

410-924-3644

Residential Rental Application

PRIMARY APPLICANT

PLEASE PRINT

APPLICANT'S FULL NAME:		
SPOUSE / CO-TENANT NAME:		
HOME PHONE:		WORK:
CELL:	EMAIL:	
BIRTHDATE:	SOCIAL SI	ECURITY :
DRIVERS LIC. #:		EXP.:
PRIMARY APPLICANT		
CURRENTLY EMPLOYED: YES	NO	MONTHLY INCOME (GROSS):
OCCUPATION:		
YEARS IN INDUSTRY:	, YEARS W	/ITH CURRENT EMPLOYER:
EMPLOYER / BUSINESS NAME:		
EMPLOYER ADDRESS:		
		TELE:
PREVIOUS EMPLOYER:		
HOW LONG WITH PREVIOUS EMPLO	YER?	TELE:
CURRENT ADDRESS:		
HOW LONG AT PRESENT ADDRESS?		MONTHLY PAYMENT
CURRENT LANDLORD'S NAME:		PHONE:
PREVIOUS ADDRESS:		
HOW LONG AT PREVIOUS ADDRESS	?	MONTHLY PAYMENT
PREVIOUS LANDLORD'S NAME:		PHONE:



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HAVE YOU EVER BEEN DELINQUEN	T WITH RENT OR MORTGAGE? YES NO
IF YES, PLEASE EXPLAIN:	
HAVE YOU EVER BEEN EVICTED FR	OM A RESIDENCE? YES NO
IF YES, PLEASE EXPLAIN:	
HAVE YOU EVER FILED BANKRUPTO	CY: YES NO
HAVE YOU EVER BEEN CONVICTED	OF A FELONY? YES NO
IF YES, PLEASE EXPLAIN:	
SPOUSE	/ CO-TENANT INFORMATION:
FULL NAME:	BIRTHDATE:
RELATIONSHIP TO PRIMARY TENAN	T:
ADDRESS (IF DIFFERENT):	
HOME PHONE:	WORK:
CELL:	EMAIL:
BIRTHDATE:	_ SOCIAL SECURITY :
DRIVERS LIC. #:	EXP.:
SPOUSE / CO-TENANT	
CURRENTLY EMPLOYED: YES	NO MONTHLY INCOME (GROSS):
SPOUSE / CO-TENANT OCCUPATION	! :
YEARS IN INDUSTRY:	, YEARS WITH CURRENT EMPLOYER:
EMPLOYER / BUSINESS NAME:	
EMPLOYER ADDRESS:	
SUPERVISORS NAME:	TELE:



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FINANCIAL AND CREDIT:

DO YOU RECEIVE HOUSING ASS	ISTANCE? YES NO			
TYPE:	VOUCHER AMOUNT: \$			
AGENCY / PROVIDER:				
CONTACT PERSON:	TELE #:			
CREDIT SCORE:	_ SPOUSE / CO-TENANT CREDIT SCORE:			
PLEASE PRINT OUT	CREDIT REPORT AND SUBMIT WITH APPLICATION.			
WEBSITES SUCH AS <u>WWW.CRE</u>	EDITKARMA.COM ARE FREE SOURCES FOR CREDIT SCORE.			
CHECKING / SAVINGS ACCOUNT	? YES NO			
ACCT. BALANCE(S): \$				
NAME OF INSTITUTION:				
AUTOMOBILE LOAN(S)? YES	NO MONTHLY PAYMENT(S) \$			
CREDIT CARD? YES NO	D HOW MANY?			
AVERAGE MONTHLY CREDIT PAY	/MENT \$			
TOTAL CREDIT CARD OUTSTAND	DING BALANCE(S) \$			
AVERAGE MONTHLY AMOUNT OF	F OTHER FINANCIAL OBLIGATIONS \$			

PLEASE INDICATE IF THESE MONTHLY OBLIGATIONS ARE FOR THE APPLICANT, CO-APPLICANT OR JOINT ACCOUNTS.

* MUST PROVIDE PAST <u>2 MONTHS PAY STUBS OR PAST 2 MONTHS BANK STATEMENTS</u> FOR THE INTENDED LESSEE(S).

