



LIST ALL CHECKING AND SAVINGS ACCOUNTS (INCLUDING IRA'S, KEOGH ACCOUNTS AND CERTIFICATES OF DEPOSIT (CD'S) OF ALL HOUSEHOLD MEMBERS, INCLUDING ACCOUNTS DISPOSED OF DURING THE PAST TWO (2) YEARS.

FINANCIAL INSTITUTION ACCOUNT NUMBER BALANCE INTEREST

LIST THE VALUE OF ALL STOCKS, BONDS, TRUSTS, PENSION CONTRIBUTIONS OR OTHER ASSETS:

DO YOU OWN A HOME OR OTHER REAL ESTATE? DESCRIBE AND GIVE VALUE.

DID YOU HAVE ANY ASSETS IN THE LAST TWO YEARS NOT LISTED ABOVE? IF YES, DID YOU DISPOSE OF THE ASSETS FOR LESS THAN FAIR MARKET VALUE? (THIS MEANS THAT THE ASSETS WERE EITHER GIVEN AWAY OR SOLD FOR LESS THAN THE MARKET VALUE.) WHAT WERE THE ASSETS, THE MARKET VALUE AT THE TIME OF DISPOSITION, THE AMOUNT RECEIVED AND THE DATE YOU DISPOSED OF THE ASSET(S).

LIST THE NAME, ADDRESS AND PHONE # OF AN EMERGENCY CONTACT (NOT RESIDING IN THE UNIT)

NAME ADDRESS PHONE # RELATIONSHIP

NAME ADDRESS PHONE # RELATIONSHIP

Have any of the proposed occupants been tested for elevated blood levels of lead? If so, please circle one and initial.

NO (Initial) Yes (Initial) If yes, list which occupants and the test level results.

Have you or co-applicant ever:

Been sued for non-payment rent? Yes No -- Broken a rental agreement/lease? Yes No -- Have you ever declared Bankruptcy? Yes No

IT IS THE POLICY OF RENTAL MANAGEMENT, INC., AS AGENT FOR THE LANDLORD, TO TREAT ALL APPLICANTS, RESIDENTS, AND VISITORS AT ANY PROPERTY THAT IT MANAGES FAIRLY AND CONSISTENTLY WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY OR FAMILIAL STATUS. RENTAL MANAGEMENT, INC. AND ITS EMPLOYEES SHALL COMPLY WITH THE PROVISIONS OF TITLE VIII OF THE CIVIL RIGHTS ACT OF 1968, THE FAIR HOUSING AMENDMENTS ACT OF 1988 AND, TO THE EXTENT APPLICABLE, THE AMERICANS WITH DISABILITIES ACT. FURTHER WE SHALL COMPLY WITH THE STATE AND LOCAL FAIR HOUSING REGULATIONS OF THE JURISDICTIONS IN WHICH THE PROPERTIES ARE LOCATED. A PERSON MUST BE 18 YEARS OF AGE OR OLDER TO BE A LEASE HOLDER.

UP TO TWO (2) PERSONS PER BEDROOM WILL BE PERMITTED TO OCCUPY MULTIFAMILY APARTMENT OR TOWNHOUSE UNITS. HOUSEHOLD MEMBERS ADDED DUE TO BIRTH, MARRIAGE, ETC. THAT CAUSE THE HOUSEHOLD TO EXCEED THE TWO (2) PERSON PER BEDROOM OCCUPANCY LIMIT DURING THE LEASE YEAR, MAY RESULT IN THE LEASE NOT BE RENEWED AT THE END OF THE TERM.

