ANTIETAM EQUITIES, LLC

20203 Goshen, Road, Suite 283

Gaithersburg, MD 20879

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 **2015**

**STANDARD RENTAL APPLICATION**

**PLEASE COMPLETE ALL ITEMS. INCOMPLETE APPLICATIONS ARE GROUNDS FOR REJECTION!!**

I (the undersigned) apply to rent apartment # at

Day Evening

phone: phone: Soc. Sec. #:

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Desired Move-In Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IN ADDITION TO YOU, WHO WILL BE LIVING WITH YOU IN YOUR NEXT HOME (Use back for more than 2)**

NAME RELATION . SOC. SEC. # DATE OF BIRTH

**LIST ALL YOUR ADDRESSES FOR LAST 5 YEARS (beginning with most current)**

**CURRENT ADDRESS:** Moved in ⁭ Rent Monthly

Month & Year ⁭ Own Rent: $ Landlord Tel No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord Name/Address:

Reason for leaving:

**MOST RECENT**

**PAST ADDRESS:**

Moved in Moved Out ⁭ Rent

Month/Year Month/Year ⁭ Own Rent: $\_\_\_\_\_\_\_ Landlord Tel #: \_\_\_\_\_\_\_\_\_\_

Landlord Name/Address:

**NEXT**

**PAST ADDRESS:**

Moved in Moved Out ⁭ Rent

Month/Year Month/Year ⁭ Own Rent: $\_\_\_\_\_\_\_Landlord Tel #: \_\_\_\_\_\_\_\_\_

Landlord Name/Address:

# EMPLOYMENT & INCOME INFORMATION

**Current** Date Gross

**Employer** Employed Amount Paid $

Position/ Tel Employer’s

Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number Address:

Supervisor Position/Title Phone #

**Other or** Date Date

**Previous Employer** Employed Terminated

Employer’s Address: Amount Paid \_\_\_\_\_\_\_\_\_\_

Position/Title Supervisor Phone #

##

##  Frequency

## Other Income: Amount: Paid:

Contact: Tel #: Address:

##  Frequency

## Other Income: Amount: Paid:

Contact: Tel #: Address:

**LIST INCOME BELOW AND PROVIDE VERIFICATION:**

 MONTHLY INCOME (EXPLAINED)

 Gross Monthly Salary/Wages $

 Social Security Income, if applicable $

 Disability Income, if applicable $

 AFDC Income, if applicable $

 Child Support, if applicable $

 Food Stamps $ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other Income, from above $

Other Income, from above $

 **TOTAL GROSS MONTHLY INCOME $**

YOU DO NOT HAVE TO REVEAL ALIMONY OR CHILD SUPPORT PAYMENTS RECEIVED BY YOU.

Do you have a Checking account: Savings account Bank

**PLEASE COMPLETE THE FOLLOWING QUESTIONS**

Have you **ever** sued or been sued in court? ⁭ NO ⁭ YES or do you have an aquarium? ⁮ NO ⁮ YES

Have you **ever** been evicted? ⁭ NO ⁭ YES or been asked to move ⁮ NO ⁮ YES

Have you **ever** paid your rent late? ⁭ NO ⁭ YES or had non-rent lease violations? ⁭ NO ⁭ YES

Have you **ever** broken a lease agreement? ⁮ NO ⁮ YES or filed bankruptcy ⁮ NO ⁮ YES

Any failure to pay rent forms filed on you? ⁭NO ⁭YES or do you have a waterbed ⁮ NO ⁮ YES

Have you **ever**  been **arrested?**  ⁮ NO ⁮ YES or **ever** convicted of a crime ⁮ NO ⁮ YES

Do you or any other Resident take illegal drugs? ⁭ NO ⁭ YES or smoke cigarettes, cigars/pipe ⁮ NO ⁮ YES

Do you have any animals? ⁭ NO ⁭ YES If yes, kind?

Have you had any landlord problems? ⁭ NO ⁭ YES Can utilities be put in your name ⁭ NO ⁭ YES

Are you a U.S. citizen? ⁭ NO ⁭ YES If not, do you have a green card ⁭ NO ⁭ YES

Are you in the Military Service? ⁭ NO ⁭ YES If Yes what is your status? ⁭ Active ⁭ Reserve

How did you find us ⁭ Newspaper ⁭ Internet ⁭ Friend or Relative ⁭ Other

If YES to any question above, give dates and specifics below or on separate sheet:

I am capable of doing the following repairs & maintenance

I have the following appliances: ⁭ Stove, ⁭ Refrigerator, ⁭ Washer, ⁭ Dryer, ⁭ Other, ⁭ NONE

Drivers License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_Tag #/Color State \_\_\_\_\_\_\_\_\_\_

**PLEASE INCLUDE WITH YOUR COMPLETED & SIGNED APPLICATION:**

1. **COPY OF LAST 2 PAY STUBS FOR APPLICANT & ALL CO-APPLICANTS.**
2. **VERIFICATION OF OTHER INCOME.**
3. **PROCESSING FEE ($25 PER ADULT 18 YEARS OF AGE OR OLDER).**
4. **COPY OF DRIVER’S LICENSE OR PICTURE ID**

I, certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if accepted, falsified statements on this application will be grounds for eviction. I also give authorization to verify the information and references given. I hereby authorize the landlord or its agent to obtain a credit report, criminal record search and/or a failure to pay rent report on me.

**CONSENT TO PERFORM CREDIT, CRIMINAL, BACKGROUND & REFERENCE CHECKS**

I, , rental applicant for Apt at

 (Full First Name) (Middle Name) (Last Name)

 authorize and permit Antietam Equities, LLC, 20203 Goshen Road, Suite 283, Gaithersburg, MD 20879, Landlord and/or its management company, to perform background checks and obtain information about me from credit reporting sources, current and previous landlords, personal and professional references, employers, banks, creditors, law enforcement agencies and any other sources deemed necessary by Antietam Equities LLC.

I authorize the Maryland Department of Labor, Licensing and Regulation to disclose to Landlord, Landlord’s Management company or attorney the current name and address of my employer.

I hereby authorize and give permission for all parties to disclose any information requested about me to the above mentioned Landlord and its management company.

I further authorize and permit Antietam Equities, LLC and its management company to obtain updated information annually and on future occasions for rental renewal consideration and for collection purposes should that be deemed necessary.

I authorize the City Police Department(s) of Hagerstown, MD and Frederick, MD and the Sheriff's Department(s) of Washington and Frederick Counties MD and any other police and/or sheriff’s departments, determined necessary by Antietam Equities, LLC, Landlord, to provide any information that said Landlord might request to determine my fitness as a prospective and/or existing resident.

 LIST ALL OTHER NAMES USED BELOW: (Maiden Name, Other Married Names or Other Names Used)

Other Names:

Other Names:

Other Names:

**IMPORTANT COMPLETE ITEMS BELOW**

DATE OF BIRTH: Place:

 City/State/Country

Current

Address:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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