

224 N. Camden Ave, Fruitland, MD 21826 Tel. 410-202-2632 / office@fenzelinvestments.com

STUDENT: RENTAL APPLICATION

All information must be complete in order for your application to be considered. Houses are available on a first come, first served basis & are held with payment of the first month's rent/security deposit.

HOW DID YOU HEAR ABOUT US (Circle one):	Curb Appeal or Drive By		dent spaper	Housing Fair	Flyers or Brochure	Off campus website		
Were you referred by one of our CURRENT Tenants?	Name:			Tenant's Address:				
Date of Application:				•				
House(s) Interested In (in order of interest):								
1.								
2.								
3.								
Desired Number of Bedrooms (Circle one):	2	3		4				
As of right now, I am a (Circle One):	Freshman	Sophomore	,	Junior	Senior			
ns of fight flow, I am a (Office Offic).	1 Iesiman	Зорионого		Junoi	Schol			
Student Information:								
Name:	Ph	ione:						
D/O/B:	SSN:	SSN:						
Sports/Extracurricular Activities:		•						
Current Address:								
Length of time at this address:	Landlord's Name & Phone No.:							
Monthly rent amount:	Reason for leaving:							
Previous Address:	•							
Length of time at this address:	Landlord's Name & Phone No.:							
Monthly rent amount:	Reason for leaving:							
Student's Employment Information								
Current employer:								
Employer address:	Phone N							
Length of Employment:	Supervisor:							
Monthly Income:	Position: O		Other In	Other Income:				
Names of Other Tenants Who Will Be Living	With You							
Name:	Phone No.	Phone No.			Email:			
Name:	Phone No.		Er	Email:				
Name:	Phone No.		Er	Email:				
Pet(s) Information: We are a pet friendly	Landlord (fees a	nd restri	ictions	may apply)				
Name & Breed:	Color:		1	t & Age:				
Name & Breed:	Color:		Weigh	Weight & Age:				



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Student's Parent Information							
Father's Name:		Email:					
Home Phone No.:		Cell Phone No.:					
Address:							
City:	State:	ZIP:			County:		
Employer Name:		Phone N	lo.:				
Length of Employment:		Position	:		Monthly Inc	Monthly Income:	
			_				
Mother's Name:			Email:				
Home Phone No.:		Cell Phone No.:					
Address:							
City:	State:	ZIP: Co			County:	County:	
Employer Name:		Phone No.:					
Length of Employment:		Position	:		Monthly Inc	Monthly Income:	
Who will be paying the applicant's rent (c	zircle one)?		Student	Pare	ents	Other	
Student's Automobile Information	1	_					
Make:		Model:	Model:			Year:	
Color:		Tag No:			State:		
A COPY OF T	HE STUDENT'S DRIVI	ERS LICE	NSE IS REQU	IRED WITH THIS	APPLICATIO	N	
Reference							
Name:		Ad	ldress:				
Phone No.: Years Known: Relationship to Student:							
Personal Statement (Please provide a statement of why you feel we should rent the house to you)							
(Who do you know that is still in need of housing?)							
Name:		Ph	Phone No.:				
Name:		Phone No.:					
I certify that the above information is true and correct. I understand that this application may be denied if any information furnished is found to be incorrect. I hereby authorize landlord to verify all information listed on this application. I authorize landlord to obtain/verify any information regarding my enrollment, admission, or academic records from Salisbury University. Landlord requires completed rental applications before anyone is considered and/or accepted. Landlord does not guarantee any house by receiving a completed rental application. Landlord reserves the right to decide who to accept as tenants. This may be done by reviewing and confirming the majority of the best qualified applicants. If landlord notifies applicant that their application has been accepted and approved, applicant agrees to fulfill agreement of having parental co-signer. The first month's rent is not refundable for any reason. If tenant does not move into the property and wishes to change their mind, the first month's rent (or any other rent or security deposit payments) is forfeited. All payments are applied to the first month's rent.							
Signature of applicant:			Date:				



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Landlord	Date
Address	_
City/ State/ Zip Code	_
Telephone Number	-
	SING. I authorize you to release all information needed to process my ntial or legal use of FENZEL HOUSING ONLY.
Signature of applicant	Date
Name (Print)	
Address	
City/ State/ Zip Code	