



**Rental Application**  
(For Use in Montgomery County, Maryland)

Applicant's Name: \_\_\_\_\_ and, if applicable,  
 Co-Applicant's Name: \_\_\_\_\_ ("the Applicant")  
 Application is made to lease property located at \_\_\_\_\_  
 for monthly rental of \$ \_\_\_\_\_ Security Deposit: \$ \_\_\_\_\_  
 Lease Term: \_\_\_\_\_ Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_

A deposit in the amount of \$ \_\_\_\_\_ (the "Deposit") is to be held by Landlord/Agent with the clear understanding that this Application, including each prospective occupant, is subject to approval and acceptance by owner or his duly authorized property manager. The Applicant has no leasehold interests in the rental property until there is a fully executed lease. In the case of payment by check, the words "**Deposit**" shall be placed on the check.

Additionally, an Application fee of \$ \_\_\_\_\_ ("the Application Fee") is to be used by the Landlord/Agent for the credit/consumer check and processing the application with the understanding that this application, including each prospective occupant is subject to Landlord's approval and acceptance. Should the actual cost expended for a credit check or other expenses arising out the Application exceed the amount of the Application fee, a portion of the Deposit shall be applied to pay such excess cost. When so approved and accepted, Applicant agrees to execute a lease and to pay any balance due on the security deposit and/or the first month's rent (as required by Landlord) within three (3) business days after being notified of acceptance and before possession is given.

**SPECIAL LEASE REQUIREMENTS:** Military/Diplomatic Clause:  Yes  No

Contingencies/Special Equipment: \_\_\_\_\_

**OCCUPANTS:** The premises are to be occupied only by the following # of occupants:

Total Number of Occupants: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Pets:  **Dog:** Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Total Number of Dogs: \_\_\_\_\_  
 **Cat:** Total Number of Cats: \_\_\_\_\_  **Other:** \_\_\_\_\_ How many pets total? \_\_\_\_\_

**AUTOMOBILES, MOTORCYCLES, TRUCKS, BOATS, AND TRAILERS:**

Total Number of Vehicles: \_\_\_\_\_  
 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.**

**In compliance with federal fair housing regulations, the Property shall be made available to all persons without regard to race, color, religion, national origin, sex, physical or mental handicaps, familial status or any additional protected classes specified by State of Maryland, District of Columbia or local jurisdiction law.**

For Office Use Only: Date _____ Application Received by Agent/Broker: _____
--

©2020, The Greater Capital Area Association of REALTORS®, Inc.  
 This Recommended Form is property of the Greater Capital Area Association of REALTORS®, Inc. and is for use by REALTOR® members only.

Previous editions of this Form should be destroyed.

**Please Print Legibly:**

Applicant's Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_  
Driver's License # or Government-Issued ID #: \_\_\_\_\_ State: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Temporary Local # (if applicable): \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Street City State Zip

**Own**  **Rent** Years: \_\_\_\_\_ Rent/Mortgage Payments: \$ \_\_\_\_\_  
Present Landlord/Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for moving: \_\_\_\_\_  
Have you ever paid late?  **Yes**  **No** If yes, Explain \_\_\_\_\_  
Have you ever been evicted?  **Yes**  **No** If yes, Explain \_\_\_\_\_

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.)

**Previous Address:** \_\_\_\_\_  
Street City State Zip

Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
From (Date): \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
Street City State Zip

Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
From (Date): \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

**Current Employer:** \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: \_\_\_\_\_  
Address: \_\_\_\_\_

Street City State Zip

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

**CURRENT GROSS ANNUAL INCOME:**

Base Pay:	\$ _____	Commissions:	\$ _____
Overtime:	\$ _____	Dividends:	\$ _____
Bonuses:	\$ _____	Other:	\$ _____
		TOTAL:	\$ _____

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

**Previous Employer:** \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Income: \$ \_\_\_\_\_  
Address: \_\_\_\_\_

Street City State Zip

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

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.

©2020, The Greater Capital Area Association of REALTORS®, Inc.  
This Recommended Form is property of the Greater Capital Area Association of REALTORS®, Inc. and is for use by REALTOR® members only.

Previous editions of this Form should be destroyed.

