HAMMOND FAMILY, LLC

P.O. Box 23 Childs, Maryland 21916 (443) 907-7147

RENTAL APPLICATION

PRINT AND ANSWER ALL QUESTIONS OR YOUR APPLICATION WILL NOT BE CONSIDERED

EACH ADULT MUST COMPLETE A SEPARATE APPLICATION

Name: (First)	(Middle)		(Last)			
Home Phone:	Cell Phone:	Work Phone:				
Date of Birth:	Social Security #:					
Present Address:						
City:			*	f less than 3 years complete previous		
-		Landlord's Phone:				
		Lease Expiration: In Case of Emergency notify				
	What Kind					
Previous Address:				How Long:		
Employed By:		How Long:				
Employer's Address:			*	less than 3 years complete previous		
Name of Supervisor:		Phone Number:				
Annual Income:	Position:	Position: Social Security #:				
Previous Employer:				How Long:		
Number of Children:	Child 1 Age/Sex:	Child 2 A	Age/Sex:	Child 3 Age/Sex:		
Will anyone other than those	e listed above occupy this unit with y	ou?				
NOTE: Anyone ov	ver age 18 occupying this unit and i	not a relative m	ust complete an	application and sign lease.		
How many autos (including	company vehicles) will you keep in t	the area?		· · · · · · · · · · · · · · · · · · ·		
Make:	Year:	_ Color:	License #	! :		
Make:	Year:	_ Color:	License #	! :		
Reference Other Than Relati	ives:					
1. Name	Address			Phone		
2. Name	Address			Phone		
Credit History:						
Have you declared bankruptcy in the past 7 years?		Yes	No			
Have you ever been evicted from a rental residence?		Yes	No			
Have you had two or more late rental payments in the past year?		Yes	No			

Credi	it References: (charge	e accounts, bank accounts, auto loa	ans, finance, credit cards, or time plan	s)				
1								
	(NAME)	(ADDRESS)	(ACCOUNT #)	(TYPE OF ACCOUNT)				
2								
	(NAME)	(ADDRESS)	(ACCOUNT #)	(TYPE OF ACCOUNT)				
3	(NAME)	(ADDDEGG)	(A CCOLDITE II)	(TMDE OF A CCOMME)				
		(ADDRESS)	(ACCOUNT #)	(TYPE OF ACCOUNT)				
4	(NAME)	(ADDRESS)	(ACCOUNT #)	(TYPE OF ACCOUNT)				
_	(NAME)	(ADDRESS)	(ACCOUNT #)	(TIPE OF ACCOUNT)				
5	(NAME)	(ADDRESS)	(ACCOUNT #)	(TYPE OF ACCOUNT)				
	(IVIIVIL)	(ADDICESS)	(ACCOUNT II)	(THE OF ACCOUNT)				
	TC 1		1					
•	If this application is accepted, I desire to have my lease begin on the first of							
•	Note: All leases will begin on the first and if a portion of the month is requested, it will be prorated to the day utilized. Ren payments will be due on the first day of each month regardless of the move-in date.							
	payments will be	due on the first day of each mond	regardless of the move-in date.					
•	The above inforn	nation is furnished to the Hammo	nd Family, LLC as an inducement to	negotiate a lease with the applicant,				
			is false or willfully omitted, the lease					
owne	er and/or agent. Any e	expense, inconvenience or damage	s caused by such cancellation are the	applicant's sole responsibility.				
	DI							
•	-	Please notify the Hammond Family, LLC of any change in your status (marriage, divorce, change of employment, etc.)						
•	The Hammond Family, LLC and/or agent cannot assume responsibility for the inability to furnish you with any apartment on specified date where construction delays, repairs or the removal of a tenant prevents the Hammond Family, LLC and/or agent from							
-	ning occupancy of the	• •	emoval of a tenant prevents the Hamr	nond Family, LLC and/or agent from				
ootai	ining occupancy of the	e sara premises.						
•	RENTAL DUE I	DATES ARE THE FIRST OF EA	CH MONTH. Thereafter, rent or lease	es for occupancy on other days of the				
mont			ro-rated rent must be paid in advance.					
•	Please sign below	w to certify that you have read th	ne application, answered all the quest	tions to the best of your ability, and				
unde	rstand the contents. T	his rental application will become	part of any lease contract.					
• 41	• The signature(s) herein below authorize(s) the Hammond Family, LLC to verify all information provided herein and examine the credit history and credit ratings of the applicant(s) by any means determined necessary by the Hammond Family, LLC including,							
	redit history and cred ot limited to, obtaining		ny means determined necessary by th	e Hammond Family, LLC including,				
out II	or minica to, obtaining	ag credit reports.						
			CREDIT, TENANT HISTORY, BAN TMENT FROM THIS OWNER, M					
	IPAY.	ATTING A HOUSE ON AFAR	IMENT TROWN THIS OWNER, IVI	ANTOLK, AGENT OK LEASING				
Appl	icant Signature		Date					

ATTACH A COPY OF DRIVERS LICENSE, SOCIAL SECURITY CARD, AND PROOF OF CURRENT INCOME.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.