### Please Submit \$40.00 Non-Refundable Processing Fee PER APPLICANT (Paid ONLINE)

This section to be completed by	landlord	
Date and time application receive	ed by landlord	
Credit check fee \$		Received via
Address of Property to Be Rented	d:	
Requested Rental Term :		
		month-to-month Lease
Beginning Date Of Occupancy		
lease from,		Month Lease
lease 110111,		
to (and Data)		
to (end Date)		
	16.5	
Amounts Due Prior to Occupanc		1
	st month's rent	\$
S	ecurity deposit	\$
(	Other ( Specify)	
	TOTAL	\$
	TOTAL	7
RENTER INFORMATION		
Full Name of Applicant		
Include all Names Used.		
Date of Birth		
optional		
EMAIL ADDRESS (REQUIRED)		
Phone #		
Social Security #		
Full Name of Co-Applicant		
Include all Names Used.		
Co-Applicant Date of Birth		
optional		
EMAIL ADDRESS (REQUIRED)		
Co-Applicant Social Security#		
Number of Dependents		
(Excluding Co-Applicant)		
Names and Ages of		
Dependents Other Converte and their		
Other Occupants and their		
relationship to applicant		
Pets ( Quanity Type/Breed)		
DOGS Not permitted at		
Pangborn Heights		

**APPLICANT RESIDENCE HISTORY FOR THE PAST THREE (3) YEARS (Beginning with the most current)** 

/ II I EIG/ II I I I I I I I I I I I I I I I I I	ONT TON THE LAST TIMEE (3) TEAMS (Deginning with the most current
Current Address	
Monthly Rent/Mortgage	
Month & Year Moved In	
Reason for Leaving - Move Date	
Owner Agent &	
Contact Phone#	
Previous Address	
(If within 3 years)	
Monthly Rent/Mortgage	
Month & Year Moved In	
Reason for Leaving - Move Date	
Owner Agent &	
Contact Phone#	
Previous Address	
(If within 3 years)	
Monthly Rent/Mortgage	
Month & Year Moved In	
Reason for Leaving - Move Date	
Owner Agent &	
Contact Phone#	

**APPLICANT BANK & CREDIT REFERENCES** 

Bank Name	
Street Address	
City, State Zip of Branch	
Type of Account	
Account Number	
Credit Card	
Balances	
Monthly Payment	
Balance Due	
Loans	
Туре	Mortgage / Auto Loan / Student Loan / Other (explain )
Balances	
Creditor	
Monthly Payment	
Balance Due	
PAST DUE DEBT	\$
Other Major	
Financial	
Obligations	

# Page **3** of **6** CO-APPLICANT RESIDENCE HISTORY FOR THE PAST THREE (3) YEARS IF DIFFERENT FROM APPLICANT

Current Address	
Monthly Rent/Mortgage	
Month & Year Moved In	
Reason for Leaving	
Owner Agent &	
Contact Phone#	
Previous Address	
(If within 3 years)	
Monthly Rent/Mortgage	
Month & Year Moved In	
Reason for Leaving	
Owner Agent &	
Contact Phone#	
Previous Address	
(If within 3 years)	
Monthly Rent/Mortgage	
Month & Year Moved In	
Reason for Leaving	
Owner Agent &	
Contact Phone#	

### CO-APPLICANT BANK & CREDIT REFERENCES

Bank Name	
Street Address	
City, State Zip of Branch	
Type of Account	
Account Number	
Credit Card	
Balances	
Monthly Payment	
Balance Due	
Loans	
Туре	Mortgage / Auto Loan / Student Loan / Other (explain )
Balances	
Creditor	
Monthly Payment	
Balance Due	
PAST DUE DEBT	\$
Other Major	
Financial	
Obligations	

## \*\*REQUIRED PLEASE SUBMIT THE MOST RECENT PAYSTUB COPY OF EACH ADULT OVER THE AGE OF 18 THAT WILL BE LIVING IN THE RENTAL UNIT\*\*\*

Employment Status of	Full Time – Part Time – Student – Retired – Unemployed
Applicant	
Current Employer	
Date(s) Employed	
Position	
Supervisor Name,	
Business Phone# and Email	
Address	
Salary	\$ per
If employed less than six (6)	
months above please provide	
Name and Address of	
previous employer	
Other Income to be	
considered & Source	
HAVE YOU EVER	
Filed for Bankruptcy?	
Been Evicted from	
Tenancy?	
Willfully or intentionally	
refused to pay rent when	
due?	
<b>EMPLOYMENT HISTORY OF C</b>	CO-APPLICANT
Employment Status of	Full Time – Part Time – Student – Retired – Unemployed
Co-Applicant	
Current Employer	
Date(s) Employed	
Position	
Supervisor Name,	
Business Phone# and Email	
Address	
Salary	\$ per
If employed less than six (6)	
months above please provide	
Name and Address of	
previous employer	
Other Income to be	
considered & Source	
HAVE YOU EVER	
Filed for Bankruptcy?	
Been Evicted from	
Tenancy?	
Willfully or intentionally	
refused to pay rent due?	

License# & State	
**MUST SUBMIT COPY**	
Co-Applicant Drivers	
License# & State	
**MUST SUBMIT COPY**	
Applicants Vehicle	
Make & Model	
Year	
Tag Number	
State of Tags	
<u>Second Vehicle</u>	
Make & Model	
Year	
Tag Number	
State of Tags	
Other vehicles to be kept	
on rental property	

If management has any question about this application, Please provide contact information where you can be reached:

Day Phone(s) Number	
Evening Phone(s) Number	
EMERGENCY CONTACT	
PHONE#	
RELATIONSHIP	

#### **TERMS OF RENTAL APPLICATION**

I hereby apply to lease the above described premises, for the term, upon the conditions set forth; and agree that the rent is to be payable the  $\underline{\mathbf{1}}^{\underline{s}\underline{t}}$  day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above are forth and true.

I Herby deposit a non-refundable application processing fee in the amount of \$\frac{\xi}{40.00}\$ Paid Online thru email link forwarded by RentPrep.com

Upon acceptance of this application and prior to date of occupancy I agree to execute a <u>Twelve (12)</u> months lease. Also, I agree to pay the balance of one month rent as a security deposit before possession is given.

The information provided on this	application, to the best of my knowledge, is true and correct:
Signature of Applicant	
Printed Name of Applicant	
Date	
Signature of Co-Applicant	
Printed Name of Co-Applicant	
Date	
	JEODANA TION
AUTHORIZATION TO RELEASE IN  To whom it may concern:	FORMATION
I/We have applied to lease rer Landlord/Landlord Agent may verify inf	HAGERSTOWN, MD. As part of the application process formation contained in my/our application and may gather and review information which ferences, address history, employment and other sources of income and income history, ban
My signature also grants perm background checks of criminal and civil	ission for Landlord/Landlord Agent to run my name through Judicial Information Systems for records.
	elease of the information requested and releases my current/former landlord, its officials, my and all liability from damages of whatsoever kind or nature which may result, at any time e above request.
A copy of this authorization may be acc	epted as an original.
Signature of Applicant	

Signature of Applicant	
Social Security Number	
Date of Birth	
Current Address	
Date Signed	
Signature of Co-Applicant	
Social Security Number	
Date of Birth	
Current Address	
Date Signed	