


COMMUNITY NAME

APPLICATION AND AGREEMENT TO RENT APARTMENT

FOR OFFICE USE ONLY

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

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, subject to paragraph 3 below.

**APPLICANT PLEASE NOTE:**

1. 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).
2. All rents and charges are *due and payable on the first of the month*.
3. Subject to the exceptions below, if the rental deposit required above exceeds \$25.00, said deposit shall be returned not later than 15 days following the date of occupancy on the written communication, by either party to the other of a decision that no tenancy shall occur. However, the Landlord may retain that portion of the rental deposit actually expended for a credit check or other expenses arising out of the 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 retain that portion of the rental deposit which represents the loss of rent, if any, resulting from the tenant's action.

1. Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

2. Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_



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 \_\_\_\_\_

**ALL LEASE HOLDERS: Drivers License or Birth Certificates Must Be Shown & Verified:**

_____	VERIFIED BY	_____	POSITION
_____	VERIFIED BY	_____	POSITION
_____	VERIFIED BY	_____	POSITION
_____	VERIFIED BY	_____	POSITION
_____	VERIFIED BY	_____	POSITION
_____	VERIFIED BY	_____	POSITION

**PERSONS 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 \_\_\_\_\_