



## **Rental Application**

(For Use in Montgomery County, Maryland)

| Applicant   | t's Name:   |   |  | and, if applicable  |
|---|---|---|--|---|
| Co-Appli  | cant's Name:  |   |  | ("the Applicant   |
| Application                                       | on is made to lease property  | v located at  |  |   |
| for month   | nly rental of \$  |   | Security Deposit   | t: \$   |
| Lease Ter   | m:  | Move-in Date:   |  | t: \$Move-out Date:   |
| understan<br>authorize                            |   | including each prospec<br>pplicant has no leaseho   | tive occupant, is sub-<br>old interests in the re  | eposit") is to be held by Landlord/Agent with the cle<br>epiect to approval and acceptance by owner or his du<br>ental property until there is a fully executed lease.  |
| the credit<br>occupant<br>arising or<br>cost. Whe | t/consumer check and processis subject to Landlord's ap<br>at the Application exceed the so approved and accepted | essing the application opproval and acceptance he amount of the Appl d, Applicant agrees to a | with the understand<br>e. Should the actual<br>ication fee, a portion<br>execute a lease and t | cation Fee") is to be used by the Landlord/Agent fling that this application, including each prospective cost expended for a credit check or other expension of the Deposit shall be applied to pay such except to pay any balance due on the security deposit and/ter being notified of acceptance and before possession |
| SPECIAL<br>Continger                              | L LEASE REQUIREMEN ncies/Special Equipment:   | <u>TS</u> : Military/Diplomat   | tic Clause: Yes  | No  |
|   | ANTS: The premises are to   |   | e following # of occu  | upants:   |
|   | mber of Occupants:  |   |  | ∆ ae.   |
| Name:   |   |   |  | Age:  |
|   |   |   |  | Age:<br>Age:  |
| Name:   |   |   |  | Age<br>Age:   |
| Pets:   | Dogs Prood:   |   | Waight   | Total Number of Dogs:   |
| reis.   | Cat: Total Number of  | <br>Cats:   | Other:   | Total Number of Dogs: How many pets total?  |
|   |   |   |  |   |
| <b>AUTOM</b>                                      | OBILES, MOTORCYCL   | ES, TRUCKS, BOATS   | S, AND TRAILERS  | <u> </u>  |
| Total Nur   | nber of Vehicles:   |   |  |   |
| Type/Mal  | ke:   | Year:   | Tag #:   | State:  |
| Type/Mal  | mber of Vehicles:ke:ke:   | Year:   | Tag #:   | State: State:   |
| Are any o   | of the above commercial veh   | icles? If so, which ones  | <u> </u>   |   |
|   |   |   |  | NLY in garages, driveways, if provided, on the stre   |
|   |   |   |  | IUM OR HOMEOWNER'S ASSOCIATION.   |
| (   | · · · · · · · · · · · · · · · · · · ·   |   |  |   |
| race, col   |   | in, sex, physical or n  | nental handicaps, fa   | e made available to all persons without regard<br>amilial status or any additional protected class<br>v.  |
| For Offi  | ce Use Only: Date   |   |  |   |
| Applicat  | tion Received by Agent/Bro  | ker:  |  |   |
|   |   |   |  |   |

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GCAAR # 1204 MC - Rental Application

