





RENTAL APPLICATION

(For Use in Montgomery County, Maryland and Washington, DC)

Applicant's Name:				
Application is made to lease p	property located at			
for monthly rental of \$	Security Deposit: \$ Move-in Date: Move-out Date:			
Lease Term:	Move-in Date:	M	ove-out Date:	
A deposit in the amount of \$ _				
clear understanding that this A	polication, including each pro-	(Earliest Wolley De	ect to approval and acceptance	by owner or his
duly authorized property mana				
	eck, the words "Earnest Mon			y fatified lease.
in the case of payment by ch	eck, the words Earnest Mon	iey Deposit snan de pia	zed on the check.	
Additionally, a non-refundable	le fee of \$	is to be used in full b	y the Listing Broker for the ci	redit/consumer
check and processing the appl				
Landlord's approval and accept				
Deposit shall be applied to pay				
any balance due on the securi	ity deposit and/or the first mo	onth's rent (as required by	Landlord) within three (3) da	ays after being
notified of acceptance and be-	fore possession is given.			
		🗆		
SPECIAL LEASE REQUIR				
Contingencies/Special Equipment	nent:			
		1 0 11 1 11 0		
OCCUPANTS: The premis		the following # of occup	ants:	
Total Number of Occupants:				
Name:			Age:	
Pets: Dog: Breed:	Weight:	☐ Cat ☐ Other:		
How many pets total?		<u> </u>		
7 1				
AUTOMOBILES, MOTOR		TS, AND TRAILERS:		
Total Number of Vehicles: _				
Type/Make:	Year:	Tag #:	State:	
Type/Make:	Year:	Tag #:	State:	
Are any of the above commer	cial vehicles? If so, which on	es?		
All motor vehicles or trailers s	shall have current licenses and	may be parked ONLY in	garages, driveways, if provide	ed, on the street
(not in fire lanes or on the law				
(
In compliance with federal (foir housing regulations the	Duanauty aball be made	available to all nargons with	out magand to
In compliance with federal f				
race, color, religion, nationa			status or any additional pro	nected classes
specified by State of Maryla	ind, District of Columbia or	local jurisdiction law.		
Ear Office Hea Onles				
For Office Use Only	A /D 1			
Date Application Received by	Agent/Broker:			

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Applicant's Name:					
Birth Date:		SS#: _			
Home Phone:	 	Temporary Local # (if ap	plicable):		
Office Phone:		Mobile Phone:			
Current Address:					
	Street	City		State	Zip
Own Rent Years:		•			-
Present Landlord/Agent:	esent Landlord/Agent:		Phone:		
	es for the last five years inc nted. (Use additional shee	cluding period of stay in each t if needed).	and the name a	and telephone nu	mber of Landlo
Previous Address:					
	Street	City		State	Zip
_andlord/Agent's Name: _		Monthly Rent:	Phone:		
From (Date):	To:	Monthly Rent:	\$		
Previous Address:					
	Street	City		State	Zip
Landlord/Agent's Name:			Phone:		
From (Date):	To:	Monthly Rent:	\$		
Current Employer:					
Position:			_ How Long		
Street		City		State	Zip
Supervisor:		Superv	visor's Phone:		-
If employed less than one	vear with current employ	er, give previous employmer	nt information		
		or, give previous employmen	it information.	•	
Previous Employer:					
		How Long:	Gr	oss Income: \$	
Address:				~ .	7
Street		City		State	
Supervisor:		Superv	visor's Phone:		
F EMPLOYER REFUSE	S to verify applicant's emp	oloyment by phone, it shall be	come the respo	onsibility of the ap	plicant to provi
mmediate written confirm		If applicant is self-employed			
ax form 1040 and sen- en	inprogramma os tax seneda	ic C.			
CURRENT GROSS AN	NUAL INCOME:				
Base Pav: \$		Co	ommissions: \$		
Overtime: \$		 Di	vidends: \$		
Bonuses: \$		Ot	her: \$		
		TO	OTAL: \$		
		10	· + <u> </u>		·

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ASSETS:					
Checking Account: \$	Bank:	Ac	Acct. #:		
Savings Account: \$	Bank:	Ac	ect. #:		
			ect. #:		
TOTAL: \$					
LIABILITIES : (Auto Loans, M	Cortagoes Credit Cards Rank	Loans Installment Loans Stud	lant Lagns ata		
<u>LIABILITIES</u> : (Auto Loans, M	origages, Creati Caras, Bank	Loans, Instattment Loans, Stud	ieni Loans, eic.)		
Credi		Total Due	Monthly Terms		
	\$	\$ <u></u>			
	\$.	\$			
		\$ c			
		\$\$. \$.			
		\$ - S			
		\$			
	\$	\$			
TOTA	AL: \$	\$			
Have you ever filed for bankrupte					
Do you have suite for judgments	against you? LYes LNo				
Citizen of (Country):		Doggnort #			
Citizen of (Country):		Fassport #.			
Emergency Contact:		Relationshi	p:		
Address					
·		_			
LOCAL REFERENCES.					
Name:			p:		
Address:		Ph	one:		
Noma		Dol-4:			
Name:Address:					
Address.		FII	one.		

