EQUAL HOUSING OPPORTUNITY

Chesapeake Village Center, LLC
P.O. Box 144
Chester, Maryland 21619

Rental Application

Applicant 1 Information

Name: _____ Middle: _____ Last: _____
Birth Date: _____ SSN: _____
Email: _____ Cell Phone: _____ Home Phone: _____
Driver's License #: _____

Additional Applicants Under 18:

Name: _____ Birth Date: _____ Relationship: _____
Name: _____ Birth Date: _____ Relationship: _____

Applicant-1 Employment History

Current Employer: _____ Occupation: _____
Employer Address: _____ Employer Phone: _____
Supervisor Name: _____ Monthly Income: _____

Previous Employer: _____ Occupation: _____
Employer Address: _____ Employer Phone: _____
Supervisor Name: _____ Monthly Pay: _____

Applicant-1 Emergency Contact

Name: _____ Cell: _____ Relationship_____

Applicant-2 Information

Name: _____ Middle: _____ Last: _____
Birth Date: _____ SSN: _____
Email: _____ Home Phone: _____ Cell Phone: _____
Driver's License: _____

Additional Applicants Under 18:

Name: _____ Birth Date: _____ Relationship: _____
Name: _____ Birth Date: _____ Relationship: _____

Applicant-2 Employment History

Current Employer: _____ Occupation: _____
Employer Address: _____ Employer Phone: _____ Supervisor Name: _____ Monthly Income: _____

Previous Employer: _____ Occupation: _____
Employer Address: _____ Employer Phone: _____
Supervisor Name: _____ Monthly Pay: _____

Applicant-2 Emergency Contact

Name: _____ Cell: _____ Relationship_____

EQUAL HOUSING OPPORTUNITY

Chesapeake Village Center, LLC
P.O. Box 144
Chester, Maryland 21619

Rental History

Current Address: _____ City: _____ State: _____ Zip: _____
Monthly Rent: _____ Dates of Residency (From/To): _____

Reason for Moving: _____
Owner/Manager Name: _____ Phone Number: _____

References

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

General Information

Have you ever been late or delinquent on rent? [ ] Yes [ ] No

Have you ever been evicted? [ ] Yes [ ] No

Have you ever filed bankruptcy? [ ] Yes [ ] No

Have you ever been party to a lawsuit? [ ] Yes [ ] No

Have you ever been convicted of a felony? [ ] Yes [ ] No If yes, please explain:_____
_____

Do you smoke? [ ] Yes [ ] No

Do you have any pets? [ ] Yes [ ] No If yes, list Breed, Weight, and Age: _____

Is there anything negative in your credit or background check you want to comment on? _____

Are you currently an active member of the military? [ ] Yes [ ] No

Do you require more than the allotted amount of parking spaces? [ ] Yes [ ] No

Agreement & Authorization

I verify that the statements in this application are true and correct. I authorize the use of the information and contacts provided to complete a credit check, reference of any nature related to this application, and/or background check. I understand that false or lack of information may result in the rejection of this application. The landlord is authorized to contact the provided emergency contacts in situations deemed necessary to address urgent matters during tenancy.

Signature of Applicant 1: _____ Date: _____
Signature of Applicant 2: _____ Date: _____

Rental Application Fee: $_____ Paid? [ ] Yes [ ] No