**Please Print Legibly:**

Co-Applicant's Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_  
Driver's License # or Government-Issued ID #: \_\_\_\_\_ State: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Temporary Local # (if applicable): \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Street City State Zip

**Own**  **Rent** Years: \_\_\_\_\_ Rent/Mortgage Payments: \$ \_\_\_\_\_  
Present Landlord/Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for moving: \_\_\_\_\_  
Have you ever paid late?  **Yes**  **No** If yes, **Explain** \_\_\_\_\_  
Have you ever been evicted?  **Yes**  **No** If yes, **Explain** \_\_\_\_\_

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.)

**Previous Address:** \_\_\_\_\_  
Street City State Zip

Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
From (Date): \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
Street City State Zip

Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
From (Date): \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

**Current Employer:** \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: \_\_\_\_\_  
Address: \_\_\_\_\_

Street City State Zip

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

**CURRENT GROSS ANNUAL INCOME:**

Base Pay:	\$ _____	Commissions:	\$ _____
Overtime:	\$ _____	Dividends:	\$ _____
Bonuses:	\$ _____	Other:	\$ _____
		TOTAL:	\$ _____

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

**Previous Employer:** \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Income: \$ \_\_\_\_\_  
Address: \_\_\_\_\_

Street City State Zip

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

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.

©2020, The Greater Capital Area Association of REALTORS®, Inc.  
This Recommended Form is property of the Greater Capital Area Association of REALTORS®, Inc. and is for use by REALTOR® members only.

Previous editions of this Form should be destroyed.

**APPLICANT / CO-APPLICANT**

**HOUSING ASSISTANCE PROGRAM:**

Are you participating in a Housing Assistance Program?  Yes  No If yes, please complete info below:

Jurisdiction: \_\_\_\_\_ / \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ / \_\_\_\_\_

Attach appropriate documentation.

**ASSETS:**

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

**LIABILITIES:** (Auto Loans, Mortgages, Credit Cards, Bank Loans, Installment Loans, Student Loans, Child Support, Alimony etc.)

<i>Creditor</i>	<i>Total Due</i>	<i>Monthly Terms</i>
_____ / _____	\$ _____ / _____	\$ _____ / _____
_____ / _____	\$ _____ / _____	\$ _____ / _____
_____ / _____	\$ _____ / _____	\$ _____ / _____
_____ / _____	\$ _____ / _____	\$ _____ / _____
_____ / _____	\$ _____ / _____	\$ _____ / _____
_____ / _____	\$ _____ / _____	\$ _____ / _____
_____ / _____	\$ _____ / _____	\$ _____ / _____
_____ / _____	\$ _____ / _____	\$ _____ / _____
TOTAL:	\$ _____ / _____	\$ _____ / _____

Have you ever filed for bankruptcy?  Yes  No If yes, Discharge Date: \_\_\_\_\_

Do you have a suit for judgments against you?  Yes  No

Are you obligated to **pay** or  **receive**  child support or **pay** or  **receive**  alimony?

If so, indicate monthly payment: \$ \_\_\_\_\_

APPLICANT: Citizen of (Country): \_\_\_\_\_ Passport #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_

CO-APPLICANT: Citizen of (Country): \_\_\_\_\_ Passport #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_

