been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, from where? \_\_\_\_\_ When? \_\_\_\_\_  
Describe any rental agreement you have not completed? \_\_\_\_\_

**CURRENT EMPLOYMENT**

Employer Name \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ Position \_\_\_\_\_ Years Employed \_\_\_\_\_  
Current Income (Weekly/Monthly) \_\_\_\_\_ Do you know of anything that may interrupt income or ability to  
pay rent? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, explain) \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Employer Name \_\_\_\_\_ Supervisor \_\_\_\_\_ Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ Position \_\_\_\_\_ Years Employed \_\_\_\_\_  
Salary/Wage Rate \_\_\_\_\_

**OTHER INCOME**

Source \_\_\_\_\_ Type \_\_\_\_\_ Amount \_\_\_\_\_ Frequency \_\_\_\_\_

**CREDITORS**

Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Balance \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Balance \_\_\_\_\_ Monthly Payment \_\_\_\_\_  
Name \_\_\_\_\_ Acct. No. \_\_\_\_\_ Balance \_\_\_\_\_ Monthly Payment \_\_\_\_\_

**BANK ACCOUNT(S)**

(1) Bank Name \_\_\_\_\_ Acct. Name \_\_\_\_\_ Type \_\_\_\_\_

Acct. No. \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_  
 (2) Bank Name \_\_\_\_\_ Acct. Name \_\_\_\_\_ Type \_\_\_\_\_  
 Acct. No. \_\_\_\_\_ Contact \_\_\_\_\_ Phone \_\_\_\_\_

**VEHICLE INFORMATION**

Year \_\_\_\_\_ Make \_\_\_\_\_ Color \_\_\_\_\_ License Number \_\_\_\_\_ State \_\_\_\_\_

1. \_\_\_\_\_  
 2. \_\_\_\_\_

Receipt from applicant is hereby acknowledged of \$ 25.00 for a non-refundable processing charge and \$ \_\_\_\_\_ as a deposit to hold the apartment; which will be applied to all monies due at time of move-in. Acceptance of this application and any monies deposited herewith are not binding upon Landlord until the application is approved.

**NOTE IN ACCORDANCE WITH MARYLAND LAW:**

1. Applicant may withdraw this application within 48 hours after making application and all monies shall be returned except for the processing charge.
2. If this application is withdrawn after 48 hours, all monies will be subject to reduction for Landlord's costs associated with the application.
3. If this application is not approved, all monies shall be refunded, except for the processing charge.
4. In the event of a refund, 15 days should be allowed for all checks to clear the bank and for regular accounts payable processing or the Applicant's original check(s) shall be returned.
5. Landlord is authorized to contact emergency contact person in the case of an emergency.

**IF MY APPLICATION IS APPROVED, AND A LEASE IS SIGNED, THE GOOD FAITH DEPOSIT SHALL BE APPLIED TOWARDS MY SECURITY/DAMAGES DEPOSIT. ACCEPTANCE OF THIS APPLICATION AND ANY MONIES DEPOSITED HEREWITH ARE NOT BINDING UPON LANDLORD UNTIL THE APPLICATION IS APPROVED AND A LEASE IS SIGNED NOR DOES IT GUARANTEE ME THE AVAILABILITY OF A PARTICULAR APARTMENT.**

I certify that all of the information provided in this Application is complete and correct. I authorize Landlord or his agent to verify the accuracy of these statements, to communicate with my employers and creditors, and to procure such other information, including a credit report or criminal history, which may be required to evaluate this application. False information stated on this application may constitute grounds for rejection of this application and forfeiture of deposits. Landlord may terminate any agreement entered into in reliance on any misstatement made above.

**Have you, any Co-applicant or proposed occupant ever been convicted of a felony or any crime involving illegal drugs?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Are you, any Co-applicant or proposed occupant listed on, or required to be registered under any sexual predator notification registries?** Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**FOR OFFICIAL USE ONLY:** Application Received by \_\_\_\_\_ Verified by \_\_\_\_\_

Yes Marginal No

Credit Report Favorable \_\_\_\_\_  
 Employment History Verified and Stable \_\_\_\_\_  
 Income Verified and Stable \_\_\_\_\_  
 Current Landlord Favorable \_\_\_\_\_  
 Criminal Records Report Received \_\_\_\_\_

Applicant Approved: Bldg. # \_\_\_\_\_ Apt. # \_\_\_\_\_ Type \_\_\_\_\_ Move-In Date \_\_\_\_\_ Rental Term \_\_\_\_\_ Rate \_\_\_\_\_

Applicant Denied: Form 4-1D sent

Community Manager \_\_\_\_\_

Regional Manager \_\_\_\_\_

### REQUEST FOR EMPLOYMENT VERIFICATION

TO: \_\_\_\_\_

DATE: \_\_\_\_\_

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The person named below has made an application for an apartment with us. Your firm was listed as having currently or formerly employed this person. The applicant, by his/her signature below, has authorized you to release their employment information. Your assistance in providing employment information will be greatly appreciated. Thank you.