2/2020

| Please Print Legibly:        |                         |                                    |                               |  |  |
|------------------------------|-------------------------|------------------------------------|-------------------------------|--|--|
| Applicant's Name:            |                         |                                    |                               |  |  |
| Birth Date:                  |                         | SS#:                               |                               |  |  |
| Birth Date:                  | nment-Issued ID #:      |                                    | State:                        |  |  |
| Home Phone:                  |                         | Temporary Local # (if appli        | icable):                      |  |  |
| Office Phone:                |                         | Mobile Phone:                      |                               |  |  |
| E-mail Address:              |                         | E-mail Address:                    |                               |  |  |
| Current Address:             |                         |                                    |                               |  |  |
| Current Address.             | Street                  | City                               | State                         | Zip                                    |  |
|                              | Street                  | City                               | State                         | Zip                                    |  |
| Own Rent Years:              | ]                       | Rent/Mortgage Payments: \$         |                               |  |  |
| Present Landlord/Agent:      |                         | Rent/Mortgage Payments: \$         | Phone:                        |  |  |
| Reason for moving:           |                         |                                    | <del></del>                   |  |  |
| Have you ever paid late?     | Yes No If yes, Ex       | plain                              |                               |  |  |
|                              |                         | , Explain                          |                               |  |  |
| -                            |                         | <u> </u>                           |                               |  |  |
| List all previous addresses  | for the last five years | including period of stay in each a | and the name and telephone nu | mber of Landlord                       |  |
| Agent from whom you rente    | ed. (Use additional she | et if needed.)                     |                               |  |  |
|                              |                         |                                    |                               |  |  |
| Previous Address:            |                         |                                    |                               |  |  |
|                              | Street                  | City                               | State                         | Zip                                    |  |
| Landlord/Agent's Name:       |                         |                                    | Phone:                        |  |  |
| From (Date):                 | Т                       | o:N                                | Monthly Rent: \$              |  |  |
|                              |                         |                                    |                               |  |  |
| Previous Address:            |                         |                                    |                               |  |  |
|                              | Succi                   | City                               | State                         | Zip                                    |  |
| Landlord/Agent's Name:       |                         |                                    | Phone:                        |  |  |
| From (Date):                 | Γ                       | To:N                               | Monthly Rent: \$              |  |  |
|                              |                         |                                    |                               |  |  |
| Current Employer:            |                         |                                    |                               |  |  |
| Position:                    |                         |                                    | How Long:                     |  |  |
| Address:                     |                         |                                    |                               |  |  |
|                              | Street                  | City                               | State                         | Zip                                    |  |
| Supervisor:                  |                         |                                    | Supervisor's Phone:           |  |  |
|                              |                         |                                    |                               |  |  |
| CURRENT GROSS ANN            | <u>UAL INCOME</u> :     |                                    |                               |  |  |
| Base Pay: \$                 |                         | Commissions:                       | \$                            |  |  |
|                              |                         | Dividends:                         | \$                            |  |  |
| Bonuses: \$                  |                         | Other:                             | \$                            |  |  |
|                              |                         | TOTAL:                             | \$                            |  |  |
|                              |                         |                                    |                               |  |  |
| If employed less than one ye | ear with current emplo  | yer, give previous employment info | formation:                    |  |  |
|                              |                         |                                    |                               |  |  |
| Previous Employer:           |                         |                                    |                               |  |  |
| Position:                    |                         | How Long:                          | Gross Income: \$              |  |  |
| Address:                     |                         | ~.                                 |                               | —————————————————————————————————————— |  |
| ~ .                          | Street                  | City                               | State                         | Zip                                    |  |
| Supervisor:                  |                         |                                    | Supervisor's Phone:           |  |  |

IF EMPLOYER REFUSES to verify applicant's employment by phone, it shall become the responsibility of the applicant to provide immediate written confirmation of such information. If applicant is self-employed, attach copies for past two years of individual US tax form 1040 and self-employment US tax schedule C.

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GCAAR # 1204 MC - Rental Application

