

CHESTNUT KNOLLS, LLC

(301) 937.1137

10401 A #108, OFFICE

f: (301) 937 5136

46TH AVE

www.chestnutknolls.com

BELTSVILLE, MD 20705

leasing@chestnutknolls.com

Move In Info

Room Type: _____

Deposit : _____ Rent: _____

Contract: _____ Move in date: _____

Applicant Info

First Name: _____ Last Name: _____

SSN: _____ Birth Day: ____/____/____

Phone: (____) _____ Cell Phone: (____) _____

License: _____ Smoke?: Yes _____ No _____

Co-Applciant Info

First Name: _____ Last Name: _____

SSN: _____ Birth Day: ____/____/____

Phone: (____) _____ Cell Phone: (____) _____

License: _____ Smoke?: Yes _____ No _____

Others who will be living in this Apartment

Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____

Current Address

Address: _____
City: _____ State: _____ Zip: _____
Manager: _____ Phone: (____) _____
Start Date: ____/____/____ End Date: ____/____/____
Leave Reason: _____

Past Rental History

Address: _____
City: _____ State: _____ Zip: _____
Manager: _____ Phone: (____) _____
Start Date: ____/____/____ End Date: ____/____/____
Leave Reason: _____

Employment History

Company: _____
Manager: _____ Phone: (____) _____
Address: _____
City: _____ State: _____ Zip: _____
Emp Length: _____ Monthly Pay: _____

Co-Applicant Employment History

Company: _____
 Manager: _____ Phone: (____) _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Emp Length: _____ Monthly Pay: _____

Additional Income

Income Source: _____ Amount: _____
 Verify with: _____ Phone: (____) _____

Banking Information

Bank: _____	Acct #: _____	Amount: _____
Bank: _____	Acct #: _____	Amount: _____
Bank: _____	Acct #: _____	Amount: _____
Bank: _____	Acct #: _____	Amount: _____

Personal References

Name: _____ Relationship: _____ Phone: (____) _____
 Name: _____ Relationship: _____ Phone: (____) _____
 Name: _____ Relationship: _____ Phone: (____) _____

Automobile Information

Make: _____ Model: _____ Plate #: _____
 Make: _____ Model: _____ Plate #: _____

Pet Information

Type: _____ Breed: _____ Weight: _____
 Type: _____ Breed: _____ Weight: _____
 Type: _____ Breed: _____ Weight: _____

Additional Information

Have you ever been convicted of a crime? Describe and Date each one: _____

Have you ever been evicted, declared bankruptcy or had a judgement? Describe and Date each one: _____

PLEASE REVIEW THE FOLLOWING, CHECK OFF IF TO CONFIRM

_____ I agree to the following statement	I represent that the information provided in this application is true, complete and accurate to the best of my knowledge. I understand that any misrepresentation or omission of information is grounds for eviction.
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_____ I agree to the following statement	I understand that the information provided might be used by Landlord to determine whether to accept this application. I authorize Landlord to verify all the information given in this application, including past rental information, personal references and employment information provided. I authorize the Landlord to obtain a current credit and criminal background check.
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_____ I agree to the following statement	I understand that this application is not a rental agreement and that this application does not create any obligation on the Landlord
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Date Received _____	Building <u>10403</u>
Disposition <u>resident application</u>	Apt #: <u>403-104</u> 1 B/R (<input checked="" type="checkbox"/>) 2 B/R ()

In making this application, I understand that:

- a. Occupancy of a One bedroom (1) will be limited to two people.
- b. Occupancy of a Two (2) bedroom will be limited to 4 people.
- c. Security Deposit equivalent to One (1) month's rent will be required when application is approved and the first month's rent will be due when lease is signed.
- d. Maximum of Two (2) vehicles allowed to be parked on the parking lot.
- e. Balcony will not be used for storage or cooking purposes
- f. Cats (maximum of 2) are allowed with a \$250 non-refundable fee.

The undersigned hereby acknowledges and agree that Chestnut Knolls, LLC or its agents may make inquiries to Credit Bureaus and all individuals or firms noted herein. Furthermore, a Public Records search for criminal and lawsuits will also be conducted. The undersigned further acknowledges that omission or misrepresentations of facts stated herein MAY BE REASON FOR DENIAL.

Print Name _____ Signature _____ Date ___/___/___

Print Name _____ Signature _____ Date ___/___/___

Chestnut Knolls Apartments

Bellsville, MD 20711-1102

Telephone: 301-937-1137

Fax: 301-937-5136

REQUEST FOR VERIFICATION OF EMPLOYMENT

This form will be faxed or mailed to your employer by the Chestnut Knolls Apartments

TO: _____
Employer Name or Department

FAX: _____

RE: _____
(Your Name)

SSN: _____

Dear Employer:

Your employee has applied for an apartment at one of our properties. Below is your employee's signature authorizing you to furnish the following information.

Thank you for your consideration. If you have any questions, please do not hesitate to call our office. Please fax this completed form back to us.

Length of Employment: _____

Position or Job Title: _____

Salary: (please specify week or month) _____

Earnings last 12 months: _____

Probability of future employment: _____

Comments: _____

Signature of Employer Date

Signature of Employee

Print Name Title

Date: _____

Employer Direct Telephone Number

The above information is to be held in strict confidence.

to be filled by applicant

Chestnut Knolls Apartments
10401-A 46th Avenue, #108
Beltsville, Maryland 20705
Office: 301-937-1137
Fax: 301-937-5136

RENTAL VERIFICATION

TO: _____
Present Landlord or Management Company

RE: _____
Your Name

Attention:

The above referenced person has applied for an apartment at one of our properties. Below is your resident's signature authorizing you to furnish the following information.

Thank you for your cooperation. If you have any questions, please do not hesitate to call our office. Please fax this completed form back to us.

X Signature of Applicant _____

Resident name: _____

Address: _____

Occupancy dates: _____ Monthly rent: _____ Does rent include utilities _____

Is above named person a Leaseholder?: _____ # of late payments last 12 months _____

Is notice to vacate required? _____ Has proper notice been given? _____

Is rent current? _____ Any pets? _____

Condition of apartment: _____

Any complaints on file? _____

Miscellaneous comments: _____

Name of person providing information & title: _____

Signature of person providing information: _____

Date: _____ Telephone #: _____

Thank you for providing the information requested. Please fax completed form to: