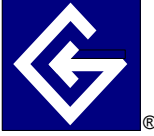


COMMUNITY NAME

APPLICATION AND AGREEMENT TO RENT APARTMENT

FOR OFFICE USE ONLY

		 <p>GRADY MANAGEMENT, INC. THE MONTGOMERY CENTER, SUITE 625 8630 FENTON STREET SILVER SPRING, MARYLAND 20910</p>
APPLICANT(S) _____ APT. ADDRESS _____ _____ SIZE _____ TYPE _____	_____ (COMMUNITY)	

The applicant(s) makes the representations in this application knowing that management will rely on their accuracy, and hereby authorizes any inquiries management wishes to make regarding credit, character, general reputation, personal characteristics, and mode of leasing. The applicant(s) release(s) management from any liability whatsoever for rejection of this application due to credit information received, or other management reasons for rejection.

Application is hereby made to rent the premises known as Apartment No. _____ located at _____ City _____ State _____ Zip _____ Under a lease for a term of _____ to begin on the _____ day of _____ 20 _____ at and for the monthly rental of \$ _____, payable in advance on the first day of each month.

It is understood that no pets will be permitted without prior written consent of Grady Management, Inc.; that premises are to be used as a residence only and to be occupied by those persons listed hereinbelow.

The undersigned agree(s) to make a rental deposit of \$ _____ to be applied to the first month's rent of \$ _____ also, the undersigned agree(s), if accepted, to execute our lease and pay balance of \$ _____ due on the first month's rent, as well as a security deposit of \$ _____ immediately upon notice of acceptance by manager, or forfeit the deposit. The undersigned agree(s) the deposit will be refunded only if the application is not accepted by management.

APPLICANT PLEASE NOTE:

1. All copies of the Lease must be executed by all applicants before possession can be allowed (copy of Lease and Regulations available for prior review).
2. All rents and charges are *due and payable on the first of the month*.
3. In addition to advising you of the liabilities which you incur upon signing this Application, as set forth above, Maryland Law requires an Application to contain the following explanatory statement:

"Fees other than Security Deposit (1) If a Landlord requires from a prospective tenant any fees other than a Security Deposit as defined by section 8-203(a) of this sub-title, and these fees exceed \$25.00, then the Landlord shall return the fees, subject to the exceptions below, or be liable for twice the amount of the fees in damages. The return shall be made not later than 15 days following the date of occupancy or the written communication, by either party to the other, of a decision that no tenancy shall occur. (2) The Landlord may retain only that portion of the fees actually expended for a credit check or other expenses arising out of the application, and shall return that portion of the fees not actually expended on behalf of the tenant making application. If, within 15 days of the first to occur, of occupancy or signing a lease, a tenant decides to terminate the tenancy, the Landlord may also retain that portion of the fees which represents the loss of rent, if any, resulting from the tenant's action."

1. Applicant's Signature _____ Date: _____

2. Applicant's Signature _____ Date: _____



VEHICLES OWNED BY APPLICANT(S) MAKE OF CAR	YEAR	TAG. NO.	STATE REGISTERED

IN CASE OF EMERGENCY, PERSON YOU WISH US TO NOTIFY:

NAME _____ RELATIONSHIP _____ PHONE () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

**PERSON WHO WILL OCCUPY APT.
(LIST ALL – PLEASE PRINT)**

NAME	MAIDEN & AKA IF APPLICABLE	DATE OF BIRTH	SOCIAL SECURITY NO.	DRIVERS LIC. # AND STATE
1.				
2.				
3.				
4.				
5.				

APPLICANT ONE – 3 YEAR HISTORY IS REQUIRED ON ALL INFORMATION, EMPLOYMENT AND RESIDENCE.

PLEASE PRINT AND FILL IN ALL INFORMATION LISTED BELOW AS INDICATED.

FULL NAME _____

EMPLOYMENT

PRESENT EMPLOYER _____ PHONE # () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

YOUR OCCUPATION _____ YOUR BUREAU/DEPT. _____

SUPERVISOR'S NAME _____ PERSONNEL DEPT. PHONE # () _____

WHAT IS YOUR ANNUAL SALARY? \$ _____ DATE EMPLOYMENT BEGAN: _____

EMPLOYMENT – PART-TIME

PRESENT EMPLOYER _____ PHONE # () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

YOUR OCCUPATION _____ YOUR BUREAU/DEPT. _____

SUPERVISOR'S NAME _____ PERSONNEL DEPT. PHONE # () _____

WHAT IS YOUR ANNUAL SALARY? \$ _____ DATE EMPLOYMENT BEGAN: _____

(PLEASE LIST AND EXPLAIN ANY OTHER SOURCES OF INCOME)

ADDITIONAL INCOME (AMOUNT AND SOURCE):

IF LESS THAN 3 YEARS, PLEASE FILL OUT THIS ADDITIONAL SECTION

PRIOR EMPLOYER _____ PHONE # () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

