



5344 Reisterstown Rd Suite #100 Baltimore, MD 21215 Office: 410-358-1590 fax: 888-835-1140

RENTAL APPLICATION

Date:

IPS Agent:

Applicant

| | | | | | |
|---|--------|------|------------|-------------------|--------------------|
| First | Middle | Last | Birth Date | Social Security # | Driver's License # |
| Any Other Names you've Used In The Past | | | Home Phone | Cell Phone | Email Address |

Are you currently serving in the military? YES ___ No ___ Tenant Initials: _____

Spouse/Roommate

| | | | | | |
|---|------------|------|---------------------------|-------------------|--------------------|
| First | Middle | Last | Birth Date | Social Security # | Driver's License # |
| Any Other Names you've Used In The Past | | | Home Phone | Cell Phone | Email Address |
| All Other Proposed Occupants | Birth Date | Age | Relationship To Applicant | | |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |

Will children under the age of six (6) be living in the home? ___Yes ___No

Has any person(s) who will be living or visiting for more than three (3) hours a week at the premises been exposed to lead paint poisoning? ___Yes ___No. Tenant Initials: _____

Rental/Residence History

| | Current Residence | Previous Residence | Prior Residence |
|--|-------------------|--------------------|-----------------|
| Street Address | | | |
| City | | | |
| State & Zip | | | |
| Last Rent Amount Paid | | | |
| Owner/Manager & Phone Number | | | |
| Reason for leaving | | | |
| Is/was rent paid in full | | | |
| Did you give notice | | | |
| Were you asked to move? Why? | | | |
| Name(s) in which your utilities are now billed | | | |
| Dates of Residency | | | |
| | | | |



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Employment History - Applicant

| | Current Employment | Previous Employment | Prior Employment |
|---------------------|--------------------|---------------------|------------------|
| Employed by | | | |
| Address | | | |
| Employer's Phone | | | |
| Occupation | | | |
| Name of Supervisor | | | |
| Monthly Gross Pay | | | |
| Dates of Employment | | | |

Employment History - Spouse/Roommate

| | Current Employment | Previous Employment | Prior Employment |
|---------------------|--------------------|---------------------|------------------|
| Employed by | | | |
| Address | | | |
| Employer's Phone | | | |
| Occupation | | | |
| Name of Supervisor | | | |
| Monthly Gross Pay | | | |
| Dates of Employment | | | From/To |

Vehicles (Include vehicles belonging to other proposed occupants also)

| Make | Model | Color | Year | | License Plate # |
|------|-------|-------|------|--|-----------------|
| | | | | | |
| | | | | | |

References and Emergency Contacts (Circle "R" if this person is a relative)

| Name & Relationship | Address | Phone Number |
|---------------------|---------|--------------|
| | | |
| | | |
| | | |

By signing the application you grant us permission to communicate with all the contacts listed in this section in the event we can't locate you. Furthermore, if you abandon the dwelling for any reason then you grant us permission to allow your relative listed above to remove all contents of the dwelling on your behalf.



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General Information

| | | |
|---|---|---|
| Have you ever received a "nonpayment of rent" notice? | Do any of the people who would be living on the premises smoke? | How long do you think you would be renting from us? |
| Have you ever filed for bankruptcy? If so when? | Have you ever been served an eviction notice? If so, when? | |
| Have you had any reoccurring problems with your current home or landlord? If yes, please explain: | | |
| | | |
| | | |

Do you have pets? Yes No. If so, indicate kind, weight, breed, age _____
 (PETS MUST BE APPROVED BY THE PROPERTY OWNER PRIOR TO TENANCY)

Pet Policy: Pet fees on pets vary from home to home. All pets must have Owner approval and Tenant is required to provide to Agent, prior to move-in, current shot records for all pets. Unapproved pets is a breach of the rental agreement and will be grounds for termination of the lease.

Pet Information

| KIND | BREED | WEIGHT | AGE |
|------|-------|--------|-----|
| N/A | | | |
| | | | |

Agreement & Authorization Signature

I believe that the statements I have made are true and correct. I hereby authorize a credit and/or criminal check to be made, verification of information I provided and communication with any and all names listed on this application. I understand that any discrepancy/false or lack of information may result in the rejection of this application. If tenancy is granted based on false information given on this application, it may constitute a breach of the rental agreement. I understand that this is an application for a dwelling and does not constitute a rental or lease agreement in whole or part. Any questions regarding rejected applications must be submitted in writing and accompanied by a self-addressed stamped envelope.

Signature: _____ Date: _____

Agent: _____ Date: _____