* PLEASE SUBMIT COPIES WITH APPLICATION



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PERSONAL / PROFESSIONAL REFERENCES:

NAME:		PHONE:		
YEARS KNOWN:	CONTEXT / RELATION	SHIP:		
NAME:		PHONE:		
YEARS KNOWN:	CONTEXT / RELATION	SHIP:		
ADDIT	IONAL RESIDENTS	AND INFORMATION	<u>ON:</u>	
HOW MANY OCCUPANTS WIL	L RESIDE IN HOUSEH	OLD?	_ (FT:	PT:)
ARE ALL HOUSEHOLD OCCU	PANTS FAMILY MEMB	ERS? YES	NO	
* PLEASE PROVIDE <u>FULL N</u>	FOR ALL ADDITION <u>AMES</u> , <u>AGES</u> AND <u>RE</u>	,	RIMARY APPL	ICANT(S):
1)				
2)				
3)				
4)				
SMOKING: YES NO)			
PETS? YES NO				
HOW MANY:	AGES:	HOUSEBROKEN?	YES	NO
TYPE, BREED AND GENDER:				
SPAYED / NEUTERED AND CU	JRRENT WITH VACCIN	ATIONS? YES	NO	
VETERINARIAN:		PHONE:		



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TYPE OF RENTAL UNIT INTERESTED IN:		
IS THERE A SPECIFIC RENTAL UNIT YOU ARE INTERESTED IN: YES NO		
ADDRESS OF UNIT:		
Γ.		
* PLEASE USE SPACE BELOW TO PROVIDE ANY ADDITIONAL INFORMATION THAT YOU FEEL IS RELEVANT IN THE CONSIDERATION OF YOUR APPLICATION:		

POLICIES:

SECURITY DEPOSITS, UNLESS OTHERWISE NOTED, WILL AMOUNT TO 1 1/2 TIMES MONTHLY RENT COST. IN ACCORDANCE WITH MARYLAND LAW, NO SECURITY DEPOSIT CAN BE APPLIED IN LIEU OF FINAL RENT PAYMENT.

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ALL INFORMATION PROVIDED IS KEPT STRICTLY CONFIDENTIAL.

*

APPLICATION MUST BE FULLY COMPLETED FOR CONSIDERATION OF RESIDENTIAL RENTAL.

*

RENTERS INSURANCE IS RECOMMENDED FOR ALL TENANTS AND MAY BE REQUIRED ON SOME RENTAL PROPERTIES.

*

DEPENDING UPON THE SPECIFIC POLICIES OF THE INDIVIDUAL PROPERTY OWNER, PETS MAY BE CONSIDERED ON A CASE BY CASE BASIS.

ANY APPROVED PETS WILL ALWAYS INCUR AN ADDITIONAL, PET SPECIFIC, SECURITY DEPOSIT IN ADDITION TO THE STANDARD SECURITY DEPOSIT.



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PRIVACY POLICY:

All information provided in this application is kept secure and confidential. It is not shared outside of **Julyan Management Group LLC** and it's landlords. The information provided is used in determining suitability of the applicant. The information on approved applications may be kept in an electronic format with encryption, This electronically filed information may be used in the future for reviewing and / or renewing any rental agreement. After scanning, the physical paperwork, with signatures and personal identification, will be shredded or otherwise destroyed. In the event that this application does not result in a rental agreement between the parties, then the applicant may, within 15 days, request to pick up or have this application returned to them.

I DECLARE THAT THE FOREGOING IS TRUE AND CORRECT. I AUTHORIZE ITS VERIFICATION AND THE OBTAINING OF A CREDIT REPORT AND / OR CRIMINAL BACKGROUND CHECK. I understand that this is strictly an application only and does not constitute a Lease Agreement. Nor does this application in anyway promise or guarantee any form of conditional acceptance. In the event that the application is denied, the applicant may request a written explanation by sending a self addressed stamped envelope to Julyan Management Group LLC P.O. Box 2013 Easton, MD 21601. I further agree that Julyan Management Group LLC or the landlord directly, may terminate at any time, any agreement entered into in reliance on any misstatement made above by the applicant.

primary applicant signature	Date
co-applicant signature	Date

RETURN APPLICATION VIA:

<u>Drop Off:</u> Julyan Management Group LLC - DROP BOX

300 Talbot Street Easton Maryland 21601

Mail To: Julyan Management Group LLC

P.O. Box 2013 Easton Maryland 21601

<u>Email To:</u> julyanmanagement@icloud.com