

RENTAL APPLICATION

OFFICE USE ONLY

Interview Date: _

Approved: Yes / No

www.cesproperties.com

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

APPLICATION FEE: There is a NON-Refundable \$25.00 for first Adult, \$15.00 per additional 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.

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					
Lis	t all persons' driver's license information that	at will be occupying the	unit which are	e 18 year	s of age or older.
	Full Name	Driver's Lice	ense 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/Nationa	al Guard/other:YesNo				
Current Rent: Date you move	ed in:				
Average monthly utility cost you pay (do not include phone or cable):					
Are you currently under a lease agreement?:YesYes	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?:YesNo					
How many persons are currently residing in your home?Adults Children					
Are you being evicted from your present home?:YesNo. 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?YesNo. If yes, explain:					

CURRENT LANDLORD INFORMATION				
Name of Landlord:	Phone:			
Address:				
Are you related to your current Landlord?YesNo. If yes, state relationship:				
Has current location been treated for bed bugs?YesNo. If yes explain:				
Are you moving items in from storage?YesNo. 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.						
5.						

	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 Bal	ance: Monthly Payment:			
Creditor Name:	Account #:			
Contact:	Phone #:			
Type of Account Bal	ance: 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 I 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 I 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