Employee Name: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Department or Branch: \_\_\_\_\_

Date(s) of Employment (from) \_\_\_\_\_ (to) \_\_\_\_\_

Gross Salary or Wage: \$ \_\_\_\_\_

Other Comments: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

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APPLICANT'S AUTHORIZATION OF THIS INQUIRY  
I hereby consent to the release of my employment information

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date Signed

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Requested by: \_\_\_\_\_

Date \_\_\_\_\_

# REQUEST FOR RESIDENCY VERIFICATION

To:

Via:  Mail  
 Fax  
 Phone  
 Courier

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The person(s) named below has made application for apartment/housing rental with us. You were listed as having rented to the applicant. The applicant, by his/her signature below, has authorized you to release information about prior residency. Your comments or recommendations on this matter will be sincerely appreciated. We will be pleased to reciprocate this favor in the future. Thank you.

Resident's Name(s) \_\_\_\_\_

Occupancy Address \_\_\_\_\_

Date(s) of Occupancy \_\_\_\_\_

=====

Request Submitted By: \_\_\_\_\_ Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

APPLICANT'S AUTHORIZATION OF THIS INQUIRY:  
I hereby consent to the release of my residency information.

\_\_\_\_\_  
Signature Date Signed

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Date Moved-In \_\_\_\_\_ Date Moved-Out \_\_\_\_\_ Still is Occupied \_\_\_\_\_

Amount of Monthly Rent \$ \_\_\_\_\_ Utilities Included \_\_\_\_\_

Rent Generally Paid:  On-Time  Occasionally Late  Often Late

Housekeeping Habits:  Good  Average  Not Sure

Would you rent to this person again?  Yes  No  Not Sure

- 1. Any NSF / how many \_\_\_\_\_
- 2. How many times late \_\_\_\_\_
- 3. Any disturbance notices / what and how many \_\_\_\_\_
- 4. Has resident given notice they are vacating \_\_\_\_\_

Other Comments \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**Release of information and  
Authorization for Verification of Application  
For Applicant Screening and Processing (ASAP)**

**Have you ever had an eviction filed against you?**

Applicant: Yes \_\_\_\_\_ No \_\_\_\_\_. Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_.

**Have you ever left owing money to an owner or landlord?**

Applicant: Yes \_\_\_\_\_ No \_\_\_\_\_. Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_.

**Have you ever applied for residency anywhere in the past 2 years, but did not move in?**

Applicant: Yes \_\_\_\_\_ No \_\_\_\_\_. Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_.

**Have you ever had adjudication withheld or been convicted of a felony?**

Applicant: Yes \_\_\_\_\_ No \_\_\_\_\_. Spouse: Yes \_\_\_\_\_ No \_\_\_\_\_.

**IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN IN DETAIL THE CIRCUMSTANCES REGARDING THE SITUATION ON THE BACK OF THIS SHEET.**

Applicant(s) represents that all of the above statements and all information on the application for rental are true and complete, and hereby authorizes an investigative consumer report and verification of any and all information relating to residential history (rental or mortgage), employment history, criminal history records, court records, and credit records. If Applicant(s) is accepted for residency, Applicant(s) further acknowledges and authorizes follow-up consumer report as part of the business transaction between the two parties event after the Applicant(s) has left the property. Applicant acknowledges that false or omitted information herein may constitute grounds for rejection of this application, termination of occupancy, and/or forfeiture of fees or deposits and may constitute a criminal offense under the laws of this State. I/We hereby release ASAP, the owner, management company, their employees, owners and agents, and any of the above from any liability and responsibility arising from their doing so.

Facsimiles of this authorization may be used to facilitate multiple inquiries. In the event you receive a facsimile of this authorization, it should be treated as an original and the requested information should be released to facilitate my/our application for residency.

This release is an integral part of the Application for Residency and is incorporated therein.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Birthday

\_\_\_\_\_  
Signature Spouse

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Birthday