


APPLICATION AND AGREEMENT TO RENT APARTMENT

FOR OFFICE USE ONLY

			GRADY MANAGEMENT, INC. THE MONTGOMERY CENTER, SUITE 625 8630 FENTON STREET SILVER SPRING, MARYLAND 20910
APPLICANT(S) _____ APT. ADDRESS _____ SIZE _____ TYPE _____	_____ _____ _____		

The applicant(s) makes the representations in this application knowing that management will rely on their accuracy, and hereby authorizes any inquiries management wishes to make regarding credit, character, general reputation, personal characteristics, and mode of leasing. The applicant(s) release(s) management from any liability whatsoever for rejection of this application due to credit information received, or other management reasons for rejection.

Application is hereby made to rent the premises known as Apartment No. _____ located at _____ City _____ State _____ Zip _____ Under a lease for a term of _____ to begin on the _____ day of _____ 20 _____ at and for the monthly rental of \$ _____, payable in advance on the first day of each month.

It is understood that no pets will be permitted without prior written consent of Grady Management, Inc.; that premises are to be used as a residence only and to be occupied by those persons listed hereinbelow.

The undersigned agree(s) to make a rental deposit of \$ _____ to be applied to the first month's rent of \$ _____ also, the undersigned agree(s), If accepted, to execute our lease and pay balance of \$ _____ due on the first month's rent, as well as a security deposit of \$ _____ immediately upon notice of acceptance by manager, or forfeit the deposit. The undersigned agree(s) the deposit will be refunded only if the application is not accepted by management.

APPLICANT PLEASE NOTE:

- All copies of the Lease must be executed by all applicants before possession can be allowed (copy of Lease and Regulations available for prior review).
- All rents and charges are *due and payable on the first of the month*.
- In addition to advising you of the liabilities which you incur upon signing this Application, as set forth above, Maryland Law requires an Application to contain the following explanatory statement:

"Fees other than Security Deposit (1) If a Landlord requires from a prospective tenant any fees other than a Security Deposit as defined by section 8-203(a) of this sub-title, and these fees exceed \$25.00, then the Landlord shall return the fees, subject to the exceptions below, or be liable for twice the amount of the fees in damages. The return shall be made not later than 15 days following the date of occupancy or the written communication, by either party to the other, of a decision that no tenancy shall occur. (2) The Landlord may retain only that portion of the fees actually expended for a credit check or other expenses arising out of the application, and shall return that portion of the fees not actually expended on behalf of the tenant making application. If, within 15 days of the first to occur, of occupancy or signing a lease, a tenant decides to terminate the tenancy, the Landlord may also retain that portion of the fees which represents the loss of rent, if any, resulting from the tenant's action."
- Please bring a Certified Check or Money Order at move-in.

1. Applicant's Signature _____ Date: _____
Applicant's Email Address _____ Contact Number _____

2. Applicant's Signature _____ Date: _____
Applicant's Email Address _____ Contact Number _____



VEHICLES OWNED BY APPLICANT(S) MAKE OF CAR	YEAR	TAG. NO.	STATE REGISTERED

IN CASE OF EMERGENCY, PERSON YOU WISH US TO NOTIFY:

NAME _____ RELATIONSHIP _____ PHONE (____) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PERSON WHO WILL OCCUPY APT.

(LIST ALL – PLEASE PRINT)

NAME	MAIDEN & AKA IF APPLICABLE	DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVERS LIC. # AND STATE
1.				
2.				
3.				
4.				
5.				



APPLICANT ONE – 3 YEAR HISTORY IS REQUIRED ON ALL INFORMATION, EMPLOYMENT AND RESIDENCE.

PLEASE PRINT AND FILL IN ALL INFORMATION LISTED BELOW AS INDICATED.

