

Little Brook Apartments

Phone: 301-663-1642 Fax: 301-663-1647
 1200 Litte Brook Apartments, Frederick, MD 21702
APPLICATION FOR RESIDENCY

ALL PERSONS 18 YEARS AND OLDER ARE REQUIRED TO BE LEASEHOLDERS.

ADULT NAME(S) TO APPEAR ON LEASE

1. (a) _____
 Last Name First Initial Birthdate Soc. Sec. Number

(b) _____
 Last Name First Initial Birthdate Soc. Sec. Number

NAMES OF OCCUPANTS TO LIVE IN APARTMENT (required)

HOW DID YOU HEAR ABOUT US?	Full Name	Date of Birth (Required)	(Relationship, if any)
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

PET (Consent of Landlord Required 1 PET ONLY):

2.(a) **PRESENT OR LAST ADDRESS:** Type: _____ Color _____ Date/Rabies Shot _____ Size (pounds) _____

Number	Street	City	State	Zip	How Long
(Rental)	Monthly Rent	Landlord or Management Co. or Mortg. Co.	Phone No.	City	State
(Owned)	Monthly Payment	Mortgagee	Phone No.	City	State

PRIOR ADDRESS: (If present or last address is less than 3 years.)

Number	Street	City	State	Zip	How Long
Payment	Landlord or Management Co. or Mortg. Co.	City	State	Phone No.	

2.(b) PRESENT OR LAST ADDRESS:

Number	Street	City	State	Zip	How Long
(Rental)	Monthly Rent	Landlord or Management Co. or Mortg. Co.	Phone No.	City	State
(Owned)	Monthly Payment	Mortgagee	Phone No.	City	State

PRIOR ADDRESS: (If present or last address is less than 3 years.)

Number	Street	City	State	Zip	How Long
Payment	Landlord or Management Co. or Mortg. Co.	City	State	Phone No.	

3. EMPLOYMENT

(a) Present _____
 Employer Name Location Phone No.

Since _____ to _____ Salary \$ _____ Per _____ Occupation Supervisor

Former (If present employment less than 3 years)

_____ Employer Location Phone No.
 Since _____ to _____ Salary \$ _____ Per _____ Occupation Supervisor

(b) Present _____
 Employer Name Location Phone No.

Since _____ to _____ Salary \$ _____ Per _____ Occupation Supervisor

Former (If present employment less than 3 years)

_____ Employer Location Phone No.
 Since _____ to _____ Salary \$ _____ Per _____ Occupation Supervisor

Drivers Lic. Information

4. (a) Complete number _____ State _____ Date of Issue ____/____/____

(b) Complete number _____ State _____ Date of Issue ____/____/____

5. DESCRIPTION OF AUTOMOBILES: NO MORE THAN 2 VEHICLES PER APARTMENT PERMITTED

Make	Model:	Color:	Year:	License No:	State:
Make	Model:	Color:	Year:	License No:	State:

6. WHOM SHALL WE CONTACT IN CASE OF AN EMERGENCY?

Name	Address	City/State	Relationship	Phone No.
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9. **APPLICANT** (a) (Work): _____ (Home): _____ (Cell): _____

TELEPHONE #s (b) (Work): _____ (Home): _____ (Cell): _____

E-mail address _____ **E-mail address** _____

10. The undersigned Applicant(s) hereby declare that the foregoing representations are true and correct. Applicant(s) understand that, if any misleading, incorrect or untrue statements are contained herein, any lease entered into in reliance on this application may be canceled/rejected by Landlord (Agent) and Applicant will be responsible for any and all consequential damages, including attorney fees.
 The undersigned hereby consents to the Landlord making inquiries with the individuals and institutions listed by Applicant(s) solely for the purposes of obtaining references and verifying the information provided by the Applicant(s) including credit and criminal background reports. Tenant acknowledges non-refundable Application fee of **\$25.00 for each lease holder.**

SIGNATURE OF APPLICANT(S)

(a) _____ Date: _____

(b) _____ Date: _____

APPROVED _____ REJECTED _____ BY: _____ DATE: _____

APARTMENT No. _____ Move-In Date: _____



Little Brook Apartments

LANDLORD REFERENCE CHECK FORM

Applicant's Name: _____

Landlord's Name: _____

Community Name: _____

Phone #: _____

Fax #: _____

Address (if mailing): _____

I authorize Little Brook Apartments, its subsidiaries, or its managing agents to investigate my rental history. The investigation may include, but is not limited to the questions listed below.

Signature: _____

Date: _____

Signature: _____

Date: _____

To be completed by landlord

Dates of residency: _____ From: _____ To: _____ Total # of months: _____

of Household Members: _____

1. Did the resident pay their rent on time? _____

If the resident was late on the rent, how late? _____

How often? _____ Comments: _____

Will the resident owe any late rent, fees, etc. at the time of vacating? _____

2. How much rent was paid each month by this resident? _____

3. Did the resident, their guests, or their family damage the apartment or the property? _____

Did they pay for the damage? _____ Amount of damages? _____

4. Did the resident give you proper notice for vacating? _____

Reason for leaving? _____

5. Would you re-rent to this resident? _____

6. What previous address do your records indicate? _____

7. Was the resident ever cited for Lease Non-Compliance? _____

Comments: _____

Signature/Title: _____

Date: _____