PLEASE ADVISE IF YOU NEED A HANDICAPPED ACCESSIBLE UNIT

RENTAL MANAGEMENT VERIFIES RENTAL HISTORY FOR ALL APPLICANTS FOR THE PREVIOUS 24 MONTHS. IN ADDITION, A CREDIT REPORT IS OBTAINED FOR ALL ADULT APPLICANTS THROUGH AN ACCREDITED CREDIT-REPORTING AGENCY. ANY CREDIT REFERENCE REPORTED WHICH HAS A RATING ABOVE R2 (30 DAYS IN ARREARS) OR ANY JUDGMENT OR COLLECTION THAT HAS NOT BEEN PAID IN FULL IS GROUNDS FOR REJECTION OF THE APPLICATION. (POOR PAYMENT HISTORY AND/OR JUDGMENTS OR COLLECTIONS FOR MEDICAL REASONS UP TO A COMBINED TOTAL OF \$2,500 WILL BE EXEMPTED.) CREDITOR-APPROVED PAYMENT PLANS THAT HAVE AT LEAST A SIX (6) MONTH HISTORY OF ON-TIME PAYMENTS AND WAGE GARNISHMENTS THAT ARE DESIGNED TO RESOLVE THE DEBT CAN BE CONSIDERED. PROSPECTIVE RESIDENTS WITH NO PREVIOUS RENTAL HISTORY OR CREDIT HISTORY WILL ONLY BE ACCEPTED IF THEY HAVE BEEN GAINFULLY EMPLOYED BY ONE EMPLOYER FOR AT LEAST ONE YEAR. A CRIMINAL BACKGROUND INVESTIGATION REPORT WILL BE OBTAINED ON ALL HOUSEHOLD MEMBERS WHO ARE 18 YEARS OF AGE OR OLDER. APPLICANTS WHO HAVE BEEN CONVICTED OF ANY CRIMINAL ACTS INCLUDING CONTROLLED SUBSTANCES, FELONY, VIOLENT ACTS, SEXUAL OFFENSES, AND DESTRUCTION OF PROPERTY MAY NOT BE ACCEPTED. HUD REGULATIONS REQUIRE CRIMINAL BACKGROUND CHECKS.

\*\*\*HAVE YOU BEEN CONVICTED FOR A CRIMINAL ACT? IF YES, DATE & EXPLANATION:

I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY/OUR ELIGIBILITY FOR RESIDENCY. I/WE AUTHORIZE OWNER/AGENT TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION. I/WE CERTIFY THAT I/WE HAVE REVEALED ALL ASSETS CURRENTLY HELD OR PREVIOUSLY DISPOSED OF AND THAT I/WE HAVE NO OTHER ASSETS THAN THOSE LISTED ON THIS FORM (OTHER THAN PERSONAL PROPERTY). I/WE FURTHER CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION/CERTIFICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF AND ARE AWARE THAT FALSE STATEMENTS ARE PUNISHABLE UNDER FEDERAL LAW. I/WE ALSO AUTHORIZE YOU TO OBTAIN MY/OUR CONSUMER CREDIT REPORT FROM YOUR CREDIT REPORTING AGENCY WHICH WILL HAPPEN AS AN INQUIRY ON MY/OUR FILE. I/WE FURTHER AUTHORIZE YOU TO PERFORM A CRIMINAL BACKGROUND CHECK FROM YOUR REPORTING AGENCY.

APPLICANTS CONSENT SIGNATURE CO-APPLICANTS CONSENT SIGNATURE

DATE DATE

\*\*\*NOTE\*\*\*

WHEN YOU TURN IN YOUR COMPLETED APPLICATION, WE WILL NEED THE FOLLOWING FROM YOU FOR THE PURPOSE OF COPYING:

- STATE OF MARYLAND DRIVERS LICENSE OR MARYLAND PHOTO ID FOR ALL THOSE 18 YEARS OLD OR ABOVE.
SOCIAL SECURITY CARDS FOR ALL HOUSEHOLD MEMBERS.
BIRTH CERTIFICATES OF ALL HOUSEHOLD MEMBERS

YOU WILL BE NOTIFIED IN WRITING OF YOUR APPLICATIONS' APPROVAL OR DENIAL. ALL APPROVED APPLICATION'S MUST BE UPDATED EVERY NINETY (90) DAYS. FAILURE TO UPDATE AS REQUIRED WILL RESULT IN YOUR APPLICATION BEING REMOVED FROM OUR ACTIVE WAITING LIST AND PLACED IN OUR INACTIVE FILE AND YOU WILL HAVE TO REAPPLY IF YOU WISH TO BE PLACED ON THE ACTIVE WAITING LIST AGAIN.

