

Baltimorean Apartments

**2905 N. Charles Street
Baltimore, MD 21218
(410) 889-4157 Fax (410) 889-4158
Email: bobbi@baltapts.com**

RENTAL APPLICATION

Apt. # _____	Move-in Date: _____	Length of Lease: _____
Date of Application: _____		

APPLICANT INFORMATION

Full Name: _____ Date of Birth: _____
Street Address: _____ City: _____
State/Province/Region/Country: _____ Zip Code: _____
Phone #: _____ Email: _____
Social Security or Visa #: _____
Driver's License#/State: _____

RENTAL HISTORY

Dates Lived at Current Address: _____
Reason for Leaving: _____
Landlord/Manager: _____ Phone: _____

EMPLOYMENT HISTORY

Current Employer or Other Source of Income: _____

Phone: _____
Dates Employed at this Job: _____ Salary: _____

STUDENT INFORMATION

School of Study or Program: _____
Name/Telephone Number for Verification: _____

MISCELLANEOUS

Have you ever:

- Filed for bankruptcy? Yes No
- Been evicted or asked to move out? Yes No
- Been sued for non-payment of rent or damage to rental property? Yes No
- Broken a rental agreement or lease? Yes No

If you answered “yes” to any of the questions above, please explain: _____

How did you learn about The Baltimorean Apartments? _____

By my signature below, I certify that the information given above is true and I understand that my lease agreement may be terminated if I have made any false statements in this application. I authorize The Baltimorean Apartments to verify any information provided in this application and to obtain a copy of my credit report in order to process this application. I also understand that completion of this application does not guarantee apartment availability. I agree to pay an extra fee of \$75 if I arrive after normal business hours (Monday-Friday 9 am to 5 pm) to pick up the keys and sign the lease for my apartment (this fee increases to \$150 if I arrive between 11 pm and 7 am or on holiday weekends).

Applicant’s Signature

Date

Last revised: 5/5/09

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REQUEST FOR RESIDENCY VERIFICATION

Applicant: Please sign and date the section at the center of the page marked with a *. Please do not fill out the rest of this form. We will send this signed form to your landlord if required.

To: _____ Date: _____

The person named below has submitted an application to us for an apartment rental. You were listed as having rented to the applicant. The applicant, by his/her signature below, has authorized you to release information about prior residency. Your comments or recommendations on this matter will be sincerely appreciated. We will be pleased to reciprocate this favor in the future. Thank you.

Resident's Name(s): _____

Occupancy Address: _____

Date(s) of Occupancy: _____

REQUEST SUBMITTED BY	TITLE	PHONE

APPLICANT'S AUTHORIZATION OF THIS INQUIRY:
I hereby consent to the release of my residency information.

* _____

Resident's Signature **Date**

PROPERTY OWNER'S OR MANAGEMENT AGENT'S COMMENTS

Date Moved-In: _____ Date Moved-Out: _____ Still is Occupant

Monthly Rent \$ _____ Utilities Included: _____

Rent Generally Paid: ON-TIME OCCASIONALLY LATE OFTEN LATE

Housekeeping Habits: GOOD AVERAGE POOR

Would you rent to this person again? YES NO NOT SURE

Other Comments: _____

 SIGNATURE: _____ TITLE: _____ DATE: _____

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REQUEST FOR EMPLOYMENT VERIFICATION

Applicant: Please sign and date the section at the center of the page marked with a *. Please do not fill out the rest of this form. We will send this signed form to your employer if required.

To: _____ Date: _____

The person named below has submitted an application to us for an apartment rental. Your company was listed as having currently or formerly employed this person. The applicant, by his/her signature below, has authorized you to release their employment information. Your assistance in providing employment information will be sincerely appreciated. Thank you.

Employee Name: _____

Current Address: _____

Social Security Number: _____

Department or Branch: _____

Date(s) of Employment: _____

REQUEST SUBMITTED BY	TITLE	PHONE

APPLICANT'S AUTHORIZATION OF THIS INQUIRY: I hereby consent to the release of my residency information.	
* _____ Resident's Signature	_____ Date

EMPLOYER'S COMMENTS

Dates of Employment: From _____ To _____

Position Held: _____

Gross Salary or Wage \$ _____ per YEAR MONTH WEEK HOUR*

(*If on hourly wage, please specify approximate number of hours worked weekly: _____ HOURS)

Other Comments: _____

SIGNATURE: _____ TITLE: _____ DATE: _____

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RECEIPT FOR APPLICATION FEE

On _____, \$25.00 was received from
(Date)

_____. It is understood that this fee will be used
(Applicant's Name)

by the management of The Baltimorean Apartments to obtain a credit report and/or other information about the applicant in order to process their application. This fee is non-refundable even if the application is not approved or if it is canceled by the applicant.

Agent for The Baltimorean Apartments

Applicant

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DEPOSIT RECEIPT

On _____, \$100.00 was received from
(Date)

_____. It is understood that this deposit has been paid to
(Applicant's Name)
hold an apartment during the application approval process. It is refundable and will be returned to the following address if the rental application is not approved or if it is canceled (this deposit is not refundable if there is a cancellation by the applicant within 48 hours of the scheduled move in date):

(Street Address)

(City, State, Zip Code)

If the rental application is approved and a lease agreement is signed, this deposit will be applied to the first month's rent. When the lease agreement is signed, a security deposit and the balance of the first month's rent will be due.

Agent for The Baltimorean Apartments

Applicant