

Rosedale Park
4720 Rosedale Ave.
Bethesda, Md. 20814
301/657-4800 Fax: 301/657-8044

Date of Application _____ Desired Date of Occupancy _____

PERSONAL INFORMATION

APPLICANT'S FULL NAME _____ Date of Birth _____

Social Security No. _____ Driver's License No./State _____

CO-APPLICANT'S FULL NAME _____ Date of Birth _____

Social Security No. _____ Driver's License No./State _____

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

How many pets do you or other occupants own? _____
Kind of Pet, breed, weight, and age _____

RESIDENT HISTORY

PRESENT ADDRESS _____ Telephone No. _____
_____ Dates From: _____ To: _____
Present Landlord or Mortgage Co. _____ Telephone No. _____
Monthly Payment \$ _____ Reason for Moving _____

PREVIOUS ADDRESS _____ Dates From: _____ To: _____
_____ Previous Landlord or Mortgage Co. _____ Telephone No. _____
Monthly Payment \$ _____ Reason for Moving _____

EMPLOYMENT INFORMATION

PRESENT EMPLOYER _____ Dates From: _____ To: _____
Employer's Address _____ Telephone No. _____
Position _____ Supervisor _____ Gross Monthly Salary \$ _____

PREVIOUS EMPLOYER _____ Dates From: _____ To: _____
Employer's Address _____ Telephone No. _____
Position _____ Supervisor _____

CO-APPLICANT'S EMPLOYER _____ Dates From: _____ To: _____
Employer's Address _____ Telephone No. _____
Position _____ Supervisor _____ Gross Monthly Salary \$ _____

OTHER INFORMATION

TOTAL NUMBER OF VEHICLES _____
Make/Model _____ Year _____ Color _____ TagNo./State _____
Make/Model _____ Year _____ Color _____ TagNo./State _____
Make/Model _____ Year _____ Color _____ TagNo./State _____

Total Gross Monthly Household Income \$ _____
If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support, or spouses annual income unless you want us to consider it in this application.

Amount \$ _____ Per _____ Source _____ Telephone No. _____
Amount \$ _____ Per _____ Source _____ Telephone No. _____
Amount \$ _____ Per _____ Source _____ Telephone No. _____

HAVE YOU OR 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 or lease? __Yes __No
Been sued for damages to rental property? __Yes __No Declared Bankruptcy? __Yes __No

Do you have a piano? Waterbed? _____ (Piano and waterbeds are permitted on the terrace level only)
In case of an emergency, please notify: _____ Relationship _____
Address _____ Home Phone No. _____
_____ Work Phone No. _____

I hereby leave a total of \$ _____ to Darnestown Management Co., Inc., in connection with this application for residency. Of this amount, \$ _____ is non-refundable fee for Processing this application. The remainder of this amount, \$ _____ is good faith deposit in connection with this application. If this application is not accepted, this deposit shall be returned without designation of any reason and without any liability on the part of Darnestown Management Co., Inc.

The undersigned warrants and represents the information of this rental application to be true and correct. All persons or firms named may freely give up any requested information concerning me and I hereby waive the right of action for any consequences resulting from such information. This application takes subject to review and approval by management.

I understand that I may cancel this application within seventy-two (72) hours and receive full refund of the good faith deposit. If I cancel after seventy-two (72) hours, I fail to execute the lease agreement, or refuse to occupy the premise on the agreed upon date, I understand that this deposit will fully forfeited by me for the incurred expenses and the loss of rent due to my cancellation.

Applicants Signature _____ Co-Applicant's Signature _____

Date Signed _____ Date Signed _____

FOR OFFICE USE ONLY

Property _____ Building _____ Apartment # _____ Monthly Rent \$ _____
Move-In _____ Lease: From _____ To _____ Application Fee \$ _____ Deposit \$ _____
Approval By: _____ Date _____ Disapproval By: _____ Date _____

Rosedale Park
4720 Rosedale Ave.
Bethesda, MD 20814
p. 301/657-4800 f. 301/657-8044

CONSUMER AUTHORIZATION TO OBTAIN CONSUMER REPORT

The undersigned hereby authorizes *Darnestown Management Co., Inc.*, to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may 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. **The undersigned hereby expressly release *Darnestown Management Co., Inc., its agents, employees and representatives*, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my/our application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.**

Applicant's Signature

Date

Print Name

Co-Applicant's Signature

Date

Print Name