

# EAST COAST PROPERTIES RENTAL APPLICATION

10 Commercial Plaza, Elkton, Maryland

443-907-3720 text 410-392-4102 fax alyssa@accurateaccounting.com

This application is to rent the property located at: \_\_\_\_\_

When will you have the security deposit and first month's rent? \_\_\_\_\_

## PERSONAL INFORMATION

Name of Applicant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Email Address (required for tenancy): \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street City State Zip Code

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

List Name, Relationship, and Age of who will be living with you: \_\_\_\_\_

Do you have pets? YES NO List Type and Breed of Each Pet: \_\_\_\_\_

## RESIDENCY/ RENTAL INFORMATION

If you are not currently renting, please provide most recent Landlord information.

Current Landlord's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Rental Address: \_\_\_\_\_  
Street City State Zip Code

Dates Rented: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_ Are you related to the Landlord? YES NO

Reason for Moving: \_\_\_\_\_ Have you ever been evicted? YES NO

## EMPLOYMENT INFORMATION

List employment, starting with most recent.

Company Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
Street City State Zip Code

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Position Held: \_\_\_\_\_

Gross Pay per Period: \_\_\_\_\_ How often do you receive a check? Please check one. Weekly  Bi-Weekly  Monthly

Company Name: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address of Employer: \_\_\_\_\_  
Street City State Zip Code

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Position Held: \_\_\_\_\_

Gross Pay per Period: \_\_\_\_\_ How often do you receive a check? Please check one. Weekly  Bi-Weekly  Monthly

Other Source of Income: \_\_\_\_\_ Amount Received: \_\_\_\_\_

**\*\*IT IS REQUIRED THAT YOU SUBMIT PROOF OF INCOME AND A COPY OF YOUR PHOTO ID WITH THE COMPLETED APPLICATION. EVERYONE 18 YRS AND OLDER MUST SUBMIT AN APPLICATION WITH THE REQUIRED PAPERWORK. APPLICATIONS AND ALL REQUIRED PAPERWORK MUST BE SUBMITTED TOGETHER IN ONE COMPLETE PACKET. INCOMPLETE APPLICATIONS WILL BE DISCARDED.**

## VEHICLE INFORMATION

Vehicle Year/Make/Model: \_\_\_\_\_ Color: \_\_\_\_\_

Vehicle Tag #: \_\_\_\_\_ ID/Driver License #: \_\_\_\_\_

**I REPRESENT THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I HEARBY GIVE MY AUTHORIZATION TO VERIFY ALL INFORMATION ON THIS APPLICATION.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_