$**59.00 Non-Refundable** Processing Fee PER APPLICANT (Paid ONLINE)

This section to be completed by landlord	
Date and time application received by landlord	
Credit check fee $ 59 Primary /$49Co-Applicant	RENT PREP Email Link will be sent to applicants email.
Address of Property to Be Rented:	LYNNEHAVEN DRIVE HAGERSTOWN, MD 21742
Requested Rental Term : Beginning Date Of Occupancy lease from, _____ to (end Date) _____	☐ Month-to-month Lease ☐ 12 Month Lease with Auto-Renew after one year to month-to-month.
Amounts Due Prior to Occupancy if Approved	
First month's rent	$ 1375.00
Security deposit	$ 1375.00
Other (Specify)	
TOTAL	$ 2,750.00

RENTER INFORMATION

Full Name of Applicant *Include all Names Used.*	
Date of Birth *optional*	
EMAIL ADDRESS (REQUIRED)	
Phone #	
Social Security #	
Full Name of Co-Applicant *Include all Names Used.*	
Co-Applicant Date of Birth *optional*	
EMAIL ADDRESS (REQUIRED)	
Co-Applicant Social Security#	
Number of Dependents (Excluding Co-Applicant)	
Names and Ages of Dependents	
Other Occupants and their relationship to applicant	
Pets (Quanity Type/Breed) DOGS Not permitted at Pangborn Heights	

APPLICANT RESIDENCE HISTORY FOR THE PAST THREE (3) YEARS (Beginning with the most current)

Current Address	
Monthly Rent/Mortgage	
Month & Year Moved In	
Reason for Leaving - Move Date	
Owner Agent & Contact Phone#	
Previous Address (If within 3 years)	
Monthly Rent/Mortgage	
Month & Year Moved In	
Reason for Leaving - Move Date	
Owner Agent & Contact Phone#	
Previous Address (If within 3 years)	
Monthly Rent/Mortgage	
Month & Year Moved In	
Reason for Leaving - Move Date	
Owner Agent & Contact Phone#	

APPLICANT BANK & CREDIT REFERENCES

Bank Name	
Street Address City, State Zip of Branch	
Type of Account	
Account Number	
Credit Card Balances Monthly Payment Balance Due	
Loans Type Balances Creditor Monthly Payment Balance Due	Mortgage / Auto Loan / Student Loan / Other (explain)
PAST DUE DEBT	$
Other Major Financial Obligations	

CO-APPLICANT RESIDENCE HISTORY FOR THE PAST THREE (3) YEARS IF DIFFERENT FROM APPLICANT

Current Address	
Monthly Rent/Mortgage	
Month & Year Moved In	
Reason for Leaving	
Owner Agent & Contact Phone#	
Previous Address (If within 3 years)	
Monthly Rent/Mortgage	
Month & Year Moved In	
Reason for Leaving	
Owner Agent & Contact Phone#	
Previous Address (If within 3 years)	
Monthly Rent/Mortgage	
Month & Year Moved In	
Reason for Leaving	
Owner Agent & Contact Phone#	

CO-APPLICANT BANK & CREDIT REFERENCES

Bank Name	
Street Address City, State Zip of Branch	
Type of Account	
Account Number	
Credit Card Balances Monthly Payment Balance Due	
Loans Type Balances Creditor Monthly Payment Balance Due	Mortgage / Auto Loan / Student Loan / Other (explain)
PAST DUE DEBT	$
Other Major Financial Obligations	

EMPLOYMENT HISTORY OF APPLICANT

****REQUIRED PLEASE SUBMIT THE MOST RECENT PAYSTUB COPY OF EACH ADULT OVER THE AGE OF 18 THAT WILL BE LIVING IN THE RENTAL UNIT*****

Employment Status of **Applicant**	Full Time – Part Time – Student – Retired – Unemployed
Current Employer	
Date(s) Employed	
Position	
Supervisor Name, Business Phone# and Email	
Address	
Salary	$ per
If employed less than six (6) months above please provide Name and Address of previous employer	
Other Income to be considered & Source	

HAVE YOU EVER

Filed for Bankruptcy?	
Been Evicted from Tenancy?	
Willfully or intentionally refused to pay rent when due?	

EMPLOYMENT HISTORY OF CO-APPLICANT

Employment Status of **Co-Applicant**	Full Time – Part Time – Student – Retired – Unemployed
Current Employer	
Date(s) Employed	
Position	
Supervisor Name, Business Phone# and Email	
Address	
Salary	$ per
If employed less than six (6) months above please provide Name and Address of previous employer	
Other Income to be considered & Source	

HAVE YOU EVER

Filed for Bankruptcy?	
Been Evicted from Tenancy?	
Willfully or intentionally refused to pay rent due?	
Applicants Drivers	

License# & State **MUST SUBMIT COPY**	
Co-Applicant Drivers License# & State **MUST SUBMIT COPY**	
Applicants Vehicle Make & Model Year Tag Number State of Tags	
Second Vehicle Make & Model Year Tag Number State of Tags	
Other vehicles to be kept on rental property	

If management has any question about this application,
Please provide contact information where you can be reached:

Day Phone(s) Number	
Evening Phone(s) Number	
EMERGENCY CONTACT PHONE# RELATIONSHIP	

TERMS OF RENTAL APPLICATION

I hereby apply to lease the above described premises, for the term, upon the conditions set forth; and agree that the rent is to be payable the **1st** day of each month in advance. As an inducement to the owner of the property and to the agent to accept this application, I warrant that all statements above are forth and true.

I Herby deposit a non-refundable application processing fee in the amount of **$ 40.00** Paid Online thru email link forwarded by RentPrep.com

Upon acceptance of this application and prior to date of occupancy **I agree to execute a Twelve (12) months lease**. Also, I agree to pay the balance of one month rent as a security deposit before possession is given.

The information provided on this application, to the best of my knowledge, is true and correct:

Signature of Applicant	
Printed Name of Applicant	
Date	

Signature of Co-Applicant	
Printed Name of Co-Applicant	
Date	

AUTHORIZATION TO RELEASE INFORMATION

To whom it may concern:

I/We have applied to lease rental property _____ HAGERSTOWN, MD. As part of the application process Landlord/Landlord Agent may verify information contained in my/our application and may gather and review information which includes, but is not limited to, rental references, address history, employment and other sources of income and income history, bank accounts, credit reports.

My signature also grants permission for Landlord/Landlord Agent to run my name through Judicial Information Systems for background checks of criminal and civil records.

My signature authorizes the release of the information requested and releases my current/former landlord, its officials, agents, assigns, and employees from any and all liability from damages of whatsoever kind or nature which may result, at any time to me, by reason of compliance with the above request.

A copy of this authorization may be accepted as an original.

Signature of Applicant	
Social Security Number	
Date of Birth	
Current Address	
Date Signed	

Signature of Co-Applicant	
Social Security Number	
Date of Birth	
Current Address	
Date Signed	