FULL NAME _____

EMPLOYMENT

PRESENT EMPLOYER _____ PHONE # () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

YOUR OCCUPATION _____ YOUR BUREAU/DEPT. _____

SUPERVISOR'S NAME _____ PERSONNEL DEPT. PHONE # () _____

WHAT IS YOUR ANNUAL SALARY? \$ _____ DATE EMPLOYMENT BEGAN: _____

EMPLOYMENT – PART-TIME

PRESENT EMPLOYER _____ PHONE # () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

YOUR OCCUPATION _____ YOUR BUREAU/DEPT. _____

SUPERVISOR'S NAME _____ PERSONNEL DEPT. PHONE # () _____

WHAT IS YOUR ANNUAL SALARY? \$ _____ DATE EMPLOYMENT BEGAN: _____

(PLEASE LIST AND EXPLAIN ANY OTHER SOURCES OF INCOME)

ADDITIONAL INCOME (AMOUNT AND SOURCE):

IF LESS THAN 3 YEARS, PLEASE FILL OUT THIS ADDITIONAL SECTION

PRIOR EMPLOYER _____ PHONE # () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

YOUR OCCUPATION _____ YOUR BUREAU/DEPT. _____

SUPERVISOR'S NAME _____ PERSONNEL DEPT. PHONE # () _____

DATES OF EMPLOYMENT: FROM _____ TO _____ ANNUAL SALARY: \$ _____

IF YOU ARE A MEMBER OF THE ARMED FORCES, PLEASE FILL IN THIS SECTION

MILITARY

BRANCH _____ RANK _____ SERIAL NO. _____

STATIONED AT: _____ FROM _____ TO _____

PRESENT RESIDENCE INFORMATION

RENT ___ OWN ___ NAME OF APARTMENTS _____

PRESENT ADDRESS _____ PHONE # () _____

CITY _____ STATE _____ ZIP _____

MORTGAGE ACCOUNT NUMBER _____

NAME OF COMPANY/PERSON YOU PAY RENT/MORTGAGE TO: _____

DAYTIME PHONE # () _____ ADDRESS _____

AMOUNT OF MONTHLY RENT/MORTGAGE PAYMENT \$ _____

MOVE-IN-DATE: _____ YEAR _____ 20 _____ LEASE EXPIRATION DATE: _____

PRIOR RESIDENCE INFORMATION

RENT ___ OWN ___ NAME OF APARTMENTS _____

PRIOR ADDRESS _____ PHONE # () _____

CITY _____ STATE _____ ZIP _____

MORTGAGE ACCOUNT NUMBER _____

NAME OF COMPANY/PERSON YOU PAID RENT/MORTGAGE TO: _____

DAYTIME PHONE # () _____ ADDRESS _____

AMOUNT OF MONTHLY RENT/MORTGAGE PAYMENT \$ _____

LENGTH OF RESIDENCE FROM: _____ (YEAR) _____ TO _____ (YEAR) _____ LEASE EXPIRATION DATE: _____

PLEASE LIST 3 PEOPLE YOU WISH TO USE AS PERSONAL REFERENCES

PERSONAL REFERENCES

NAME _____ PHONE # () _____

ADDRESS _____

NAME _____ PHONE # () _____

ADDRESS _____

NAME _____ PHONE # () _____

Address _____



APPLICANT TWO – 3 YEAR HISTORY IS REQUIRED ON ALL INFORMATION, EMPLOYMENT AND RESIDENCE.

PLEASE PRINT AND FILL IN ALL INFORMATION LISTED BELOW AS INDICATED.

FULL NAME _____

EMPLOYMENT

PRESENT EMPLOYER _____ PHONE # () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

YOUR OCCUPATION _____ YOUR BUREAU/DEPT. _____

SUPERVISOR'S NAME _____ PERSONNEL DEPT. PHONE # () _____

WHAT IS YOUR ANNUAL SALARY? \$ _____ DATE EMPLOYMENT BEGAN: _____

EMPLOYMENT – PART-TIME

PRESENT EMPLOYER _____ PHONE # () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

YOUR OCCUPATION _____ YOUR BUREAU/DEPT. _____

SUPERVISOR'S NAME _____ PERSONNEL DEPT. PHONE # () _____

WHAT IS YOUR ANNUAL SALARY? \$ _____ DATE EMPLOYMENT BEGAN: _____

(PLEASE LIST AND EXPLAIN ANY OTHER SOURCES OF INCOME)

