

Community Name: _____

Apt. Applied for: _____

Leasing Assoc.: _____

RENTAL APPLICATION
PLEASE COMPLETE ALL FIELDS FRONT & BACK
USE N/A IF NOT APPLICABLE



APPLICANT INFORMATION- ONE APPLICATION PER ADULT APPLICANT

| | | | | | |
|-------------------------------------|----------|-----------------------|---------------|---------------|--------------------|
| APPLICANT'S NAME LAST | FIRST | M.I. | BIRTHDATE / / | SS# | DRIV. LIC. & STATE |
| EMAIL ADDRESS | | | HOME PHONE | CELL PHONE | |
| PRESENT ADDRESS | APT # | CITY | STATE | ZIP CODE | |
| HOW LONG AT THIS ADDRESS | RENT/OWN | LANDLORD/MORTGAGE CO. | | | |
| PREVIOUS ADDRESS | APT # | CITY | STATE | ZIP CODE | |
| HOW LONG AT THIS ADDRESS | RENT/OWN | LANDLORD/MORTGAGE CO. | | | |
| NAME OF PERSONS TO OCCUPY APARTMENT | | | RELATIONSHIP | DATE OF BIRTH | |
| _____ | | | _____ | _____ | |
| _____ | | | _____ | _____ | |
| _____ | | | _____ | _____ | |

EMPLOYMENT

| | | | | | |
|------------------|------------|-----------|--------------|-----------|-----|
| PRESENT EMPLOYER | POSITION | PHONE NO. | NO. OF YEARS | SALARY \$ | PER |
| EMPLOYER ADDRESS | SUPERVISOR | CITY | STATE | ZIP CODE | |

OTHER SOURCES OF INCOME

| | | |
|-------------------------------------------------------|----|-----|
| ADDITIONAL INCOME - DESCRIBE SOURCE AND HOW TO VERIFY | \$ | PER |
|-------------------------------------------------------|----|-----|

PERSONAL

| | | | | | | |
|--------------------------------|----------------|----------|-----------|-----------|----------|------------------------------------|
| VEHICLE - MAKE / MODEL (1) | LICENSE NO. | COLOR | YEAR | | | |
| VEHICLE - MAKE / MODEL (2) | LICENSE NO. | COLOR | YEAR | | | |
| IN CASE OF EMERGENCY, CONTACT: | RELATIONSHIP | ADDRESS | PHONE NO. | | | |
| NUMBER OF PETS | TYPE(S)/BREEDS | NAMES(S) | AGE(S) | WEIGHT(S) | COLOR(S) | DATE OF LAST RABIES VACCINATION(S) |

HOW DID YOU HEAR ABOUT US?

| | |
|-----------------------------------------------------------|--------------|
| PRIMARY SOURCE | OTHER SOURCE |
| IF LOCATOR/ BROKER, PLEASE LIST NAME OF AGENT AND COMPANY | |
| IF RESIDENT, PLEASE LIST CURRENT RESIDENT'S NAME | |

RENTAL / CRIMINAL HISTORY

LATITUDE APARTMENTS RESERVES THE RIGHT NOT TO LEASE TO ANY INDIVIDUAL WHO HAS BEEN EVICTED, BROKEN A PRIOR LEASE, DECLARED BANKRUPTCY, BEEN SUED FOR NON-PAYMENT OF RENT OR DAMAGE TO RENTAL PROPERTY, CONVICTED OF CERTAIN CRIMES, ARRESTED FOR CERTAIN CRIMES WHERE A TRIAL IS PENDING, OR WHO IS LISTED BY THE FBI AS A FUGITIVE OR A TERRORIST. TO DETERMINE APPLICANT'S ELIGIBILITY, PLEASE ANSWER THE FOLLOWING QUESTIONS:
 HAS APPLICANT EVER BEEN EVICTED OR ASKED TO MOVE OUT? YES ___ NO ___ BROKEN A RENTAL AGREEMENT OR LEASE? YES ___ NO ___ DECLARED BANKRUPTCY? YES ___ NO ___ BEEN SUED FOR NON-PAYMENT OF RENT OR FOR DAMAGE TO RENTAL PROPERTY? YES ___ NO ___
 HAS APPLICANT EVER BEEN CONVICTED OF A FELONY, ANY CRIME INVOLVING VIOLENCE, ANY CRIME INVOLVING DRUGS, DAMAGE TO PROPERTY, OR A SEXUAL OFFENSE? YES ___ NO ___ BEEN ARRESTED FOR ANY OF THE FOREGOING OFFENSES WHERE A TRIAL IS PENDING? YES ___ NO ___ IF "YES" IS MARKED FOR ANY RESPONSE, PLEASE PROVIDE FURTHER DETAILS ON THE REVERSE SIDE OF THIS APPLICATION (E.G., DATE OF CONVICTION AND TYPE OF OFFENSE). FURTHER INFORMATION MAY BE REQUIRED TO DETERMINE ELIGIBILITY FOR A RENTAL.