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| Please Print Legibly:  |                         |                        |                        |                         |
|--|-------------------------|------------------------|------------------------|-------------------------|
| Co-Applicant's Name:   |                         | GG#.                   |                        |                         |
| Birth Date:  | JID Д.                  | \$\$#:                 | Chahai                 |                         |
| Driver's License # or Government-Issue   |                         | T 1 1 // (*            | State:                 |                         |
| Home Phone:  |                         | Temporary Local # (1   | i applicable):         |                         |
| Office Phone:  |                         | Mobile Phone:          |                        |                         |
| E-mail Address:  |                         | E-mail Address:        |                        |                         |
| Current Address:   |                         |                        |                        |                         |
| Street   |                         | City                   | State                  | e Zip                   |
| Own Rent Years:  | Rent/Mo                 | ortgage Payments: \$ _ |                        |                         |
| Present Landlord/Agent:  |                         |                        | Phone:                 |                         |
| Reason for moving:   |                         |                        |                        |                         |
| Have you ever paid late? Yes No  | If yes, Explain         |                        |                        |                         |
| Have you ever been evicted? Yes  | No If ves, Explain      |                        |                        |                         |
| List all <b>previous addresses</b> for the last<br>Agent from whom you rented. (Use addi | itional sheet if needed | )                      | and the name and telep | hone number of Landlord |
| Previous Address: Street   |                         | City                   | State                  | e Zip                   |
| I andlord/Agent's Name:  |                         | City                   |                        |                         |
| Landlord/Agent's Name:<br>From (Date):   | To                      |                        | Monthly Dant: \$       |                         |
| riolii (Date).   | 10                      | 1                      | Monthly Rent: \$       |                         |
| Previous Address:  |                         |                        |                        |                         |
| Previous Address: Street   |                         | City                   | State                  | e Zip                   |
| Landlord/Agent's Name:   |                         | C1.1 <sub>j</sub>      | Phone:                 | Д. <sub>Т</sub> р       |
| From (Date):   | To:                     | N                      | Monthly Rent: \$       |                         |
| 110m (Bute).   | 10.                     | ·                      |                        |                         |
| Current Employer:  |                         |                        |                        |                         |
| Position:  |                         | I                      | How Long.              |                         |
| Position:  |                         | ·                      | 10 W 2011g.            |                         |
| Address: Street  |                         | City                   | State                  | e Zip                   |
| Supervisor:  |                         |                        |                        |                         |
| Super visor  |                         |                        | Supervisors i none.    |                         |
| CURRENT GROSS ANNUAL INCO  | ME:                     |                        |                        |                         |
| Base Pay: \$   | TILI.                   | Commissions:           | \$                     |                         |
| Φ  |                         | Dividends:             | Φ                      |                         |
| Overtime: \$<br>Bonuses: \$  |                         | Other:                 | \$                     |                         |
| Donuses.   | _                       | TOTAL:                 | \$                     |                         |
|  |                         | IOIAL.                 | \$                     |                         |
| If employed less than one year with curr   | ent employer, give pr   | evious employment in   | formation:             |                         |
| Previous Employer:   |                         |                        |                        |                         |
| Position:  |                         | How Long:              | Gross Inco             | ome: \$                 |
| Address:   |                         |                        |                        | ·                       |
| Street   |                         | City                   | State                  | e Zip                   |
| Supervisor:  |                         | <del></del> ,          | Supervisor's Phone:    | ~- <sub>1</sub>         |

IF EMPLOYER REFUSES to verify applicant's employment by phone, it shall become the responsibility of the applicant to provide immediate written confirmation of such information. If applicant is self-employed, attach copies for past two years of individual US tax form 1040 and self-employment US tax schedule C.

