

Ivymount Apartments
2223 1/2 ROGENE DR. - BALTIMORE, MD 21209
410-358-6301 Fax

Date of Application _____ Apartment# _____ Monthly Rent: \$ _____

Date of Move-in: _____

Term of Lease _____ to _____

1. Name: _____ D.O.B. _____
 First Middle Last

Social Security # _____ Phone # _____ Driver's License # _____

Address _____ Email: _____

Employer's Name: _____ Address: _____

Employers Telephone #: _____ Occupation: _____

Employment Period: _____ Salary: _____

Previous Employer's Name: _____ Telephone # _____

Address: _____

2. Name: _____ D.O.B. _____
 First Middle Last

Social Security # _____ Telephone # _____ Driver's License # _____

Address _____ Email: _____

Employer's Name: _____ Address: _____

Employers Telephone #: _____ Occupation: _____

Employment Period: _____ Salary: _____

Previous Employer's Name: _____ Telephone # _____

Address: _____

3. Other income you wish to have considered when this Application is evaluated?

Amount: _____ Source: _____

NO ACCOUNT NUMBERS PLEASE

4. Bank References: Checking Account: Name _____

Savings Account: Name _____

5. Credit References: Name _____

Name _____

6. Motor Vehicles Owned by Applicant(s):

Owner _____ Year _____ Make _____ Tag _____ Color _____

Owner _____ Year _____ Make _____ Tag _____ Color _____

7. Persons to occupy apartment in addition to applicant(s):

Name _____ Relationship _____ D.O.B. _____

Name _____ Relationship _____ D.O.B. _____

8. Rent or own Present Address: _____

Rent/Mortgage Payment now paid: _____ Mortgage Co. or Landlord _____

Telephone/Address: _____

Immediate Prior Residence: _____

9. Closest Relative and/or personal reference: Name _____ Tel# _____

Relationship _____ Address _____

10. How did you hear about this apartment community? _____

11. Are you a smoker or non-smoker? _____

12. Do you wish permission to have a pet on the Premises: Yes _____ No _____

If yes there must be a completed Pet Addendum. Unless specifically agreed to in writing by the Landlord, no pets of any kind will be allowed on the premises.

13. Are you, or any anticipated occupant of the Premises, a current illegal abuser of a controlled substance?

Yes _____ No _____

14. Have you, or any anticipated occupant of the Premises, been convicted of the illegal possession, manufacture or distribution of a controlled substance?

Yes _____ No _____

15. Will you be able to maintain the apartment in a neat, clean, good and sanitary condition?

Yes _____ No _____

16. Have you been convicted of a crime other than a minor traffic violation, since the age of 18?

17. Have you ever file bankruptcy within the last seven years? _____

If yes , Chapter 7 or Chapter 13? _____

Application Fee \$ _____ Security Deposit \$ _____ **(Pay 2 separate checks please)**

Total Payment with Application \$ _____ Check () Money Order ()

Upon Execution of Lease first month's rent due.

1. It is understood that the sums deposited herewith as Application Fee are not refundable.
2. The sums deposited herewith as Security Deposit are refundable if this Application is not approved by the owners of the apartment community.

3. If the owners of the apartment community accept this Application, either orally or in writing, Applicant(s) agree that within five (5) days of having been notified of the approval of this application, to enter into a Lease in conformity with this Application on the owner's standard form of Lease Agreement (a copy of which has been made available for Applicant(s) to review).
4. If the owners of the apartment community accept this Application, and Applicant(s) do not enter into a Lease as aforesaid, Applicant(s) shall remain liable for all damages, including lost rental, incurred by the owners as a result thereof.
5. If a Landlord requires from a prospective tenant any fees other than a Security Deposit as defined by Section 8-203(a) of the Real Property Article of the Annotated Code of Maryland, and these fees exceed \$25.00, then the Landlord shall return the fees, subject to the exceptions below, or be liable for twice the amount of the fees in damage. The return shall be made no later than fifteen (15) days following the date of occupancy or the written communication, by either party to the other, of a decision that no tenancy shall occur.
6. The landlord may retain only that portion of the fees actually expended for a credit check or other expenses out of the Application, and shall return that portion of the fees not actually expended on behalf of the tenant making application.
7. Items 5 and 6 of this Lease Application, aforesaid, do not apply to a landlord who offers four (4) or less dwelling units for rent on one (1) parcel of property or at one (1) location, or to seasonal or condominium rentals.
8. The Landlord agrees to lease to the Applicant(s) the above specified apartment so long as Applicant(s) qualify for tenancy under the criteria established by the owners of the apartment community.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my Application unfavorably. As an inducement to enter into the Lease, I authorize you to secure from a consumer reporting agency an investigative consumer report. This report may contain, but would not be limited to, a consumer credit report, a criminal history records investigation, a rental history and verification of my residences, employment and income. I further authorize you and the consumer reporting agency to verify any and all information contained in this Application and to inquire into my character, general reputation, personal characteristics and mode of living, and I released all concerned from any liability in connection with the information they give. I have also been advised that I have the right, under the federal Fair Credit Reporting Act, Section 606(B) to make a written request of you and the consumer reporting agency, within a reasonable time, for a complete and accurate disclosure of the nature and scope of the investigation. I also consent to, and authorize the use of, any subsequent consumer report(s) under this authorization in connection with the collection of any debt associated with the rental of a residence for which application was made. Finally, I acknowledge receipt of the summary of consumer rights required by Section 609 of the Fair Credit Reporting Act entitled "A Summary of Your Rights Under the Fair Credit Reporting Act."

I/We have fully read and understand all of the provisions of this Application and acknowledge receipt of a completed copy of same.

 APPLICANT

 APPLICANT

 APPROVED/DENIED

 DATE

 RENTAL AGENT

D & L REPORTING SERVICE

P.O. Box 424 Finksburg, Md. 21048

Phone: (410)781-4221 Fax: (410)720-2412

Other than traffic violations, have you ever been arrested and/or convicted of a misdemeanor or felony. If yes, please explain. _____

AUTHORIZATION FOR CREDIT/BACKGROUND INVESTIGATION REPORT

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. As an inducement to enter into a contract, I authorize D&L Reporting Service and _____ to verify any and all information contained in this application, to perform a criminal background and credit check, to inquire into my characteristics and mode of living, and I hereby expressly release D&L Reporting Service and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies. I also have been advised that I have the right, under the Fair Credit Reporting Act, section 606(B) to make a written request of D&L Reporting Service, within a reasonable time for a complete and accurate disclosure of the nature and scope of the investigation.

PLEASE SIGN DO NOT PRINT

APPLICANT _____

DATE _____

APPLICANT _____

DATE _____

PHONE NUMBERS TO CONTACT YOU:

NUMBER

TYPE(HOME,CELL, ETC)

NUMBER

TYPE(HOME,CELL,ETC)

IF YOU HAVE NOT BEEN CONTACTED WITHIN 24 HOURS, PLEASE CALL D&L REPORTING SERVICE AT (410) 781-4221.