		Pl 200 Litte	hone: 30 <sup>°</sup> e Brook A APPLIC	1-663-16 Apartmei A <i>TION F</i> C	Apartme 42 Fax: 3 hts, Frede DR RESIDEN RE REQUIR	801-663-16 rick, MD 2 /CY	-	RS.	
ADULT NAME(S) TO A	APPEAR ON LEA	SE							
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 A HOW DID YOU HEAR ABOUT US?		APARTMENT (required) Full Name		Date of Birth		(Required) (		Relationship, if any)	
ET (Consent of Land	llord Required 1	PET ONLY):	Type:	Со	101	Date/Rabies Sh	et Circ	(noundo)	
2.(a) PRESENT O	R LAST ADDRES	S:	Type.	0	101	Date/Rables Sh	101 3126	(pounds)	
umber	Street			City		State	Zip	How Long	
Rental)	Monthly Rent		Landlord or M	lanagement Co	o.or Mortg. Co.	Phone No.	City	State	
Dwned)	Monthly Payme		Mortgagee			Phone No.	City	State	
RIOR ADDRESS: (If	present or last a	ddress is less	than 3 years.)						
umber	Street			City		State	Zip	How Long	
ayment		Landlord or M	lanagement Co.	or Mortg. Co.	City		State	Phone No.	
2.(b) PRESENT O	R LAST ADDRES	S:							
umber	Street			City		State	Zip	How Long	
Rental)	Monthly Rent		Landlord or M	lanagement Co	o.or Mortg. Co.	Phone No.	City	State	
Owned)	Monthly Payme	ent	Mortgagee			Phone No.	City	State	
RIOR ADDRESS: (If )	present or last ad	dress is less th	an 3 years.)						
umber	Street			City		State	Zip	How Long	
ayment		Landlord or M	lanagement Co.	or Mortg. Co.	City		State	Phone No.	
3. EMPLOYMEN	NT		-	-					
(a) Present		Employer Nan	ne		Location		Phor	ne No.	
ince mo/day/yr	to	mo/day/yr	Salary \$		Per	Occu	pation	Supervisor	
ormer (If present emp	loyment less thar	3 years)		F	mployer	Loc	ation	Phone No.	
nce mo/day/yr	to	mo/day/yr	Salary \$		Per		pation	Supervisor	
(b) Present	10					Occu	pation	Supervisor	
		Employer Nan			Location		Phor	ne No.	
nce mo/day/yr	to	mo/day/yr	Salary \$		Per	Occu	pation	Supervisor	
ormer (If present emp	loyment less thar	3 years)		E	mployer	Loca	ation	Phone No.	
nce mo/day/yr	to	mo/day/yr	Salary \$		Per	Occur	pation	Supervisor	
rivers Lic. Informatio		· · · · · · · · · ·				2000			
4. (a) Complete nur					State		Date	/ / of Issue	
(b) Complete nur								/ /	
Complete nur	mber				State		Date	e of Issue	
5. DESCRIPTIO	N OF AUTOMOE	BILES: NO MO	RE THAN 2 VE	HICLES PER A	PARTMENT PER	MITTED			
Make		Model:		Color:	Year	:	License No:	State:	
Make		Model:		Color:	Year	:	License No:	State:	
6. WHOM SHAL	L WE CONTACT	IN CASE OF	AN EMERGENO	CY?					
Name		Address		City/State		Relationship		Phone No.	
9. APPLICANT	(a)	. ,			. ,		. ,		
TELEPHONE		. ,			. ,		(Cell):		
E-mail addre					ess				
are contained h damages, inclue The undersigne	erein, any lease ente ding attorney fees. d hereby consents to	ered into in reliand	ce on this applicati	on may be cancel the individuals ar	ed/rejected by Landl	ord (Agent) and App oy Applicant(s) solely	licant will be responsible / for the purposes of obta	rect or untrue statements for any and all conseque aining references and ve 5.00 for each lease hold	
SIGNATURE OF A						-	Date:		
							Date:		
C~ "		APPROVED_		_REJECTED_		BY:	DAT	E:	
	L HOUSING ORTUNITY		No.			Move-In Date:			

## **Little Brook Apartments**

## **Applicant and Co-applicant Consent**

"I hereby authorize Little Brook Apartments to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information my include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information."

"I hereby expressly release Little Brook Apartments, and any procurer or furnisher of information, from any liability what-so-ever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or government agencies, including without limitation, various law enforcement agencies."

"I understand that should I lease an apartment, Little Brook Apartments, and its agent, shall have a continuing right to review my consumer report information, rental application, payment history and occupancy history but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information for account review purposes and for improving application methods as well as tenancy review at time of renewal or during tenancy."

Applicant

Date

Co-applicant

Date

1200 Little Brook Drive Frederick, MD 21702



## **Little Brook Apartments**

LANDLORD REFERENCE CHECK FORM

Applicant's Name:					
Landlord's Name:	Community Name:				
Phone #:	Fax #:				
Address (if mailing):					
I authorize <u>Little Brook Apartments</u> , its subsidiaries, or its The investigation may include, but is not limited to the que					
Signature:	Date:				
Signature:	Date:				
To be completed by landlord					
Dates of residency:   From:     # of Household Members:	To: Total # of months:				
<ol> <li>Did the resident pay their rent on time?</li> <li>If the resident was late on the rent, how late?</li> <li>How often?</li> <li>Will the resident owe any late rent, fees, etc. at the</li> </ol>					
2. How much rent was paid each month by this resident?					
3. Did the resident, their guests, or their family damage the Did they pay for the damage?					
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 sited for Lease Non-Compliance	9?				
Comments:					
Signature/Title:	Date:				

Date: \_\_\_