CONSENT

APPLICANT HEREBY CONSENTS TO ALLOW LATITUDE APARTMENTS, THROUGH ITS DESIGNATED AGENT AND EMPLOYEES, TO OBTAIN CREDIT INFORMATION, CRIMINAL HISTORY (INCLUDING A CONFIRMATION THAT THE APPLICANT IS NOT LISTED ON THE FBI'S "MOST WANTED FUGITIVES" AND "MOST WANTED TERRORISTS" LISTS) AND RELATED INFORMATION REGARDING THE APPLICANT FOR THE PURPOSE OF DETERMINING WHETHER OR NOT TO ENTER INTO AN APARTMENT LEASE WITH APPLICANT. APPLICANT UNDERSTANDS THAT, SHOULD APPLICANT LEASE AN APARTMENT, SHERWOOD GARDENS AND ITS AGENT SHALL HAVE A CONTINUING RIGHT TO REVIEW APPLICANT'S CREDIT INFORMATION, RENTAL APPLICATION, PAYMENT HISTORY, OCCUPANCY HISTORY, CRIMINAL BACKGROUND HISTORY AND RELATED INFORMATION FOR ACCOUNT REVIEW PURPOSES AND FOR IMPROVING APPLICATION METHODS. APPLICANT UNDERSTANDS THAT PROVIDING FALSE, FRAUDULENT OR MISLEADING INFORMATION IS GROUNDS FOR DENIAL OF RESIDENCY OR TERMINATION OF APPLICANT'S RIGHT OF OCCUPANCY.

ACKNOWLEDGEMENT

WHILE MANAGEMENT'S POLICY IS TO OBTAIN A STANDARD CRIMINAL BACKGROUND CHECK, PERFORMED BY A NATIONAL SCREENING COMPANY, ON ALL APPLICANTS, MANAGEMENT CANNOT GUARANTEE THAT A BACKGROUND CHECK HAS BEEN PERFORMED ON ALL RESIDENTS. NOR IS MANAGEMENT ABLE TO GUARANTEE THE ACCURACY OR COMPLETENESS OF THE INFORMATION OBTAINED FROM THE SCREENING COMPANY OR THAT THE LACK OF A CRIMINAL RECORD GUARANTEES THE SAFETY OF ALL RESIDENTS. APPLICANT UNDERSTANDS THAT THE MANAGEMENT COMPANY AND OWNER ARE RELYING ON THE INFORMATION IN THIS APPLICATION AND ITS ACCURACY. THE LEASE MAY BE CANCELED IF THE APPLICANT HAS MADE ANY MISLEADING OR FALSE STATEMENTS IN THIS APPLICATION.

TO BE FILLED IN BY MANAGEMENT (PROVISIONS STATED IN LEASE SHALL CONTROL)

| CONTEMPLATED MONTHLY CHARGES (DUE THE 1ST OF EACH MONTH) | | CONTEMPLATED MOVE IN DEPOSITS, RENTS AND FEES (DUE AT TIME OF APPLICATION OR MOVE IN) | |
|--------------------------------------------------------------------------------------------------|-----------|------------------------------------------------------------------------------------------|----------|
| BASE RENT | \$ _____ | REFUNDABLE SECURITY DEPOSIT | \$ _____ |
| PET RENT | \$ _____ | ADDITIONAL REFUNDABLE SECURITY DEPOSIT | \$ _____ |
| OTHER RENT | \$ _____ | REFUNDABLE PET DEPOSIT | \$ _____ |
| OTHER _____ | \$ _____ | NON-REFUNDABLE PET SANITATION FEE | \$ _____ |
| OTHER _____ | \$ _____ | APPLICATION FEE | \$ _____ |
| | | NON-REFUNDABLE MOVE IN FEE | \$ _____ |
| CONCESSIONS GIVEN | | NON-REFUNDABLE COMMON AREA AMENITY RENT | \$ _____ |
| ONE-TIME / UPFRONT | \$ _____ | OTHER _____ | \$ _____ |
| MONTHLY | \$ _____ | OTHER _____ | \$ _____ |
| TOTAL DUE | | TOTAL DEPOSITS DUE | \$ _____ |
| MONTHLY* | \$ _____ | TOTAL RENTS / FEES DUE | \$ _____ |
| LEASE DATES: BEGIN _____ | END _____ | PRO-RATED RENT DUE BY MOVE IN DATE | \$ _____ |
| LESSOR ACKNOWLEDGES RECEIPT OF CHECK # _____ AND / OR MONEY ORDER # _____ ON (DATE) _____ | | | \$ _____ |
| TOTAL REMAINING BALANCE (RENT, DEPOSITS, AND/OR FEES) DUE ON OR BEFORE MOVE IN DATE | | | \$ _____ |