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## APPLICANT / CO-APPLICANT

| HOUSING ASSIST                              | ANCE PROGRAM:                             |   |                      |                    |                                |
|---|---|---|----------------------|--------------------|--------------------------------|
| Are you participating                       | g in a Housing Assistar                   | nce Program? Yes                                    | No If yes, please of | complete info bel  | ow:                            |
| Jurisdiction:                               |   |   | J /1                 | 1                  |                                |
| Amount: \$                                  |   |   |                      |                    |                                |
| Attach appropriate de                       | /   |   |                      |                    |                                |
| Attach appropriate de                       | ocumentation.                             |   |                      |                    |                                |
| ASSETS:                                     |   |   |                      |                    |                                |
| Checking Account:                           | \$  | /   | Bank:                |                    | /                              |
| Savings Account:                            |   |   |                      |                    |                                |
| Credit Union:                               | \$  |   | Name:                |                    |                                |
| Other Assets:                               | •   | /<br>/<br>/<br>/                                    | (Specify)            |                    | <u> </u><br>                   |
| TOTAL:                                      | φ   |   | (Specify)            |                    |                                |
| IOIAL.                                      | Φ   | /   |                      |                    |                                |
| LIABILITIES: (Aux                           | to Loans, Mortgages, (                    | Credit Cards, Bank Loa                              | ns, Installment Loar | ns, Student Loans, | , Child Support, Alimony etc.) |
| Cr  | editor                                    | Tota  | ıl Due               |                    | Monthly Terms                  |
| Civ   | /   | \$  | / <i>Duc</i>         | \$                 |                                |
|   | <u>'</u>                                  | \$  | <u>'</u>             | _                  | /                              |
|   | 1   | Ф<br>•  |                      | _                  |                                |
|   |   | Φ   | 1                    | _                  | /                              |
|   |   | <b>5</b>  |                      | _ \$               | /                              |
|   |   | \$  |                      | _ \$               | /                              |
|   | /   | \$  | /                    | _ \$               | /                              |
|   |   | \$  | /                    | _ \$               | /                              |
|   | TOTAL:                                    | \$  | /                    | _ \$               | /                              |
| Do you have a suit for Are you obligated to | or judgments against yo<br>pay or receive | No If yes, Discharge Yes No Child support or pay or | receive alimo        |                    |                                |
| APPLICANT: Citize                           | en of (Country):                          |   | Pass                 | sport #:           |                                |
| Emarganay Contact:                          |   |   | Dalatianshin:        |                    |                                |
| Emergency Contact: Re                       |   |   | Kelationship.        | Dhana              |                                |
| Address                                     |   |   |                      | Fnone.             |                                |
| CO-APPLICANT: C                             | citizen of (Country):                     |   | Pas                  | ssport #:          |                                |
| Emergency Contact:                          |   |   | Relationshin:        |                    |                                |
| Address                                     |   |   | relationship.        | Phone:             |                                |
|   |   |   |                      |                    |                                |
| LOCAL REFEREN                               |   |   |                      |                    |                                |
| Emergency Contact:                          |   |   | Relationship:        |                    |                                |
| Address                                     |   |   |                      | Phone:             |                                |
| Emergency Contact:                          |   |   | Relationship:        |                    |                                |
| Address                                     |   |   |                      | Phone:             |                                |
|   |   |   |                      |                    |                                |

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## THE FOLLOWING PARAGRAPHS ARE REQUIRED IN MONTGOMERY COUNTY, MARYLAND:

- 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 BE ENTITLED TO RETAIN ALL OR A PORTION OF THE APPLICATION FEE AND/OR RETAIN A PORTION OF THE DEPOSIT as specified herein. The balance of the Application Fee and/or Deposit, if any, shall be returned to applicant within fifteen (15) days following the date of occupancy or 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 Application Fee and/or Deposit less that portion of the Application Fee actually expended by Landlord/Agent for a credit check or other expenses arising out of the Application shall be returned to the applicant within fifteen (15) days of such action. If Landlord/Agent requires from an Applicant any fees other than a security deposit in excess of \$25.00, Landlord/Agent shall return the fees subject to the provisions above or Landlord/Agent shall be liable to Applicant for twice the amount of the fees collected.
- 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 sample 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 will be as prescribed by Maryland Law. 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 a list of all existing damages.

| ELECTRONIC SIGNATURES: In accordance with the Uniform Electronic Transactions Act (UETA) and the Electron                     |
|---|
| Signatures in Global and National Commerce Act, or E-Sign (the Act), and other applicable local or state legislation regardin |
| Electronic Signatures and Transactions, the applicant(s) do hereby expressly authorize and agree to the use of electron       |
| signatures as an additional method of signing and/or initialing this application and/or any future contracts or addenda. The  |
| applicants hereby agree that either party may sign electronically by utilizing a digital signature service.                   |
|   |

| Applicant: | / Co-applicant: | / |
|------------|-----------------|---|
|            |                 |   |

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## **AUTHORIZATION TO RELEASE INFORMATION:**

The undersigned applicant affirms under the penalties of perjury that I have read and understand pages 1 through 6 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.

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 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." 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.

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 THE LANDLORD AND/OR ITS AGENT AND MYSELF TO BE VALID.

| PRINT NAME:             |           |             |              |  |
|-------------------------|-----------|-------------|--------------|--|
| APPLICANT SIGNATURE:    |           | Date:       |              |  |
| PRINT NAME:             |           |             |              |  |
| CO-APPLICANT SIGNATURE: |           | Date:       |              |  |
| Date:                   | Check: \$ |             | Cash: \$     |  |
| Leasing Broker:         |           | I           | Broker Code: |  |
| Address:                |           |             | Phone:       |  |
| Leasing Agent:          |           |             | Phone:       |  |
| License#/State:         | /         | Bright MLS# |              |  |

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