Dear Prospective Resident,

Thank you for your interest in Takoma Landing Apartments! We look forward to your visit here. For your convenience, we have attached an Application to Lease.

You may complete the attached Application for Lease prior to coming to the community. Each adult who will reside in the apartment is required to complete a separate application. Completing this application prior to your visit will save you time. When filling out the application, please thoroughly complete all requested information. In addition to the completed application, you will be required to provide the following documentation:

- Valid, Government Issued Photo identification
- Two most recent pay stubs, an offer letter from the employer on company letterhead identifying start dates and salary *
- A $35.00 application fee, per adult applicant in a credit card or money order.

Upon visiting the community, you will be greeted by our leasing consultant or property manager. You will be asked to complete a Guest Card, which will help us identify your desires for your future apartment home. Our team will be happy to assist you by reviewing our community features, and show you a representative apartment for the community.

After you have selected an apartment home and submit the required above documentation our team will work with you to finalize any additional paperwork, provide the details of your move, and review our policies and procedures as related to your move to the community.

Again, thank you for your interest in Takoma Landing Apartments! We look forward to meeting you in the near future, and should you have any questions, please do not hesitate to call us at 301-891-2020.

Thank You,

The Management Team for
Takoma Landing Apartments

* Note: Additional items may be accepted for proof of income. Please contact a Leasing Agent for details.
**APPLICATION FOR LEASE**

**APPLICANT INFORMATION:**

Full Name (Last) ____________________________ (First) ____________________________ (MI) __________

Social Security Number: __________ - ________ - __________ Date of Birth: _______ / _______ / _______

Home Phone Number: (____) - ________ Work Phone Number: (____) - ________

Cell: (____) - ________ Email: __________

Proof of Identification: Type __________________________________________________________
Identification Number ________________________________________________________________

Official Government / State Issue ID, such as Drivers License, Passport, State Identification Card, Etc.

**Additional Resident Information:**

Name of Co-Applicant(s): __________________________________________________________________________

(Co-Applicants must fill out individual applications)

Name of Minor Occupant: ____________________________ Birth Date: _______ / _______ / _______

Name of Minor Occupant: ____________________________ Birth Date: _______ / _______ / _______

Name of Minor Occupant: ____________________________ Birth Date: _______ / _______ / _______

Total Number of Occupants to Live in the Apartment: _______

Do you have a pet? YES __________ NO __________ If yes, type of pet? ___________________________________________________________________________________

Would a Visual Smoke Detector be required due to a severe hearing loss? YES __________ NO __________

**RESIDENCY INFORMATION:** (Please provide a two year history)

Current Address: __________________________________________________________________________ (Street)  (Unit)  (City, State, Zip) Move In Date: __________

Do you own or rent your current residence? OWN / RENT (circle one)

Name of Landlord or Community: __________________________________________________________________________

Landlord’s Daytime Phone Number: __________

Monthly Rent Paid: __________ Was lease in your name? YES / NO (circle one)

Previous Address: __________________________________________________________________________ (Street)  (Unit)  (City, State, Zip) Move In Date: __________

Move Out Date: __________

Did you own or rent your previous residence? OWN / RENT (circle one)

Name of Landlord or Community: __________________________________________________________________________

Landlord’s Daytime Phone Number: __________

Monthly Rent Paid: __________ Was lease in your name? YES / NO (circle one)

**EMPLOYMENT INFORMATION:**

Employer: __________________________________________________________________________
Name: __________________________________________________________________________ Address: __________________________________________________________________________

Dates of Employment: From _______ / _______ to present.
Position Title: __________________________________________________________________________
Income: $ __________ Weekly / Bi-Weekly / Yearly
Human Resources Telephone Number: __________________________________________________________________________

Part Time Employer (if applicable):

Name: __________________________________________________________________________ Address: __________________________________________________________________________

Dates of Employment: From _______ / _______ to present.
Position Title: __________________________________________________________________________
Income: $ __________ Weekly / Bi-Weekly / Yearly
Human Resources Telephone Number: __________________________________________________________________________

Other Income Sources: (Savings, Retirement, Verifiable Child Support, etc.)
Source: __________________________________________________________________________
Verifiable Income: $ __________ Weekly / Bi-Weekly / Yearly

Bank Information:

Name of Bank: __________________________________________________________________________ Branch: __________________________________________________________________________
Checking Account #: __________________________________________________________________________ Savings Account #: __________________________________________________________________________
RELATIVE OR FRIENDS TO NOTIFY IN CASE OF AN EMERGENCY

