



1129 N. CAROLINE STREET  
 BALTIMORE, MARYLAND 21213  
 (410) 563-6220 \* (410) 276-2199 FAX

## TEACHER'S SQUARE APPLICATION

FOR OFFICE USE ONLY:	Date Received: _____	Time Received: _____
Agent: _____	Guest Card # _____	Application # _____

To the applicant: Please help to process application promptly and properly by clearly completing all applicable sections. Thank You.

Property Address: \_\_\_\_\_ Unit No: \_\_\_\_\_ Rent \$ \_\_\_\_\_  
 Date of Application: \_\_\_\_\_ Desired move-in date \_\_\_\_\_

### PERSONAL INFORMATION

Applicants Full Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 Driver's License Number & State \_\_\_\_\_  
 Email \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Full Name of All Other Residents	Relationship to You	Date of Birth	Social Security No.



## RENTAL HISTORY

Present Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

At Present Address/Date From \_\_\_\_\_ to \_\_\_\_\_

Present Landlord or Mortgage Co. \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Person \_\_\_\_\_ Monthly Rent/Mortgage \$ \_\_\_\_\_

Reason for Moving \_\_\_\_\_

Previous Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

At Present Address/Date From \_\_\_\_\_ to \_\_\_\_\_

Previous Landlord or Mortgage Co. \_\_\_\_\_ Telephone \_\_\_\_\_

Contact Person \_\_\_\_\_ Monthly Rent/Mortgage \$ \_\_\_\_\_

Reason for Moving \_\_\_\_\_

## EMPLOYMENT INFORMATION

Employed Full-Time  Part-Time  Not Employed  Retired  Student

**Present Employer** (or most recent) \_\_\_\_\_

Employer's Address \_\_\_\_\_

Telephone \_\_\_\_\_ Dates Employed / From \_\_\_\_\_ to \_\_\_\_\_

Position Held \_\_\_\_\_ Department \_\_\_\_\_

Supervisor \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_

**Previous Employer** \_\_\_\_\_

Employer's Address \_\_\_\_\_

Telephone \_\_\_\_\_ Dates Employed / From \_\_\_\_\_ to \_\_\_\_\_

Position Held \_\_\_\_\_ Department \_\_\_\_\_

Supervisor \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_

**If Student, please list** \_\_\_\_\_ **Full-Time**  **Part-Time**

Telephone \_\_\_\_\_ Major/Field of Study \_\_\_\_\_

Present Grade Level \_\_\_\_\_ Expected Date of Graduation \_\_\_\_\_

## CO-APPLICANT INFORMATION

Co-Applicant's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. & State \_\_\_\_\_

Employed Full-Time  Part-Time  Not Employed  Retired  Student

Present Employer (or most recent) \_\_\_\_\_

Employer's Address \_\_\_\_\_

Telephone \_\_\_\_\_ Dates Employed / From \_\_\_\_\_ to \_\_\_\_\_

Position Held \_\_\_\_\_ Department \_\_\_\_\_

Supervisor \_\_\_\_\_ Gross Monthly Income \$ \_\_\_\_\_

## OTHER INFORMATION

Total Number of Vehicles \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_

Make/Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_ Tag No./State \_\_\_\_\_

Other Cars, Motorcycles, etc. \_\_\_\_\_

How many pets do you or other occupants own? \_\_\_\_\_

Kind of Pet, Breed, Weight, and Age \_\_\_\_\_

Do you understand that the property for which you are applying may have a **NO** pet policy? \_\_\_\_\_

Have You or your Co-Applicant ever been sued for non-payment of rent?  Yes  No

Been evicted or asked to move out?  Yes  No

Broken a Rental Agreement of Lease?  Yes  No

Been sued for damage to rental property?  Yes  No

Declared Bankruptcy?  Yes  No

Comment/Explanation \_\_\_\_\_

If there are any other sources of income you would like us to consider, please list income, source and person(s) who we could contact for confirmation.

Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Telephone \_\_\_\_\_

Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Telephone \_\_\_\_\_

Amount \$ \_\_\_\_\_ Per \_\_\_\_\_ Source \_\_\_\_\_ Telephone \_\_\_\_\_

## AUTHORIZATION

### PLEASE READ CAREFULLY BEFORE SIGNING

(1) The Application fee is **not refundable**. (2) No application will be processed until the Application Fee is paid. (3) No apartment will be reserved for an applicant until a **Full Holding** Deposit is paid. (4) The sum deposited herewith as Holding Deposit are refundable, if the landlord does not approve the application. (5) If the landlord approves this application, the applicant (s) agree to enter into a lease using Landlord's Standard Lease. (6) If the Landlord accepts the Application and the Applicant (s) does not enter into a lease as aforesaid, the Landlord may attempt to re-lease the premises and, if successful in doing so, may cancel the Application and the Applicant (s) shall remain liable for all damages incurred by the Landlord as a result of Applicant (s) failure to execute said Lease. (7) If the Landlord requires from a prospective Tenant any fees other than a Holding Deposit as defined by Section 8-203 (a) of the Real Property Article of the Annotated Code of Maryland, and these fees exceed \$35.00, then the landlord shall return the fees, subject to the exceptions below, or be liable for twice the amount of the fees in damage. The refund shall be made no later than fifteen (15) days following the occupancy or the written communication, by either party to the other, or a decision that no tenancy shall occur, (8) If within fifteen (15) days of the first to occur, occupancy or signing of a Lease, a tenant decides to terminate the tenancy, Landlord may also retain the portion of the fees which represents the loss of rent, if any, resulting from Tenant's action. In no event shall Landlord be obligated to hold an apartment for more than five (5) days after providing notification of acceptance. (9) I hereby affirm that my answers to the foregoing questions are true and correct, and that I have not knowingly withheld any fact of circumstances, which would, if disclosed, affect my application unfavorably. As an inducement to enter into the Lease, I authorize the Landlord to verify any information contained in this application and to obtain an investigative consumer report including information as to my character, general reputation, personal characteristics and connection with any information they give. I understand that as part of this investigation, a visit to my residency may be made. I have also been advised that I have the right, under the Fair Credit Reporting Act, to make a written request, within a reasonable time, for a complete and accurate disclosure of the nature and scope of the investigation requested.

I/We have fully read and understand all of the provisions of the Application and acknowledge receipt of a completed copy of same.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name