



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

Applicant's Name: \_\_\_\_\_  
 Application is made to lease premises known as \_\_\_\_\_  
 for monthly rental of \$ \_\_\_\_\_ Security Deposit: \$ \_\_\_\_\_  
 Lease Term: \_\_\_\_\_ Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_

A deposit in the amount of \$ \_\_\_\_\_ ("Earnest Money Deposit") is to be held by Listing Broker with the clear understanding that this Application, including each prospective occupant, is subject to approval and acceptance by owner or his duly authorized property manager. The Application has no leasehold interests in the rental property until there is a fully ratified lease. In the case of payment by check, the words "**Earnest Money Deposit**" shall be placed on the check.

Additionally, a non-refundable fee of \$ \_\_\_\_\_ is to be used in full by the Listing Broker for the credit/consumer check and processing the application with the understanding that this application, including each prospective occupant is subject to Landlord's approval and acceptance. Should the cost of processing exceed the amount of the non-refundable fee, a portion of the Deposit shall be applied to pay such excess cost. When so approved and accepted, the applicant agrees to execute a lease and to pay any balance due on the security deposit and/or the first month's rent (as required by Landlord) within three (3) days after being notified of acceptance and before possession is given.

*SPECIAL LEASE REQUIREMENTS:* Military/Diplomatic Clause:  Yes  No  
 Contingencies/Special Equipment: \_\_\_\_\_

*OCCUPANTS:* The premises are to be occupied only by the following # of occupants:

Total Number of Occupants: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_

Pets:  Dog: Breed: \_\_\_\_\_ Weight: \_\_\_\_\_  Cat  Other: \_\_\_\_\_  
 How many pets total? \_\_\_\_\_

*AUTOMOBILES, MOTOR CYCLES, TRUCKS, BOATS, AND TRAILERS:*

Total Number of Vehicles: \_\_\_\_\_  
 Type/Make: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_ State: \_\_\_\_\_  
 Type/Make: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_ State: \_\_\_\_\_  
 Are any of the above commercial vehicles? If so, which ones? \_\_\_\_\_

All motor vehicles or trailers shall have current licenses and may be parked **ONLY** in garages, driveways, if provided, on the street (not in fire lanes or on the lawn), **OR AS REQUIRED BY THE CONDOMINIUM OR HOMEOWNER'S ASSOCIATION.**

**In compliance with federal fair housing regulations, the Property shall be made available to all persons without regard to race, color, religion, national origin, sex, physical or mental handicaps, familial status or any additional protected classes specified by State of Maryland, District of Columbia or local jurisdiction law.**

For Office Use Only  
 Date Application Received by Agent/Broker: \_\_\_\_\_

**Applicant's Initials** \_\_\_\_\_

© 2003, The Greater Capital Area Association of REALTORS®. Inc.  
 This Recommended Form is property of the Greater Capital Area Association of REALTORS®, Inc. and is for use by REALTOR® members only

Previous editions of this Form should be destroyed.

**Applicant's Name:** \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_  
Driver's License # or Government-Issued ID #: \_\_\_\_\_ State: \_\_\_\_\_  
Home Phone \_\_\_\_\_ Temporary Local # (if applicable): \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Street City State Zip  
 Own  Rent Years: \_\_\_\_\_ Rent/Mortgage Payments: \$ \_\_\_\_\_  
Present Landlord/Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for moving: \_\_\_\_\_

List all **previous addresses** for the last five years including period of stay in each and the name and telephone number of Landlord/Agent from whom you rented. (Use additional sheet if needed).

**Previous Address:** \_\_\_\_\_  
Street City State Zip  
Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
From (Date): \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
Street City State Zip  
Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
From (Date): \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

**Current Employer:** \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

If employed less than one year with current employer, give previous employment information:

**Previous Employer:** \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Income: \$ \_\_\_\_\_  
Address: \_\_\_\_\_  
Street City State Zip  
Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

IF EMPLOYER REFUSES to verify applicant's employment by phone, it shall become the responsibility of the applicant to provide immediate written confirmation of such information. If applicant is self-employed, attach copies for past two years of individual US tax form 1040 and self-employment US tax schedule C.

**CURRENT GROSS ANNUAL INCOME:**

Base Pay: \$ _____	Commissions: \$ _____
Overtime: \$ _____	Dividends: \$ _____
Bonuses: \$ _____	Other: \$ _____
	TOTAL: \$ _____

**Applicant's Initials** \_\_\_\_\_

© 2003, The Greater Capital Area Association of REALTORS® Inc.  
This Recommended Form is property of the Greater Capital Area Association of REALTORS®, Inc. and is for use by REALTOR® members only.

Previous editions of this Form should be destroyed.

**ASSETS:**

Checking Account: \$ \_\_\_\_\_ Bank: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
 Savings Account: \$ \_\_\_\_\_ Bank: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
 Credit Union: \$ \_\_\_\_\_ Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_  
 Other Assets: \$ \_\_\_\_\_ (Specify) \_\_\_\_\_  
 TOTAL: \$ \_\_\_\_\_

**LIABILITIES: (Auto Loans, Mortgages, Credit Cards, Bank Loans, Installment Loans, Student Loans, etc.)**

Creditor	Total Due	Monthly Terms
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
TOTAL:	\$ _____	\$ _____

Have you ever filed for bankruptcy?  Yes  No Date: \_\_\_\_\_  
 Do you have suite for judgments against you?  Yes  No

Citizen of (Country): \_\_\_\_\_ Passport #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**LOCAL REFERENCES:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Applicant's Initials** \_\_\_\_\_

© 2003, The Greater Capital Area Association of REALTORS® Inc.  
 This Recommended Form is property of the Greater Capital Area Association of REALTORS®, Inc. and is for use by  
 REALTOR® members only.  
 Previous editions of this Form should be destroyed

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.**

1. *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.*
2. *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.*
3. *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.*
4. *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 4% 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: \_\_\_\_\_

**Applicant's Initials** \_\_\_\_\_

© 2003, The Greater Capital Area Association of REALTORS® Inc

This Recommended Form is property of the Greater Capital Area Association of REALTORS®, Inc and is for use by REALTOR® members only.

Previous editions of this Form should be destroyed.