YOUR OCCUPATION _____ YOUR BUREAU/DEPT. _____

SUPERVISOR'S NAME _____ PERSONNEL DEPT. PHONE # () _____

DATES OF EMPLOYMENT: FROM _____ TO _____ ANNUAL SALARY: \$ _____

IF YOU ARE A MEMBER OF THE ARMED FORCES, PLEASE FILL IN THIS SECTION

MILITARY _____

BRANCH _____ RANK _____ SERIAL NO. _____

STATIONED AT: _____ FROM _____ TO _____

PRESENT RESIDENCE INFORMATION

RENT OWN NAME OF APARTMENTS _____
PRESENT ADDRESS _____ PHONE # () _____
CITY _____ STATE _____ ZIP _____
MORTGAGE ACCOUNT NUMBER _____
NAME OF COMPANY/PERSON YOU PAY RENT/MORTGAGE TO: _____
DAYTIME PHONE # () _____ ADDRESS _____
AMOUNT OF MONTHLY RENT/MORTGAGE PAYMENT \$ _____
MOVE-IN-DATE: _____ YEAR _____ 20 _____ LEASE EXPIRATION DATE: _____

PRIOR RESIDENCE INFORMATION

RENT OWN NAME OF APARTMENTS _____
PRIOR ADDRESS _____ PHONE # () _____
CITY _____ STATE _____ ZIP _____
MORTGAGE ACCOUNT NUMBER _____
NAME OF COMPANY/PERSON YOU PAID RENT/MORTGAGE TO: _____
DAYTIME PHONE # () _____ ADDRESS _____
AMOUNT OF MONTHLY RENT/MORTGAGE PAYMENT \$ _____
LENGTH OF RESIDENCE FROM: _____ (YEAR) _____ TO _____ (YEAR) _____ LEASE EXPIRATION DATE: _____

PLEASE LIST 3 PEOPLE YOU WISH TO USE AS PERSONAL REFERENCES

PERSONAL REFERENCES

NAME _____ PHONE # () _____
ADDRESS _____
NAME _____ PHONE # () _____
ADDRESS _____
NAME _____ PHONE # () _____
Address _____

APPLICANT TWO – 3 YEAR HISTORY IS REQUIRED ON ALL INFORMATION, EMPLOYMENT AND RESIDENCE.

PLEASE PRINT AND FILL IN ALL INFORMATION LISTED BELOW AS INDICATED.

FULL NAME _____

EMPLOYMENT

PRESENT EMPLOYER _____ PHONE # () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

YOUR OCCUPATION _____ YOUR BUREAU/DEPT. _____

SUPERVISOR'S NAME _____ PERSONNEL DEPT. PHONE # () _____

WHAT IS YOUR ANNUAL SALARY? \$ _____ DATE EMPLOYMENT BEGAN: _____

EMPLOYMENT – PART-TIME

PRESENT EMPLOYER _____ PHONE # () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

YOUR OCCUPATION _____ YOUR BUREAU/DEPT. _____

SUPERVISOR'S NAME _____ PERSONNEL DEPT. PHONE # () _____

WHAT IS YOUR ANNUAL SALARY? \$ _____ DATE EMPLOYMENT BEGAN: _____

(PLEASE LIST AND EXPLAIN ANY OTHER SOURCES OF INCOME)

ADDITIONAL INCOME (AMOUNT AND SOURCE):

IF LESS THAN 3 YEARS, PLEASE FILL OUT THIS ADDITIONAL SECTION

PRIOR EMPLOYER _____ PHONE # () _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

YOUR OCCUPATION _____ YOUR BUREAU/DEPT. _____

SUPERVISOR'S NAME _____ PERSONNEL DEPT. PHONE # () _____

DATES OF EMPLOYMENT: FROM _____ TO _____ ANNUAL SALARY: \$ _____

IF YOU ARE A MEMBER OF THE ARMED FORCES, PLEASE FILL IN THIS SECTION

MILITARY

BRANCH _____ RANK _____ SERIAL NO. _____

STATIONED AT: _____ FROM _____ TO _____

PRESENT RESIDENCE INFORMATION

RENT _____ OWN _____ NAME OF APARTMENTS _____

PRESENT ADDRESS _____ PHONE # () _____

CITY _____ STATE _____ ZIP _____

MORTGAGE ACCOUNT NUMBER _____

NAME OF COMPANY/PERSON YOU PAY RENT/MORTGAGE TO: _____

DAYTIME PHONE # () _____ ADDRESS _____

AMOUNT OF MONTHLY RENT/MORTGAGE PAYMENT \$ _____

MOVE-IN-DATE: _____ YEAR _____ 20 _____ LEASE EXPIRATION DATE: _____

PRIOR RESIDENCE INFORMATION

RENT _____ OWN _____ NAME OF APARTMENTS _____

PRIOR ADDRESS _____ PHONE # () _____

CITY _____ STATE _____ ZIP _____

MORTGAGE ACCOUNT NUMBER _____

NAME OF COMPANY/PERSON YOU PAID RENT/MORTGAGE TO: _____

DAYTIME PHONE # () _____ ADDRESS _____

AMOUNT OF MONTHLY RENT/MORTGAGE PAYMENT \$ _____

LENGTH OF RESIDENCE FROM: _____ YEAR _____ TO _____ YEAR _____ LEASE EXPIRATION DATE: _____

PLEASE LIST 3 PEOPLE YOU WISH TO USE AS PERSONAL REFERENCES

PERSONAL REFERENCES

NAME _____ PHONE # () _____

ADDRESS _____

NAME _____ PHONE # () _____

ADDRESS _____

NAME _____ PHONE # () _____

ADDRESS _____