



Greater Capital Area Association of REALTORS®, Inc.
RENTAL APPLICATION: Part II - Applicant Information
Must accompany Part I - Disclosure of Rental Application



Applicant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone \_\_\_\_\_ Temporary Local # (if applicable): \_\_\_\_\_

Office Phone: \_\_\_\_\_

Present Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Own Rent Years: \_\_\_\_\_ Rent/Mtg. Pymts: \$ \_\_\_\_\_

Present Landlord/Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

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).

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant's Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ How Long: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

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

Previous Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ How Long: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

GROSS ANNUAL INCOME:

Base Pay: \$ \_\_\_\_\_
Overtime: \$ \_\_\_\_\_
Bonuses: \$ \_\_\_\_\_

Commissions: \$ \_\_\_\_\_
Dividends: \$ \_\_\_\_\_
Other: \$ \_\_\_\_\_
TOTAL: \$ \_\_\_\_\_

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.

ASSETS:

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

LIABILITIES:

Debtor	Creditor	Total Due	Monthly Terms
Auto Loan:	_____	\$ _____	\$ _____
R.E. Mtg.:	_____	\$ _____	\$ _____
Credit Cards:	_____	\$ _____	\$ _____
	_____	\$ _____	\$ _____
Bank Loans:	_____	\$ _____	\$ _____
Personal Loans:	_____	\$ _____	\$ _____
Alimony:	_____	\$ _____	\$ _____
Child Care/Support:	_____	\$ _____	\$ _____
Suits/Judgments:	_____	\$ _____	\$ _____
	TOTAL:	\$ _____	\$ _____

OCCUPANTS:

Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

Pets: Dog (Breed): \_\_\_\_\_ Cat: \_\_\_\_\_ Other: \_\_\_\_\_

AUTOMOBILES:

Type/Make: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_ State: \_\_\_\_\_  
 Type/Make: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_ State: \_\_\_\_\_  
 Type/Make: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_ State: \_\_\_\_\_

MOTOR CYCLES, TRUCKS, BOATS, AND TRAILERS:

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.**

Citizen of (Country): \_\_\_\_\_ Passport #: \_\_\_\_\_  
 Diplomatic Clause required?  Yes  No Length of Stay: \_\_\_\_\_

Have you ever filed bankruptcy?  Yes  No Date: \_\_\_\_\_ Explanation: \_\_\_\_\_

Have you ever been sued for non-payment of rent or evicted for non-payment?:

Yes  No If "Yes," please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nearest Relative Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

LOCAL REFERENCES.

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

I have \_\_\_\_\_ / have not \_\_\_\_\_ given my present Landlord notice of my intention to vacate.

Reason for vacating is: \_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

470 W. Patrick Street  
Frederick, MD 21701  
contactus@foxrealtyservices.com



301-695-4788  
800-886-4744  
Fax: 301-695-1178

### RENTAL REFERENCE REQUEST

Name of Applicant: \_\_\_\_\_

Address of Rental Unit: \_\_\_\_\_

Landlord or Manager: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

I authorize the release of the following information:

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

***To Be Completed By Previous Landlord***

Dates tenant rented from you: \_\_\_\_\_

Amount of monthly rent payment: \$ \_\_\_\_\_

Did tenant pay rent on time? \_\_\_\_\_

Were there any complaints against the tenant? \_\_\_\_\_

Please describe: \_\_\_\_\_

Were you able to return the tenant's ENTIRE security deposit?

If not, please explain: \_\_\_\_\_

Would you rent to this tenant again:

Other comments: \_\_\_\_\_

**UCS Credit Report Request Authorization**

Fax To: 610.284.1500 or 800.358.8915

Universal Credit Services Inc., P.O.Box 187, Clifton Heights, Pa 19018

**(PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY)**

**\*\*\* Please use separate forms if Applicant and Co-Applicant are NOT married \*\*\***

**Applicant Name:** \_\_\_\_\_ **SSN#:** \_\_\_\_\_

**Co-Applicant ( IF MARRIED ):** \_\_\_\_\_ **SSN#:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **APT #** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Former Address ( if NOT at present address for 2 years ):**

**Address:** \_\_\_\_\_ **APT #** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

I / We authorize the agent named below to obtain a consumer credit report on me / us through *Universal Credit Services Inc.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ /200\_\_

**Co-Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ /200\_\_

To be Completed by UCS Member ONLY, if faxing request:

**UCS Membership#:** ( \_\_\_\_\_ ) 4 digit # **Agent Name:** \_\_\_\_\_

**Contact Phone Number for Questions on Application:** ( \_\_\_\_\_ ) \_\_\_\_\_

Please check one and fill in the appropriate result return number:

\_\_\_\_\_ Respond by Fax to ( \_\_\_\_\_ )

\_\_\_\_\_ Respond by Phone to ( \_\_\_\_\_ )

Please Circle Bureaus{s} of choice to be used - Equifax Trans Union Experian(TRW)  
If none circled - Experian will be used