



Homes

for Life

www.thehomesforlife.com
410.398.5259

NO APPLICATION FEE

P.O. BOX 2270, ELKTON, MARYLAND 21922-2270
245 E. HIGH ST., OFFICE, ELKTON, MARYLAND 21921
410-398-5259

HOW DID YOU FIND US? WEBSITE _____ FRIEND _____ CURRENT TENANT _____ SIGN _____ OTHER _____

TO PROCESS: Return w/copies of 2 recent pay stubs, driver's license or state ID and \$500 HOLD DEPOSIT made payable to MARK D'AZEVEDO. All items must be filled in for application to be considered.

REQUESTED UNIT _____ DATE OF MOVE IN _____ DEPOSIT MADE \$ _____

FULL NAME _____ SOCIAL SECURITY # _____ DATE OF BIRTH _____

CELL PHONE _____ HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____

DRIVERS LICENSE # _____ ISSUED STATE _____ DATE ISSUED _____ EXP. DATE _____

FULL CURRENT ADDRESS _____

CITY _____ STATE _____ ZIP _____

HAVE YOU GIVEN NOTICE TO MOVE? _____ HOW LONG _____ MO. RENT \$ _____

REASON FOR MOVING _____

CURRENT LANDLORD _____ LANDLORD PHONE _____

LEASE EXPIRATION _____ IS RENT CURRENT _____ NUMBER LATE PAYMENTS? _____ SECURITY DEPOSIT PAID? _____

PREVIOUS ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOW LONG _____ MO. RENT \$ _____ REASON MOVED _____

PREVIOUS LANDLORD _____ LANDLORD PHONE # _____

FIRST & LAST NAME/AGE/RELATIONSHIP OF EACH PERSON TO RESIDE WITH YOU _____

EMPLOYER _____ ADDRESS _____

HOW LONG _____ POSITION _____ HOURS PER WEEK _____ RATE OF PAY _____

SUPERVISOR NAME _____ SUPERVISOR PHONE # _____ ARE YOU IN THE MILITARY SERVICE? _____

CHILD SUPPORT, SOCIAL SECURITY, AFDC, MILITARY SERVICES OR OTHER INCOME _____

DO YOU HAVE SECTION 8 CERTIFICATE OR VOUCHER? _____ #B/R _____ WHAT HOUSING AUTHORITY _____

LIST RECURRING MONTHLY DEBT & TYPE (CREDIT CARDS, CAR PAYMENTS, ETC.) ON BACK OF THIS APPLICATION

CHECKING or SAVINGS BANK _____ ACCT _____ PHONE _____

TOTAL # OF VEHICLES #1 VEHICLE MAKE _____ MODEL _____ TAG _____ STATE _____ VIN _____

#2 VEHICLE MAKE _____ MODEL _____ TAG _____ STATE _____ VIN _____

ADDRESS ON REGISTRATION OF #1 _____

ADDRESS ON REGISTRATION OF #2 _____

HAVE YOU EVER FILED BANKRUPTCY? _____ WHEN? _____ BEEN EVICTED? _____ WHEN? _____ CONVICTED OF A CRIME? _____ WHAT? _____

ANY LANDLORD OR OTHER JUDGMENTS AGAINST YOU? _____ EXPLAIN _____

WILLFULLY OR INTENTIONALLY REFUSED TO PAY RENT WHEN DUE? YES OR NO; IF YES, EXPLAIN _____

LIST TWO PERSONAL REFERENCES: 1. NAME _____ PHONE _____

2. NAME _____ PHONE _____

ANIMALS ARE NOT PERMITTED! ONCE APPLICANT HAS CHOSEN A UNIT, AN EARNEST MONEY DEPOSIT OF \$500 OF THE SECURITY DEPOSIT IS REQUIRED TO HOLD THE UNIT. SAID DEPOSIT WILL BE REFUNDED IF APPLICATION IS NOT ACCEPTED. UPON ACCEPTANCE OF THIS APPLICATION, THE DEPOSIT WILL BE RETAINED AS A SECURITY DEPOSIT TO HOLD SAID UNIT UNTIL THE AGREED UPON MOVE IN DATE. A WRITTEN ONE YEAR LEASE FOR THE UNIT, BALANCE OF THE SECURITY DEPOSIT AND FIRST MONTH'S RENT ARE DUE PRIOR TO MOVE IN. THESE FUNDS MUST BE CERTIFIED MONEY ORDER OR CASH. IF FOR SOME REASON I DO NOT EXECUTE SAID LEASE AGREEMENT AND PAY BALANCE DUE ALL DEPOSIT MONEYS WILL BE FORFEITED.

APPLICANT ACKNOWLEDGES THIS APPLICATION WILL BECOME PART OF THE LEASE AGREEMENT IF APPROVED AND ANY FALSE INFORMATION DETERMINED AT A LATER DATE IS GROUNDS FOR BREACH OF LEASE AND TERMINATION OF LEASE.

I HEREBY DECLARE THAT THE ABOVE INFORMATION IS CORRECT AND AUTHORIZE VERIFICATION OF ALL INFORMATION INCLUDING BUT NOT LIMITED TO A CREDIT CHECK NOW AND IN THE FUTURE IF NECESSARY FOR THE PURPOSES OF COLLECTION OR VERIFICATION.

APPLICANT'S SIGNATURE _____ DATE _____