

COMMUNITY NAME

APPLICATION AND AGREEMENT TO RENT APARTMENT

FOR OFFICE USE ONLY



**GRADY MANAGEMENT, INC.
THE MONTGOMERY CENTER, SUITE 625
8630 FENTON STREET
SILVER SPRING, MARYLAND 20910**

APPLICANT(S) _____

APT. ADDRESS _____

(COMMUNITY)

SIZE _____ TYPE _____

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 _____ Virginia, 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.
4. Please bring a Certified Check or Money Order at move-in.

1. Applicant's Signature _____ Date: _____

Applicant's Email Address _____ Phone No. _____

2. Applicant's Signature _____ Date: _____

Applicant's Email Address _____ Phone No. _____



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\$ 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\$ 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\$ 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 _____