AS EARNEST MONEY ON ACCOUNT FOR THE ABOVE DESCRIBED APARTMENT, APPLICANT UNDERSTANDS THAT THE APPLICATION FEE IS NON-REFUNDABLE UNLESS THE PREMISES BEING RENTED ARE LOCATED IN MARYLAND OR VIRGINIA. IF SO, AND THIS APPLICATION IS NOT APPROVED, THE BALANCE OF THE APPLICATION FEE REMAINING, AFTER DEDUCTIONS FOR THE COSTS ASSOCIATED WITH PROCESSING THIS APPLICATION, WILL BE REFUNDED. IF THE PREMISES BEING RENTED ARE LOCATED IN MARYLAND AND THIS APPLICATION IS APPROVED AND APPLICANT DOES NOT TIMELY CANCEL, THE BALANCE OF THE APPLICATION FEE REMAINING, AFTER DEDUCTIONS FOR THE COSTS ASSOCIATED WITH PROCESSING, WILL BE APPLIED TO APPLICANT'S ACCOUNT FOR RENT AND/OR SECURITY DEPOSITS, IF ANY, AT TIME OF MOVE-IN. IF YOU ARE APPLYING IN VIRGINIA, SPECIAL VISUAL SMOKE DETECTORS ARE AVAILABLE UPON REQUEST FOR HEARING IMPAIRED APPLICANT FURTHER UNDERSTANDS THAT MANAGEMENT WILL ADHERE TO RELEVANT STATE LAWS IN CONNECTION WITH ALL SECURITY DEPOSITS. MOVE-IN FEE AND/OR COMMON AREA AMENITY RENT MAY BE REFUNDABLE IF THE APPLICATION IS REJECTED BY MANAGEMENT; AND PET SANITATION MAY BE REFUNDABLE IF APPLICANT DOES NOT TAKE POSSESSION OF THE RENTAL UNIT. APPLICANT UNDERSTANDS THAT ANY CHANGES TO THE LEASE TERM, MOVE IN DATE, OR APARTMENT HOME SELECTED IS LIKELY TO RESULT IN AN ADJUSTMENT TO THE RENTAL RATE, DEPOSIT, AND/OR FEES REQUIRED.

* IN ADDITION, APPLICANT UNDERSTANDS THAT PAYMENT OF THE FOLLOWING UTILITIES IS THE SOLE RESPONSIBILITY OF THE RESIDENT: ELECTRIC, GAS, CABLE, TELEPHONE, WATER/SEWER, TRASH.

APPROVALS

DATE PROCESSED _____ APPROVED _____ NOT APPROVED _____ APPROVED WITH ADDITIONAL DEPOSIT _____ APPROVED W/GUARANTOR/COSIGNER _____
 APPLICANT NOTIFIED BY: _____ DATE: _____ TIME: _____

SIGNATURE OF APPLICANT _____ ASSOCIATE SIGNATURE _____
 X _____ Date _____ X _____ Date _____

FOR OFFICE USE ONLY: GOVERNMENT ISSUED ID VERIFIED (FOR INDIVIDUAL PRESENT AT THE SITE ONLY)
 ID TYPE: _____ LAST 4-DIGITS OF ID #: _____
 ONCE APPLICATION IS PROCESSED AND DECISION IS RECEIVED; REDACT ALL BUT THE LAST FOUR-DIGITS OF THE SSN AND DL NUMBERS.