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# RENTAL APPLICATION

**ANTICIPATED MOVE-IN DATE:** \_\_\_\_\_

**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.**

Do you have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:

OFFICE USE ONLY	
Interview Date:	Unit Size:
Subject Property:	
Approved : <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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	Relationship	Birthday	Age	Social Security # (adults only)
1					
2					
3					
4					
5					
6					

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

	Full Name	Drivers License Number	State
1			
2			
3			

**CURRENT HOUSING STATUS**

Present Address:	Home Phone:
	Work Phone:
Email Address:	Cell Phone:
<b>Are you in the Military including; Active/In Active/Reserves/National Guard/other:</b> <input type="checkbox"/> Yes <input type="checkbox"/> 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?: <input type="checkbox"/> Yes <input type="checkbox"/> 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?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many persons are currently residing in your home? <input type="checkbox"/> Adults <input type="checkbox"/> Children	
Are you being evicted from your present home?: <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, explain:	
Do you plan to have anyone living with you in the future who are not listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No.	
If yes, explain:	

**CURRENT LANDLORD INFORMATION**

Name of Landlord:	Phone:
Address:	
Are you related to your current Landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, state relationship:	
Has current location been treated for bed bugs? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes explain:	
Are you moving items in from storage? <input type="checkbox"/> Yes <input type="checkbox"/> 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.					
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.			

