

THE COURTS OF CAMP SPRINGS

5327 Carswell Ave.
Suiteland, MD 20746

Managed By: HallKeen Management, Inc.

Phone: (301) 899-8800
Fax: (301) 423-5228

RENTAL APPLICATION

Date Received _____ Time Received _____
 Address _____ Unit _____ Bedrooms _____
 Move-in Date _____ Monthly Rent _____ Rental Agent _____

Applicant and Family

List all household members who will live in the apartment. Be sure to include any temporarily absent family members (such as military/student family members who will be returning to the household) and any unborn children.

Number of foster children or adults, if any.*	
Will a live-in attendant be a household member?* (YIN)	
<i>*Do not include in chart below,</i>	
Will any adult household members be moving in during the next 12 months? (YIN)	

	Full Name (Last, First, MI)	Relationship	Date of Birth (mm/dd/yyyy)	Social Security Number
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

IMPORTANT: EACH ADULT APPLICANT MUST COMPLETE A SEPARATE APPLICATION FORM STARTING ON PAGE 2,

EACH MINOR APPLICANT MUST COMPLETE A CHILD ASSET VERIFICATION ATTACHMENT FORM STARTING ON PAGE 6



**THE COURTS OF CAMP SPRINGS
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APPLICANT: _____ SSN: _____

Daytime phone _____ Evening phone _____

STUDENT STATUS	YES	NO
Is this applicant currently a student?		
Or, will this applicant become a student in the next twelve (12) months?		
Or, has this applicant been a student during the current calendar year?		

MARITAL STATUS (Please check one.)				
<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widowed
<input type="checkbox"/> Other (Please explain): _____				

INCOME						
<i>Please indicate each source of income that you receive or anticipate receiving in the next twelve (12) months as specified below:</i>						
DESCRIPTION	Amount/ Form #	YES	NO	CHECK THE NUMBER OF INCOME SOURCES.		
				1	2	3
Employment				1	2	3
Employment (If less than (6) months at current job.)				1	2	3
Severance Pay				1	2	3
Unemployment				1	2	3
Non-Employment				1	2	3
Workers Compensation				1	2	3
Disability				1	2	3
Social Security				1	2	3
SSI				1	2	3
VA Benefits				1	2	3
Military Benefits				1	2	3
Pension 1 Annuities				1	2	3
Child Support / Alimony / Family Maintenance				1	2	3
Non-Receipt of Child Support / Alimony I Family Maintenance				1	2	3
Public Assistance 1 TANF				1	2	3
Trust Account				1	2	3
Net Business Income 1 Self-Employment Income				1	2	3
Net Rental Income				1	2	3
Recurring Gifts / Contributions				1	2	3
Lottery Payments (Periodic)				1	2	3
Adoption Assistance Payments				1	2	3
Income from Temporarily Absent Family Members				1	2	3
Income from Persons Permanently Confined to a hospital or nursing home				1	2	3



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APPLICANT:

SSN:

ASSETS							
<i>Do you have any of the following types of assets or do you expect to establish any in the next twelve (12) months?</i>							
DESCRIPTION	Amount/ Form #	YES	NO	CHECK THE NUMBER OF ASSET SOURCES.			
				1	2	3	
Checking Account				1	2	3	
Savings Account				1	2	3	
Cash Kept at Home				1	2	3	
Safety Deposit Box				1	2	3	
CD 1 Money Market Accounts				1	2	3	
Stocks I Bonds				1	2	3	
Trust Account				1	2	3	
Treasury Bills				1	2	3	
IRA				1	2	3	
Keogh				1	2	3	
401k				1	2	3	
Pension I Annuities				1	2	3	
Whole Life I Universal Life insurance				1	2	3	
Land Contract 1 Purchase Money Mortgage				1	2	3	
Real Estate Property and Mortgage Assets				1	2	3	
Lottery Winnings (Lump Sum)				1	2	3	
Personal Property Held as an Investment (Such as Gems, Jewelry, Antique Cars, Stamp Collections, Etc.)				1	2	3	
Have You Sold Any Assets in the Past Two (2) Years for More Than \$1,000.00 Less Than Fair Market Value?				1	2	3	
Do You Expect to Receive Any Insurance Claim Settlements, Inheritance, Lottery Winnings, or Capital Gains in the Next Twelve (12) Months?				1	2	3	
Are total household assets at or below \$5,000?				1	2	3	



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APPLICANT: _____ SSN: _____

RESIDENCE HISTORY

A minimum of three (3) years of housing history is required

Current Address

Street _____ Rent or own? _____

City _____ Month/Year moved in _____

State _____ Monthly Rent/Mortgage _____

Zip _____

Reason for leaving _____

Landlord Name and Address: Phone: _____

Previous Address (if within the last 3 years)

Street _____ Rent or own? _____

City _____ Month/Year moved in _____

State _____ Monthly Rent/Mortgage _____

Zip _____

Reason for leaving _____ Monthly Rent/Mortgage _____

Landlord Name and Address: Phone: _____

OTHER INFORMATION

Driver's license # _____

Year _____

Make _____

Model _____

Color _____

- **Have you or any member of your household ever filed for bankruptcy? (Y/N)**
If yes, when? _____
- **Have you or any member of your household ever been evicted from your home for any reason?**
If yes, please explain: _____
- **Have you ever willfully or intentionally refused to pay rent when due?**
If yes, please explain: _____



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APPLICANT: _____ SSN: _____

Are you currently receiving Rent Assistance? (Y/N) _____

Certificate or Voucher _____ Source (city/state/fed) _____

Has your Rent Assistance ever been terminated? (Y/N) _____
if yes, please explain _____

Will this unit be your only place of residence? (Y/N) _____
if no, please explain _____

Will a business be run out of your home? (Y/N) _____
if yes, please explain _____

Do you have any pets? (Y/N) _____ If yes, what kind? _____

Have you or any member of your household ever been arrested or convicted of any crime? If so, please give details: _____

Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? _____

List the closest relative not living with you, who we may contact in case of emergency.,

Name _____ Relationship _____

Phone number _____

I hereby apply to lease the above described premises for the term of and upon the conditions set forth above. I understand and agree that inquiries may include information related to credit, employment, rental, and criminal records I further agree that verification of all information and references, including all sources of income and assets, may be conducted and I release all parties for any liability for disclosing factual information obtained by the landlord

I warrant that all statements set forth above are true and correct to the best of my knowledge I understand that deliberately submitting false information or withholding information constitutes fraud for which federal law specifies fines up to \$10,000 and prison terms of up to five years Should any statements made above in any way misrepresent or be an untrue statement of facts, the entire deposit will be retained by the landlord to offset the agent's cost, time and effort in processing my application

I understand that this form is an application for residence only and that submission of this application in no way reserves or guarantees an apartment. I deposit \$ _____ as earnest money and \$ _____ as a nonrefundable application processing fee. When this application is approved, I agree to execute a lease and to pay any security deposit, rent and additional fees prior to taking possession of the apartment.

If, once approved, I do not take possession of the apartment, I understand that any earnest money paid will be forfeited as liquidated damages to offset the agent's cost, time, and effort in processing my application

If this application is not approved, I understand that any earnest money deposit and/or any refundable application processing fee will be refunded to me and I waive any claim for additional damages by reason of non-acceptance.

Applicant Signature _____

Date _____

