

RENTAL APPLICATION

Chestnut Flats LLC
 14706 McMullen Hwy. Suite 4
 Cresaptown MD 21502-5693
www.chestnutflats.com

Phone: 301-729-1086
Rentals: 301-707-4422
Fax: 301-729-0608

- The application process:**
1. Submit application with **non-refundable \$25.00** fee
 2. Submit proof of income
 3. Application will be processed
 4. The application is subject to landlord's approval
 5. The security deposit as well as the first month's rent are due at lease signing

Applicant Initial: _____

Date ____ / ____ / ____

Property Address Applying For: _____

PERSONAL DATA

Applicant Last Name	First Name	Middle Name	Social Security #	Date of Birth
Phone	Other Phone #	Drivers License #	State	Expiration Date
Email Address:				
Co-Applicant Last Name	First Name	Middle Name	Social Security #	Date of Birth
Phone	Other Phone #	Drivers License #	State	Expiration Date
Email Address:				
Present Address	City	State	Zip Code	How long at present address?
Landlord / Agent	Landlord / Agent Phone	Current Rent	Current Utilities Paid	
Previous Address	City	State	Zip Code	How long at previous address?
Landlord / Agent	Landlord / Agent Phone	Monthly Rent Paid	Utilities Paid	

OCCUPANTS

List anyone other than Applicant and Co-Applicant who will be residing in the property.

Name	Age	Relationship to Applicant
Name	Age	Relationship to Applicant
Name	Age	Relationship to Applicant
Name	Age	Relationship to Applicant
Total # Occupants:		
Pets (Write breed or description)		
<input type="checkbox"/> Cat _____ <input type="checkbox"/> Dog _____ <input type="checkbox"/> Other _____		

VEHICLES

Vehicle Make	Model	Year	Color	License #
Vehicle Make	Model	Year	Color	License #

OCCUPATIONAL INFORMATION

	PRESENT OCCUPATION	PRIOR OCCUPATION*	CO-TENANT'S OCCUPATION
Occupation			
Employer/Company Name			
Self-employed, d/b/a			
Business Address			
Business Phone			
Type of Business			
Position held			
Name/Title of Supervisor			
Length of employment			
Monthly Gross Income			
INCOME FROM OTHER SOURCES			

*If employed or self-employed less than two years give some information on prior occupation.

REFERENCES

Nearest Relatives:

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

Other References Not Related To You:

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

ADDITIONAL INFORMATION

What is your intended move-in date?		
Why do you want to move?		
	Yes	No
Have you or your co-applicant ever filed a petition for bankruptcy?		
Have you or your co-applicant ever been convicted of a felony or misdemeanor?		
Have you or your co-applicant ever been evicted from any tenancy?		
Have you or your co-applicant ever willfully and intentionally refused to pay any rent due?		
Additional Comments:		

In compliance with federal fair housing regulations, the Property shall be made available to all persons without regard to race, color, religion, national origin, sex, physical or mental handicaps, familial status or any additional protected classes specified by State of Maryland or local jurisdiction law.

The undersigned warrants and represents above statements are true and correct and hereby authorizes verification of the above information through all available means including but not limited to obtaining a consumer credit report and other reports as maintained by City, County, State and Federal Law Enforcement Agencies, present and/or past employers including but not limited to present and/or past salary verification, and present and/or past residences, and background investigation including drug, criminal, driving records, and social security validation.

Owner/Owner's agent reserves the right to regularly furnish information to consumer reporting agencies and other rental housing owners about performances of lease obligations by our residents. Such information, which may be reported at any time, includes both favorable and unfavorable information regarding resident's compliance with the lease, rules and financial obligations. I agree that the Landlord may terminate any agreement entered into in reliance on any misstatement made above.

APPLICANT SIGNATURE	CO-APPLICANT SIGNATURE
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OFFICE USE ONLY

APPLICATION FEE <input type="checkbox"/> PAID \$_____ By: _____	CREDIT <input type="checkbox"/> Complete By: _____	BACKGROUND <input type="checkbox"/> Complete By: _____
LANDLORD <input type="checkbox"/> Complete By: _____	PROOF OF INCOME <input type="checkbox"/> Complete By: _____	APPROVAL
NOTES		

The undersigned hereby authorizes verification of information through present and/or past residences.

APPLICANT SIGNATURE	CO-APPLICANT SIGNATURE
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FOR OFFICE USE ONLY. APPLICANT(S) DO NOT WRITE BELOW THIS LINE

Chestnut Flats LLC
14706 McMullen Highway Suite 4
Cresaptown, MD 21502
301-729-1086
301-729-0608 – Fax

TO: _____

Reference Request

Date _____

Tenant Name: _____

Address : _____

Amount of rent paid by tenant: \$ _____

Amount of moneys currently owed by tenant: \$ _____

Was tenant receiving assistance for rent payments (HUD/RAP/Other)?

YES NO

Was this tenants' rent paid:

On Time YES NO

Occasionally Late YES NO

Frequently Late YES NO

Did the tenant cause any damages or create physical hazards to the rental property?

YES NO

Describe the condition the property was maintained by the tenant:

Excellent

Good

Fair

Poor

Did the tenant or his/her guests cause any disturbances that interrupted the quiet enjoyment of other residents/neighbors?

YES NO

Did the tenant allow persons not listed on the lease reside in the property?

YES NO

Would you rent to this person again?

YES NO

Is the tenant being, or has he/she been evicted from your property? If yes, please state reason.

YES NO

Additional Comments: _____

Landlord Signature _____ Date _____

Print Landlord Name _____