IT IS THE POLICY OF RENTAL MANAGEMENT, INC. THAT AN APPLICANT HAVE INCOME TO BE APPROVED. A TENANT WHO REPORTS HAVING ZERO INCOME MUST APPLY FOR PUBLIC ASSISTANCE, WORKER'S COMPENSATION, UNEMPLOYMENT, AND SOCIAL SECURITY BENEFITS. FURTHER, THE TENANT MUST COMPLY WITH ALL OF THE REQUIREMENTS NECESSARY TO BE ELIGIBLE FOR ASSISTANCE FROM EACH OF THOSE AGENCIES. AFTER APPLICATION AND COMPLIANCE TO THE ABOVE AGENCIES, IF THE TENANT IS STILL DENIED ASSISTANCE FOR REASONS OTHER THAN NON-COMPLIANCE, THEIR RENT MAY BE CALCULATED ON ZERO INCOME. ZERO INCOME RESULTING FROM NON-COMPLIANCE, TO THE ABOVE AGENCIES, WILL RESULT IN A TENANT HAVING THEIR RENT RAISED TO MARKET RENT FOR THE MONTHS THAT THEY ARE IN NON-COMPLIANCE. IF THERE IS AN ABSENT PARENT AND COURT ORDERED CHILD SUPPORT, THE DECREED AMOUNT MUST BE CLAIMED AS INCOME UNLESS THE RESIDENT HAS EXHAUSTED THEIR EFFORTS WITH THE COURTS TO COLLECT THE SUPPORT. VOLUNTARILY PAID CHILD SUPPORT WILL REQUIRE A NOTARIZED STATEMENT FROM THE ABSENT PARENT IF POSSIBLE, IF NOT A NOTARIZED AFFIDAVIT FROM THE TENANT OF THE AMOUNT RECEIVED AND THE INTERVALS. APPLICANT'S MUST SIGN THAT THEY UNDERSTAND -

WE MAINTAIN THREE WAITING LISTS AND THEY ARE WEIGHTED IN THE FOLLOWING ORDER: PREFERENCE, TRANSFER AND REGULAR. APPLICANTS WILL BE CONSIDERED FROM THOSE LISTS IN THE FOLLOWING ORDER: THOSE MOST IN NEED WITH EMPLOYMENT INCOME OR SOC SEC INCOME IF 62 OR DISABLED; THOSE MOST IN NEED WITH VERIFIABLE INCOME THAT IS NOT FROM EMPLOYMENT; THE BALANCE IN CHRONOLOGICAL ORDER..

APPLICANT'S SIGNATURE: DATE SIGNED:

CO-APPLICANT'S SIGNATURE: DATE SIGNED:

**EMPLOYMENT VERIFICATION**  
**TO BE FILLED OUT BY THE EMPLOYER**

Date \_\_\_\_\_

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

Employee Address \_\_\_\_\_

\_\_\_\_\_

Gross Earnings:

Current average number of hours per workweek: Straight time: \_\_\_\_\_

Overtime: \_\_\_\_\_

Current base pay rate \$ \_\_\_\_\_ per \_\_\_\_\_ Effective Date: \_\_\_\_\_

Expected change in rate of pay \$ \_\_\_\_\_ New Rate: \_\_\_\_\_

Overtime base pay rate \$ \_\_\_\_\_

Amount of bonus, incentive pay, commission, and/or tips \$ \_\_\_\_\_ per \_\_\_\_\_

If seasonal or sporadic employment, give lay-off period: \_\_\_\_\_

Amount deducted for medical/hospital insurance: \$ \_\_\_\_\_ per \_\_\_\_\_  
week/month

Original or Rehire Date

Termination

Employee's Title

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Firm or Employer Name \_\_\_\_\_

Signature of Authorized Representative \_\_\_\_\_

Official Position of Person Completing this Form: \_\_\_\_\_

Date: \_\_\_\_\_

Employer's Telephone Number: \_\_\_\_\_

PLEASE RETURN TO THE EMPLOYEE OR MAIL WITH APPLICATION !!!

**INFORMATION RELEASE FORM**

Date: \_\_\_\_\_

I/We understand that the above information is being collected to determine My/Our eligibility for residency. I/We certify that I/We have revealed all assets currently held or previously disposed of and that I/We have no other assets than those listed on this form (other than personal property). I/We further certify that the statements made in this application/certification are true and complete to the best of My/Our knowledge and belief and are aware that false statements are punishable under federal law. I/We also authorize you to obtain My/Our consumer credit report from your credit reporting agency which will happen as an inquiry on My/Our file. I/We further authorize you to perform a criminal background check from your reporting agency.

Applicant consent signature \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant consent signature \_\_\_\_\_ Date: \_\_\_\_\_

Landlord's signature \_\_\_\_\_ Date: \_\_\_\_\_