



RENTAL APPLICATION

(For Use in Montgomery County, Maryland and Washington, DC)

Applicant's Name:			
Application is made to lease prop	perty located at		
for monthly rental of \$		Security Deposit: \$	
Lease Term:	Move-in Date:		Move-out Date:
clear understanding that this App	plication, including each proser. The Application has no le	spective occupant, is subject as ehold interests in the ren	sit") is to be held by Listing Broker with the ct to approval and acceptance by owner or his tal property until there is a fully ratified lease. on the check.
check and processing the applic Landlord's approval and accepta Deposit shall be applied to pay s	ation with the understanding tance. Should the cost of pro- such excess cost. When so all deposit and/or the first me	g that this application, includes sing exceed the amour proved and accepted, the	by the Listing Broker for the credit/consumer uding each prospective occupant is subject to at of the non-refundable fee, a portion of the applicant agrees to execute a lease and to pay Landlord) within three (3) days after being
SPECIAL LEASE REQUIREM Contingencies/Special Equipment			
OCCUPANTS: The premises ar Total Number of Occupants:Name:Name:Name:Name:Name:Name:Name:Name:Name:Name:Name:Name:Name:Name:Name:Name:		Age: Age: Age:	<u> </u>
Pets: Dog: Breed: How many pets total?		Weight: Ca	at Other:
AUTOMOBILES, MOTORCY Total Number of Vehicles:		, AND TRAILERS:	
Type/Make:	Year:	Tag #:	State:
Type/Make:	Year:	Tag #:	State:
Are any of the above commercia	vehicles? If so, which ones	?	
			garages, driveways, if provided, on the street R HOMEOWNER'S ASSOCIATION.
-	origin, sex, physical or mo	ental handicaps, familial	available to all persons without regard to status or any additional protected classes
For Office Use Only Date Application Received by	Agent/Broker:		

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GCAAR # 1204 - Rental Application - MC & DC

(Previously form # 1204)

Executive Housing Consultants 7315 Wisconsin Ave Suite 603-E, Bethesda MD 20814-3202 Phone: 301-951-4111

Fax: 301-907-7329 Brian T. Ridgway

2/2008 Sample

Applicant's Name:					
Birth Date:		SS#:			
Driver's License # or Gover	nment-Issued ID #:	_	State	e :	
Home Phone:			cal # (if applicable):		
Office Phone:					
Current Address:					
	Street	City		State	Zip
Own Rent Years	:	Rent/Mortgage Paymen	its: \$		
Own Rent Years Present Landlord/Agent:			Phone:		
Reason for moving:					
List all previous addresses	for the last five years	including period of stay in	n each and the name and	telephone nun	nber of Landlord
Agent from whom you rente				•	
	·	•			
Previous Address:					
	Street	City		State	Zip
Landlord/Agent's Name:			Phone:		
Landlord/Agent's Name: From (Date):	To:		Monthly Rent: \$		
Previous Address:					
Previous Address:	Street	City		State	Zip
			Phone:		•
Landlord/Agent's Name: From (Date):	To		Monthly Rent: \$		
110iii (Bute)	10		Within Y Rent. #		
Current Employer:					
Current Employer: Position:			How Long.		
Address:			How Long		
Address: Street		City	State	Zir)
Supervisor:					
Supervisor.			Supervisors inc	ліс	
If employed less than one ye	ear with current employ	ver give previous employm	nent information:		
ii employed less than one ye	car with current employ	yer, give previous employing	icht miormation.		
Provious Employers					
Previous Employer: Position:		How Long:	Gross In	ncome: \$	
Address:		How Long.	01088 111	ICOIIIС. \$	
Address: Street		City	State	Ziŗ	<u> </u>
Supervisor:		City	Supervisor's Pho		
Supervisor.			Supervisors File	me	
IE EMDI OVED DEFLICES	4 : C 1; 4!	1		.:1:4	1:
IF EMPLOYER REFUSES					
immediate written confirma			ployed, attach copies for	past two years	of individual Us
tax form 1040 and self-empl	loyment US tax schedu	ile C.			
CURRENT GROSS ANNI					
Base Pay: \$			Commissions:	\$	
Overtime: \$			Dividends:	\$	
Bonuses: \$			Other:	\$	
			TOTAL:	\$	

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ASSETS:						
Checking Account:	\$	Bank:		Acct. #:		
Savings Account:	\$	Bank:		Acct. #:		
Credit Union:	\$	Name: Acc		Acct. #:	ct. #:	
Other Assets:	\$	(Specify)				
TOTAL:	\$					
LIABILITIES: (Au		ges, Credit Cards, Bank Loans,		ent Loans, etc.)		
	Credite		Total Due		Monthly Terms	
			\$	\$.		
			— ţ———			
				\$.		
-			<u> </u>			
			¢.			
		TOTAL:	\$	<u> </u>		
Have you ever filed Do you have suite fo		Yes No Date: st you? Yes No				
Citizen of (Country)	:		Passport #:			
Emergency Contact:			Relationship:			
Address:				Phone:		
LOCAL REFEREN	NCES:					
			Relationship:			
Address:				Phone:		
Name:			Relationship:			

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 or this application due to credit information or any other reason.

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 truth of the information contained herein is essential, and if the Landlord/Agent determines that any answer or statement contained herein is false or misleading, any lease granted by virtue of this application may be canceled at the option of the Landlord/Agent. This application shall become part of any lease agreement executed between the Landlord and/or Agent and the

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applicant, and ANY FALSE OR MISLEADING statement shall be considered a SUBSTANTIAL breach of said lease. 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.

THE FOLLOWING PARAGRAPHS APPLY TO MARYLAND PROPERTIES ONLY.

- In the event of 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 RETAIN A PORTION OF THE DEPOSIT as specified herein. The balance of the Deposit, if any, shall be returned to applicant within fifteen (15) days 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 Deposit shall be returned in full to the applicant within fifteen (15) days of such action.
- 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.
- I certify that I have received and carefully examined a copy 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.
- 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 is 3% simple interest per annum. 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 for a list of all existing damages.

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

The undersigned applicant affirms under the penalties of perjury that I have read and understand pages 1 through 5 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.

APPLICANT SIGNATURE					
Date:	Check: \$		Cash: \$		
Leasing Broker:				Broker Code:	
Address:				Phone:	
Leasing Agent:		GCAAR #:		Phone:	

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