The applicant hereby authorizes Listing Broker/Landlord to order and obtain a credit/consumer report. I hereby authorize the owner or owner's agent to whom this Application is made and any credit bureau or other investigative agency used by such owner or owner's agent to investigate and to report and disclose to the owner and the owner's agent the results of the references herein listed, statements and other data obtained from me or from any other person pertaining to my credit, employment, rent history and financial responsibility. In the event the Listing Broker is acting on behalf of the Landlord, another broker or other party directly or indirectly affected by said transaction, the applicant hereby authorizes the Listing Broker to forward and disclose all or any portion of the information contained in the credit/consumer report to the Landlord, another Broker or other party directly or indirectly involved. The applicant hereby releases Listing Broker/Landlord from any liability whatever for rejection of this application due to credit information or any other reason."

Upon demand made by Listing Broker/Landlord, at any time during the applicant's tenancy or thereafter, Listing Broker/Landlord is hereby authorized to release any information contained in this application to any consumer reporting agency, credit bureau, or other investigative agencies.

The truth of the information contained herein is essential, and if the Landlord/Agent determines that any answer or statement contained herein is false or misleading, any lease granted by virtue of this application may be canceled at the option of the Landlord/Agent. This application shall become part of any lease agreement executed between the Landlord and/or Agent and the

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applicant, and **ANY FALSE OR MISLEADING** statement shall be considered a **SUBSTANTIAL** breach of said lease. After this application has been processed, the Landlord/Owner may be contacted for final approval. Applicant will be contacted when approval is received or denied.

THE FOLLOWING PARAGRAPHS APPLY TO MARYLAND PROPERTIES ONLY.

- 1. In the event the application is approved, but the applicant FAILS FOR ANY REASON TO SIGN A LEASE WITHIN THE TIME PROVIDED HEREIN, then the Landlord/Agent SHALL RETAIN A PORTION OF THE DEPOSIT as specified herein. The balance of the <u>Deposit</u>, if any, shall be returned to applicant within fifteen (15) days of receipt of written communication, by either party to the other, of a decision that no tenancy shall occur. In the event the application is not approved and accepted by Landlord, the Deposit shall be returned in full to the applicant within fifteen (15) days of such action.
- 2. The provisions of the foregoing Paragraph 1 do not apply to any Landlord/Agent who offers four or less dwelling units for rent on one parcel of property, or at one location, or to seasonal or condominium rentals.
- 3. I certify that I have received and carefully examined a copy of the lease and any addenda. I agree that I shall apply for all utilities services before taking occupancy of the leased premises and agree to pay all utilities: GAS, OIL, ELECTRICITY, WATER, SEWER, REFUSE, where applicable, and will pay deposits therefore, if required. The applicant hereby waives any claim for damages for reason of non-acceptance of this application.
- 4. Should I sign a lease for the above-referenced property managed by Listing Broker/Landlord, I am prepared to deposit with the Listing Broker/Landlord a security deposit in an amount not to exceed the maximum security deposit permitted by law and in accordance with the risks to the property involved. I understand that the rate of interest on the security deposit is 3% simple interest per annum. If a security deposit is required, I understand that I may make a written request to the Landlord/Agent within fifteen (15) days of the date of occupancy for a list of all existing damages.

I understand that this **APPLICATION DOES NOT CONSTITUTE A COMMITMENT** to lease or rent and that a **WRITTEN LEASE WILL BE PREPARED** if my application is approved. I further understand that the lease **MUST BE SIGNED BY BOTH THE LANDLORD AND/OR ITS AGENT AND MYSELF TO BE VALID**.

The undersigned applicant affirms under the penalties of perjury that I have read and understand pages 1 through 4 of this application and that my answers to the questions on this application are true and correct to the best of my personal knowledge, information and belief and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

APPLICANT SIGNATUR	RE			
Date:	Check: \$	C	Cash: \$	
Leasing Broker:			Broker Code:	
Address:			Phone:	
Leasing Agent:		GCAAR #:	Phone:	

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