

## LEASE APPLICATION

Leases are to be completed in full. They will not be processed until a copy of your ID and the non-refundable \$50 application fee is received by Fairgreen Property Management (FPM). Each person who will be living in the home over 18 years of age, must apply and pay the application fee.

TI	
First Name: Middle Name: Last Name:	
Cell phone:	
Email address:	
Current Address:	
I have lived at this address since: (date)	
Landlord's name is: phone: email:	
Monthly Rent:	
Reason for leaving:	
Previous address:	
I have lived at this address for years.	
My landlord's name was: phone: email:	
Monthly Rent was:	
Personal References:	
Name: Email: Phone: Relationship:	
Name: Email: Phone: Relationship:	
Each Co-Applicant or other individuals over 18 years old, who will live in the unit	Fach
co-applicant must submit their own application, application fee and sign the lease	
Name: Phone: Email: Relationsh	ip:
Name: Phone: Email: Relationsh	ip:
Name: Phone: Email: Relationsh	-
Other economic who are individuals who will live in the unit but will not sign th	-

Other occupants, who are individuals who will live in the unit but will not sign the lease (minor or child). Applicants 18 years or older must be listed under the co-applicant section above. All over 18 will be required to sign the lease.

Name: DOB: Social: Relationship: Name: DOB: Social: Relationship:

> 9613-C Harford Rd #148 Baltimore, MD 21234 FairgreenPropertyManagement.com Info@FairgreenPropertyManagement.com 443.890.0034



Name: DOB: Social: Relationship:

Animals: Please check the listing for the property of interest for the animal policy. As

animals are not permitted in certain units. If you have animals:

Animal Name: type/breed: weight: age: Animal Name: type/breed: weight: age:

## **PERSONAL INFO:**

We need this information to run credit and background checks. Everything submitted in this application is stored securely.

DOB:

Social Security Number (or ITIN):

Government issued ID Number:

Issuing State: Issue Date: Expiration Date:

Emergency Contact: Please provide complete details of emergency contact NOT living

with you:

Name: Address: Phone: Email:

I have one or more vehicles:

Make Model Year Color License Plate# State
Make Model Year Color License Plate# State

**INCOME**:

**Current Employer:** 

Address: City: State: Zip:

I have been with this company since:

Monthly salary: Position:

Supervisor Name: Phone: Email:

Additional Income:

Source:

Monthly amount:

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ATTACH DOCUMENTS:
To complete your application, you must supply all required documentation:
□ Application
□ Photo ID
□ Social Security Card
□ Proof of Income
Acceptable forms include: 2 months of paystubs, offer of employment letter, 2
vears of tax returns, voucher or other verifiable means

Please review and confirm all information prior to emailing. All documents must be emailed to Info@FairgreenPropertyManagement.com, in the subject line please put the word \*Application\*.