ADDITIONAL INCOME (AMOUNT AND SOURCE):

IF LESS THAN 3 YEARS, PLEASE FILL OUT THIS ADDITIONAL SECTION

PRIOR EMPLOYER _____ PHONE # () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

YOUR OCCUPATION _____ YOUR BUREAU/DEPT. _____

SUPERVISOR'S NAME _____ PERSONNEL DEPT. PHONE # () _____

DATES OF EMPLOYMENT: FROM _____ TO _____ ANNUAL SALARY: \$ _____

IF YOU ARE A MEMBER OF THE ARMED FORCES, PLEASE FILL IN THIS SECTION

MILITARY

BRANCH _____ RANK _____ SERIAL NO. _____

STATIONED AT: _____ FROM _____ TO _____

PRESENT RESIDENCE INFORMATION

RENT _____ OWN _____ NAME OF APARTMENTS _____

PRESENT ADDRESS _____ PHONE # () _____

CITY _____ STATE _____ ZIP _____

MORTGAGE ACCOUNT NUMBER _____

NAME OF COMPANY/PERSON YOU PAY RENT/MORTGAGE TO: _____

DAYTIME PHONE # () _____ ADDRESS _____

AMOUNT OF MONTHLY RENT/MORTGAGE PAYMENT \$ _____

MOVE-IN-DATE: _____ YEAR _____ 20 _____ LEASE EXPIRATION DATE: _____

PRIOR RESIDENCE INFORMATION

RENT _____ OWN _____ NAME OF APARTMENTS _____

PRIOR ADDRESS _____ PHONE # () _____

CITY _____ STATE _____ ZIP _____

MORTGAGE ACCOUNT NUMBER _____

NAME OF COMPANY/PERSON YOU PAID RENT/MORTGAGE TO: _____

DAYTIME PHONE # () _____ ADDRESS _____

AMOUNT OF MONTHLY RENT/MORTGAGE PAYMENT \$ _____

LENGTH OF RESIDENCE FROM: _____ YEAR _____ TO _____ YEAR _____ LEASE EXPIRATION DATE: _____

PLEASE LIST 3 PEOPLE YOU WISH TO USE AS PERSONAL REFERENCES

PERSONAL REFERENCES

NAME _____ PHONE # () _____

ADDRESS _____

NAME _____ PHONE # () _____

ADDRESS _____

NAME _____ PHONE # () _____

ADDRESS _____





Community Name: _____

Community Address: _____

Applicants Name _____ SS#XXX-XX _____

Applicant Address _____

Dates of Occupancy _____ to _____

Requested by _____ Signature _____

Position _____ Date _____

Your assistance in this matter is greatly appreciated. If you have any questions, please contact our office. Thank you.

Grady Management, Inc.

For Office Staff to Complete

Move-in date ____/____/____ Move-out date ____/____/____

Names of Leaseholders _____

Bedrooms _____ Number of Occupants _____

Rent Amount \$ _____ Lease Expiration Date _____

Notice Given? Y/N Was it proper? Y/N Reason for moving _____

of Late Payments _____ Have there been charges for damages? Y/N Debt satisfied? Y/N

Have there been complaints, violations, or problems? _____

Would you rent to this party again? _____

Agent Signature: _____ Title: _____

Agent Name: _____ Date: _____

Authorization to Release Information

I hereby authorize the following information to be released by _____ and furthermore release its officers, agents and employees from any and all liability for damages of whatsoever kind of nature which may result at any time to me by reason of compliance with the above request.

Print Name of Applicant _____

Signature of Applicant _____



AUTHORIZATION FOR BACKGROUND CHECK

«sitename»

This Grady Management, Inc. community requires all adults (18 years of age and older) living or intending to live on the property to authorize and submit to a criminal background check. By providing the information requested below and signing this authorization, you are consenting and authorizing us to obtain a criminal background check.

