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RENTAL APPLICATION

OFFICE USE ONLY

Interview Date: _____ Approved: Yes / No

OFFICE ADDRESS: 934 Sweeney Dr. Suite 6, Hagerstown, MD 21740

APPLICATION FEE: There is a NON-Refundable \$25.00 Per Adult.

The application fee and 2 MOST RECENT PAY STUBS must accompany the completed application
Positive proof of identification is required, prior to signing the lease.

PROPERTY/UNIT INTERESTED IN:

ANTICIPATED MOVE-IN DATE:

Do you have pets? ☐ Yes ☐ No If Yes, explain:

HOUSEHOLD COMPOSITIONS: List all persons that will be occupying the unit for which you are applying. Indicate head of household and the relationship of all other family members to head of household (i.e., son, daughter)

	Full Name (including Middle name)	Relationship	Birthday	Age	Social Security # (Adults only)
1					
2					
3					
4					
5					

List all persons' driver's license information that will be occupying the unit which are 18 years of age or older.

	Full Name	Driver's License Number	State
1			
2			
3			

CURRENT HOUSING STATUS

Present Address:

Home Phone:

Work Phone:

Email Address:

Cell Phone:

Are you in the Military including; Active/In Active/Reserves/National Guard/other: ☐ Yes ☐ No

Current Rent:

Date you moved in:

Average monthly utility cost you pay (do not include phone or cable):

Are you currently under a lease agreement?: ☐ Yes ☐ No

If yes, give names of all adults that are parties to this lease.

1.

2.

3.

Expiration date of current lease:

Are you currently residing in a government subsidized rental unit?: ☐ Yes ☐ No

How many persons are currently residing in your home? ☐ Adults ☐ Children

Are you being evicted from your present home?: ☐ Yes ☐ No. If yes, explain:

Reason for Leaving current location:

(eviction, better neighborhood, lower rent, etc.)

Do you plan to have anyone living with you in the future who are not listed above? ☐ Yes ☐ No.

If yes, explain:

CURRENT LANDLORD INFORMATION

Name of Landlord:

Phone:

Address:

Are you related to your current Landlord? ____ Yes ____ No. If yes, state relationship:

Has current location been treated for bed bugs? ____ Yes ____ No. If yes explain:

Are you moving items in from storage? ____ Yes ____ No. If yes explain:

RENTAL HISTORY for Last 10 Years (one prior Landlord reference is required)

List all address(es) where you have lived for the past ten years:	Date Moved In	Date Moved Out	Landlord Name Address and Telephone number	Rent Amount	Reason for Leaving (eviction, better neighborhood, lower rent, etc.)
1.					
2.					
3.					
4.					

EMPLOYMENT INCOME

Name of Household member	Date Employ Began	Hours Per Week	Employers Name & Address	Employer's Telephone # & Supervisors Name	Amount of Pay & When are you Paid
1.					
2.					
3.					
4.					

INCOME OTHER THAN EMPLOYMENT

Name of Household member	Source of Income (please list any sources of money other than employment income you wish to be considered)	Amount	How often do you receive this amount? (weekly, every two week, monthly, etc.)
1.			
2.			
3.			

CREDIT REFERENCE (A minimum of two credit references is required) List NONE if you have no accounts		
Creditor Name:	Account #:	
Contact:	Phone #:	
Type of Account	Balance:	Monthly Payment:
Creditor Name:	Account #:	
Contact:	Phone #:	
Type of Account	Balance:	Monthly Payment:

AUTOMOBILES/TRUCKS/MOTORCYCLES		
Make & Model of Vehicle	License Plate Number	State
1.		
2.		

EMERGENCY CONTACT INFORMATION (not residing with you)	
Name:	Phone:
Address:	
Relationship:	

CRIMINAL HISTORY DISCLOSURE
In the last 10 years, have you, or any other person named on this application or who will be staying or visiting on a regular basis; been convicted of selling, transporting or manufacturing illegal drugs, burglary, robbery, assault, fraud, sexual assault, prostitution and/or child molestation? YES NO If yes, provide details for each instance.
Are you, or any other person named on this application, currently serving a term of parole or probation? YES NO If yes, provide the name and all contact information for each parole/probation agent or officer.
Are you or any other person named on this application, currently under indictment or charges? YES NO If yes, provide details for each instance.

Please read the following statement before signing application:

I hereby certify this information to be true to the best of my knowledge. I understand "false information is grounds for denial." I hereby authorize CES Properties, LLC. and/or its Agent(s), credit bureau agencies, or other investigative agencies employed or retained by CES Properties, LLC to investigate the herein listed references, statements or other data obtained from me or from any other firm or person pertaining to my background, credit or financial responsibilities.

Applicant Signature	Applicant Name (please print)	Date

Applicant Signature	Applicant Name (please print)	Date

Applicant Signature	Applicant Name (please print)	Date