



8500 New Hampshire Avenue., Silver Spring, MD 20903 (301) 434-8888 Fax (301) 434-0883

Application is hereby made to rent Apt.# _____ at _____ under a one year lease beginning _____, for which premises rental shall be payable in monthly payments of \$_____.00 in advance. It is understood that the applicant is to pay all electric (Montgomery Gardens only), telephone and cable TV bills, that no pets other than cats will be allowed, and that the premises will be used only for dwelling purposes. A deposit in the sum of \$_____.00 on account of the first month's rent is made with the clear understanding that this application is subject to the approval and acceptance by The Apartment House Inc. and if approved and accepted, then the applicant agrees to promptly execute a written lease, before the beginning date as stated in this application and before possession is given. If this application is not approved and accepted by The Apartment House Inc. said deposit will be refunded to the applicant.

Name: _____	Cell Phone: _____	Social Security No.: _____
Home Phone: _____	Work Phone: _____	Email: _____
Birth Date: ____/____/____	Charge Accts. (circle): VISA M/C DISCOVER AMEX OTHER _____	
Bank Name #1: _____	Bank Name #2: _____	Total cash in savings/checking accts \$ _____
Car Yr. & Make: _____	State & Plate: _____	Driver's Lic #: _____

Present Address: _____	Apt. #: _____
City: _____	State: _____
Monthly Rent/Mortgage:\$ _____	Date In: _____
Landlord: _____	Date Out: _____
	Phone: _____ Fax: _____

Previous Address: _____	Apt. #: _____
City: _____	State: _____
Monthly Rent:\$ _____	Date In: _____
Landlord: _____	Date Out: _____
	Phone: _____ Fax: _____

Local Employer: _____
Address: _____
Salary: \$ _____ per _____ Date of Hire: _____
Supervisor: _____
Other Income: \$ _____ per _____ Source: _____
Position: _____
Phone: _____ Fax: _____

Emergency Contacts (nearest relatives <u>NOT</u> living with you)			
Emergency Contact 1: _____	Relationship: _____		
Address: _____	Work: _____	Home: _____	Cell: _____
Emergency Contact 2: _____	Relationship: _____		
Address: _____	Work: _____	Home: _____	Cell: _____
Emergency Contact 3: _____	Relationship: _____		
Address: _____	Work: _____	Home: _____	Cell: _____

Other Occupant: _____	Date of Birth: _____
Other Occupant: _____	Date of Birth: _____
Other Occupant: _____	Date of Birth: _____

Are you aware of any credit or rental history Problems? No__ (if yes please explain below or on back)
Yes__

How did you hear about us? (Circle one) Craig's List, Sign, ForRent, Apartments.com, Apartment Showcase, Takoma Voice,
Your HR department _____, City Paper, 4WallsInDC, University _____, Rent.com, ApartmentSolutions.com,
Homestore.com, friend/current resident _____, Blade, Greatlandlord.com, Other _____

I agree that if I cancel this application or upon acceptance and approval fail to sign a lease, before the beginning date of occupancy as stated in this application, my deposit will be forfeited as liquidated damages for taking the apartment off the market and being unable to rent it to other prospective renters _____(Initial)

I also understand there is a \$25.00 non-refundable investigation fee. I agree that the information on this application may be used by the Landlord or Agent to determine whether to accept me as a tenant. I hereby consent to allow the Apartment House, Inc., through its agents and employees, to obtain and verify my credit information for the purpose of determining whether or not to lease to me an apartment. I understand that should I lease an apartment, Apartment House, Inc. and its agent shall have a continuing right to review my credit information, rental application, payment history and occupancy history for account review purposes and for improving application methods. Upon my written request, within 60 days, the Landlord or Agent will disclose in writing the nature and scope of the investigation. I hereby authorize any person necessary to complete this investigation to release information to The Apartment House Inc.

Signature: _____ Date: _____

The Apartment House, Inc.



Suburban Hill, Montgomery Gardens
8500 New Hampshire Avenue
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(301) 434-8888
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Employment Verification

Date: _____

Employer: _____

Address: _____

Attention: _____

We have received an application for the rental of an apartment at _____
From the following employee:

Name: _____ Social Security No.: _____

Title: _____ Department: _____

(THIS SECTION TO BE COMPLETED BY YOUR EMPLOYER ONLY... THANK YOU!!)

In order to process the application, we would appreciate the following information:

Start Date: _____ Title (verify above title): _____

Average hours per week ____ FT PT Temp Perm

Salary \$ _____ Per: Hour Week Month Year

Additional Income (incentives, bonuses, etc.) _____

Comments: _____

Signature Title Date

I, the undersigned, hereby authorize the release of information requested above.

Signature Printed Name Date

The Apartment House, Inc.



Suburban Hill, Montgomery Gardens & The Wedgewood
8500 New Hampshire Avenue
Silver Spring, MD 20903
(301) 408-0300 Fax (301) 434-0883

RENTAL HISTORY VERIFICATION

RE: _____ Apartment Address: _____

The above named person(s) has applied for residency at one of our apartment communities. Please provide the following information in order for us to expediently process his/her application. Thank you in advance.

LANDLORD NAME: _____

ADDRESS: _____

I, the undersigned, hereby authorize the release of the information requested below:

(Signature) (Printed Name)

Date

(The section below is to be completed by the landlord/property management company only.)

Length of Occupancy: From: _____ To: _____

Monthly Rental Amount \$ _____ Number of Late payments: _____

Number of checks returned by Bank: _____ Other Occupants? _____ How Many? _____

Any pets? _____ If YES, what kind? _____ How Many? _____

Describe any problems with Noise, Damage, etc.? _____

Was the apartment left in satisfactory condition? _____ Was the lease fulfilled? _____

Is there any OUTSTANDING balance on the account? YES NO Amount? \$ _____

Would you rent to them again? _____ Did you ask them to move? _____

Verified by: _____
(Signature) (Printed Name)



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CREDIT CARD AUTHORIZATION FORM

Cardholder Name:

Billing Address:.....

Billing City, ST ZIP:.....

Credit Card #:.....Exp:

CVV Code (3 digit code from back of card):

I authorize The Apartment House, Inc. to charge my credit card \$25 (per application) as well as a \$250.00 advance security deposit.

Cardholder Signature: Date:.....

Please return this form, along with your application, signed rental history verification form, signed employment verification form, copies of your two most recent pay stubs (or employment offer letter), and a copy of your photo ID.