Name: _____ SSN: _____

Current Address: _____

E-Mail Address _____ Phone No: _____

Previous Addresses (for previous three (3) years):

Street	City, State, Zip	Dates (From – To)
Street	City, State, Zip	Dates (From – To)
Street	City, State, Zip	Dates (From – To)

Date of Birth: _____

CONSUMER AUTHORIZATION TO OBTAIN CONSUMER AND CRIMINAL REPORT

I hereby authorize Grady Management, Inc., its vendors, agents and employees to obtain a consumer and criminal report, and any other information it deems necessary for the purpose of evaluating, approving or denying my application or to determine my continued eligibility to reside in an apartment. I understand that the information requested may include, but is not limited to, credit history, vehicle records, licensing records, judgment and lien records, criminal arrest and conviction records and/or any other necessary public information. I understand that additional consumer reports may be obtained and utilized under this authorization in connection with renewals, extensions of my right to occupy the apartment as well as collection of any amounts due from me for up to one (1) year after I have vacated my apartment. **I hereby expressly release Grady Management, Inc., its vendors, agents and employees from any liability what so ever in the use, procurement, or dissemination of such information. You are informed that Grady Management, Inc. reserves the right to deny occupancy (or continued occupancy) to you based on the results of our investigation. Occupancy will not be permitted to any person who has been convicted of (1) any felony or (2) a misdemeanor involving moral turpitude, violence or illegal sexual conduct. You are further advised that despite our efforts to exclude persons with such criminal background, there may in fact be persons residing within the community who have such a criminal background. If at anytime during your residency, you are found to have a criminal background which includes a conviction for a (1) felony or (2) a misdemeanor involving moral turpitude, violence or illegal sexual conduct, it will be deemed a material violation of the lease and you will be requested to vacate.**

By signing this authorization, you are acknowledging and unequivocally stating that you do not have such a criminal background and, if such a criminal background is found, that your application will be denied and/or your existing lease will be terminated.

Signature of Proposed Leaseholder/ Occupant

Date





PET APPLICATION

COMMUNITY NAME: _____

Applicant's Information

Applicant's Name: _____

Apartment Address: _____

Pet Name	Pet Type	Pet Breed	Pet Age	Pet Gender	Pet Color	Pet Weight

(A Veterinarians certification of alteration must be attached hereto.)

Pet (s) Name	Altered/Spayed Y/N	County Registration #	Expiration Date	Rabies Inoculation Tag #	Expiration Date

(Proof of distemper inoculation must be attached.)

Conditions:

1. Maximum weight limit for pets is _____ lbs. when full grown.
2. In addition to the Security Deposit paid under the Lease Agreement. Tenant agrees to pay an additional Pet Security Deposit in the amount of _____ to the Landlord (refundable at time of move-out if no damages from Pet.
3. In additional to any rent paid under the Lease Agreement Tenant agrees to pay an additional non-refundable onetime fee of _____ plus an additional monthly (rent) _____ for the Pet.
4. No more than _____ pets may reside on the premises at any time.



5. Akita, Chow, Doberman Pincher, German Shepherd, Rottweiler, Staffordshire/St. Francis Terrier, Pit Bull Dogo Arentino (Argentinean Fighting Dog), American Staffordshire Terrier, Pit Bull Terrier, Mastiff, Bull Mastiff, Fila, Brasileiro (Brazilian Mastiff), Tosa Inu (Japanese Fighting Dog) or any other breed, in full or in part, that may be considered aggressive or has been deemed by law as inherently dangerous are NOT Permitted;
6. A recent picture of each pet is required, please attached to this application.
7. Copies of inoculation certificates are required, please attached to this application.

Signature of Applicant	Date
Signature of Applicant	Date
Signature of Applicant	Date
Signature of Applicant	Date

I certify that I do not have a pet at this time. I understand that should I wish to bring a pet into/onto the premises, it is my responsibility to notify management in advance; and complete a pet application; and if approved, execute a Pet Agreement.

Name: _____

UNIT: _____

RESIDENT SIGNATURE: _____

DATE: _____