**LOCAL REFERENCES:**

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_ Phone: \_\_\_\_\_

**THE FOLLOWING PARAGRAPHS ARE REQUIRED IN MONTGOMERY COUNTY, MARYLAND:**

1. *In the event the Application is approved, but the Applicant **FAILS FOR ANY REASON TO SIGN A LEASE WITHIN THE TIME PROVIDED HEREIN**, then the Landlord/Agent **SHALL BE ENTITLED TO RETAIN ALL OR A PORTION OF THE APPLICATION FEE AND/OR RETAIN A PORTION OF THE DEPOSIT** as specified herein. The balance of the Application Fee and/or Deposit, if any, shall be returned to applicant within fifteen (15) days following the date of occupancy or of receipt of written communication, by either party to the other, of a decision that no tenancy shall occur. In the event the application is not approved and accepted by Landlord, the Application Fee and/or Deposit less that portion of the Application Fee actually expended by Landlord/Agent for a credit check or other expenses arising out of the Application shall be returned to the applicant within fifteen (15) days of such action. If Landlord/Agent requires from an Applicant any fees other than a security deposit in excess of \$25.00, Landlord/Agent shall return the fees subject to the provisions above or Landlord/Agent shall be liable to Applicant for twice the amount of the fees collected.*
2. *The provisions of the foregoing Paragraph 1 do not apply to any Landlord/Agent who offers four or less dwelling units for rent on one parcel of property, or at one location, or to seasonal or condominium rentals.*
3. *I certify that I have received and carefully examined a sample of the lease and any addenda. I agree that I shall apply for all utilities services before taking occupancy of the leased premises and agree to pay all utilities: **GAS, OIL, ELECTRICITY, WATER, SEWER, REFUSE**, where applicable, and will pay deposits therefore, if required. The applicant hereby waives any claim for damages for reason of non-acceptance of this application.*
4. *Should I sign a lease for the above-referenced property managed by Listing Broker/Landlord, I am prepared to deposit with the Listing Broker/Landlord a security deposit in an amount not to exceed the maximum security deposit permitted by law and in accordance with the risks to the property involved. I understand that the rate of interest on the security deposit will be as prescribed by Maryland Law. If a security deposit is required, I understand that I may make a written request to the Landlord/Agent within fifteen (15) days of the date of occupancy a list of all existing damages.*

**ELECTRONIC SIGNATURES:** In accordance with the Uniform Electronic Transactions Act (UETA) and the Electronic Signatures in Global and National Commerce Act, or E-Sign (the Act), and other applicable local or state legislation regarding Electronic Signatures and Transactions, the applicant(s) do hereby expressly authorize and agree to the use of electronic signatures as an additional method of signing and/or initialing this application and/or any future contracts or addenda. The applicants hereby agree that either party may sign electronically by utilizing a digital signature service.

Applicant: \_\_\_\_\_ / \_\_\_\_\_ Co-applicant: \_\_\_\_\_ / \_\_\_\_\_

©2020, The Greater Capital Area Association of REALTORS®, Inc.

This Recommended Form is property of the Greater Capital Area Association of REALTORS®, Inc. and is for use by REALTOR® members only.

Previous editions of this Form should be destroyed.

**AUTHORIZATION TO RELEASE INFORMATION:**

The undersigned applicant affirms under the penalties of perjury that I have read and understand pages 1 through 6 of this application and that my answers to the questions on this application are true and correct to the best of my personal knowledge, information and belief and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

Upon demand made by Listing Broker/Landlord, at any time during the applicant's tenancy or thereafter, Listing Broker/Landlord is hereby authorized to release any information contained in this application to any consumer reporting agency, credit bureau, or other investigative agencies.

The Applicant hereby authorizes Listing Broker/Landlord to order and obtain a credit/consumer report. I hereby authorize the owner or owner's agent to whom this Application is made and any credit bureau or other investigative agency used by such owner or owner's agent to investigate and to report and disclose to the owner and the owner's agent the results of the references herein listed, statements and other data obtained from me or from any other person pertaining to **my credit, employment, rent history and financial responsibility**. In the event the Listing Broker is acting on behalf of the Landlord, another broker or other party directly or indirectly affected by said transaction, the applicant hereby authorizes the Listing Broker to forward and disclose all or any portion of the information contained in the credit/consumer report to the Landlord, another Broker or other party directly or indirectly involved. The applicant hereby releases Listing Broker/Landlord from any liability whatever for rejection of this application due to credit information or any other reason." After this application has been processed, the Landlord/Owner may be contacted for final approval. Applicant will be contacted when approval is received or denied.

I understand that this **APPLICATION DOES NOT CONSTITUTE A COMMITMENT** to lease or rent and that a **WRITTEN LEASE WILL BE PREPARED** if my application is approved. I further understand that the lease **MUST BE SIGNED BY THE LANDLORD AND/OR ITS AGENT AND MYSELF TO BE VALID**.

**PRINT NAME:** \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**CO-APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date: \_\_\_\_\_ Check: \$ \_\_\_\_\_ Cash: \$ \_\_\_\_\_

Leasing Broker: \_\_\_\_\_ Broker Code: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Leasing Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

License#/State: \_\_\_\_\_ / \_\_\_\_\_ Bright MLS# \_\_\_\_\_

©2020, The Greater Capital Area Association of REALTORS®, Inc.  
This Recommended Form is property of the Greater Capital Area Association of REALTORS®, Inc. and is for use by REALTOR® members only.

Previous editions of this Form should be destroyed.