



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 _____ month 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, heating and cooling (Suburban Hill Only), and Water (Suburban Hill Only), telephone and cable TV bills, that no pets other than cats will be allowed at a cost of \$25 each, 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: _____		Zip: _____	
Monthly Rent/Mortgage:\$ _____		Date In: _____		Date Out: _____	
Landlord: _____		Phone: _____		Fax: _____	
Previous Address: _____				Apt. #: _____	
City: _____		State: _____		Zip: _____	
Monthly Rent:\$ _____		Date In: _____		Date Out: _____	
Landlord: _____		Phone: _____		Fax: _____	
Local Employer: _____					
Address: _____					
Salary: \$ _____ per _____		Date of Hire: _____		Position: _____	
Supervisor: _____		Phone: _____			
Other Income: \$ _____ per _____		Source: _____		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__ Yes__ (if yes please explain below or on back)					
How did you hear about us? (Circle all that apply) ApartmentRatings.com, Apartments.com, Craig's List, Drive By/Sign, SuburbanHillApts.com, Montgomery-Gardens.com, Greatlandlord.com, Your HR department _____, Friend/Current Resident _____, 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.



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Employment Verification (PLEASE DO NOT TAKE DIRECTLY TO YOUR EMPLOYER)

Date: _____

Employer: _____

Address: _____

Attention: _____

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

Name: _____ Social Security No.: (Last 4 Digits) _____

Title: _____ Department: _____

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

Applicant Signature

Applicant Printed Name

Date

(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: _____

Employer Signature

Employer Title

Date



The Apartment House, Inc.

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RENTAL HISTORY VERIFICATION (PLEASE DO NOT TAKE DIRECTLY TO YOUR LANDLORD)

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 information requested below.

Applicant Signature Applicant 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: _____
(Landlord Signature) (Landlord Printed Name)



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CREDIT CARD AUTHORIZATION FORM

Cardholder Name:

Billing Address:

Billing City, ST ZIP:.....

Credit Card #: Expiration:
(We accept VISA, MasterCard, & Discover)

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 completed 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.