1. Full Name (Last) ____________________________ (First) ____________________________ (MI) ____________
   Address: ________________________________ ________________________________
   (Street) (Unit) (City, State, Zip) 
   Home Phone Number: ( ____ ) - ____________________________ 
   Work Phone Number: ( ____ ) - ____________________________ 
   Cell Phone Number: ( ____ ) - ____________________________ 
   Email: ________________________________

2. Full Name (Last) ____________________________ (First) ____________________________ (MI) ____________
   Address: ________________________________ ________________________________
   (Street) (Unit) (City, State, Zip) 
   Home Phone Number: ( ____ ) - ____________________________ 
   Work Phone Number: ( ____ ) - ____________________________ 
   Cell Phone Number: ( ____ ) - ____________________________ 
   Email: ________________________________

QUESTIONNAIRE (Any unanswered “yes” or “no” question shall result in cancellation of your application.)

1. Are you or is any member of your household currently involved in eviction proceedings?
   Yes: ______  No: ______

2. Has a Landlord issued you a Notice to Vacate due to lease violations in the past 7 years?
   Yes: ______  No: ______
   If yes- Date: ____________________________ Explain: ____________________________

3. Have you or any member of your household ever been convicted of or pled guilty or “no contest” to any felony?
   Yes: ______  No: ______
   If yes- Date: ____________________________ Explain: ____________________________

4. Have you or any member of your household ever been convicted of or pled guilty or “no contest” to a sex crime?
   Yes: ______  No: ______
   If yes- Date: ____________________________ Explain: ____________________________

5. Are you or is any member of your household listed on a registry of sexual offenders?
   If yes- Explain: ____________________________
   Yes: ______  No: ______

6. Have you or any member of your household ever been convicted of or pled guilty or “no contest” to illegal distribution or manufacture of a controlled substance?
   If yes- Date: ____________________________ Explain: ____________________________
   Yes: ______  No: ______

7. Are you or is any member of your household an illegal user of a controlled substance?
   Yes: ______  No: ______

8. Have you or has any member of your household ever been or currently is a member of a gang?
   Yes: ______  No: ______

I have read the foregoing and certify that the information herein is TRUE and CORRECT and that this application is submitted for the purpose of inducing approval of this application on my behalf. Any false statement on the application may lead to the rejection of my application or immediate termination of my lease. Further, if I subsequently am involved in conduct which would result in a "yes" response to any of the questions set forth above (even after I sign the lease and take possession of the apartment home), I understand that Landlord may terminate the Lease.

I agree to lease the premises and hereby tender a non-refundable application fee. I understand that occupancy is subject to possession being delivered by present occupant. The application fee(s) per applicant have been deposited by Landlord, with the clear understanding that this application, along with each prospective occupant, is subject to approval by Landlord in its sole discretion. The applicant understands that he/she must provide the required verification documents within 48 hours of the application date or this application will be automatically cancelled by management. The applicant also understands that upon approval of this application he/she is required to sign a “Commitment to Lease” agreement and pay $200.00 “prepaid rent” by money order/certified funds within 48 hours of approval notification or the application will be automatically cancelled by management.

Authorized Verification Release

Applicant authorizes prospective landlord to verify the accuracy of all statements in this application through criminal background checks, credit reporting agencies, both present and previous employers and landlords, and other sources, as Landlord deems necessary. I release Landlord, its employees and agents, and anyone providing verification information from all liability for any damage whatsoever incurred in obtaining and furnishing such information.

Applicant Signature: ____________________________ Date: ____________________________
EMPLOYMENT VERIFICATION WORKSHEET

To: _____________________________________________

Employer
Attention: Human Resources / Payroll / Personnel Department

Your employee has placed an application with Takoma Landing Apartments and Townhomes. Your assistance in verification of the following employment information is appreciated. Once completed, please fax this page back to the number above.
Thank you! Takoma Landing Leasing Staff.

Applicant Statement of Release –

I, ________________________ give permission to release the Employment information requested below.

Signature of Applicant: ____________________________

Employee Name: __________________________________
Social Security Number: ____________________________
Dates of Employment – Start __________ to ____________
Position: ________________________________________
Full or Part Time (circle one) Hours per Week: __________
Payment Schedule: Weekly: __________ Bi-Weekly: __________
                     Monthly: __________ Other: ____________
Salary or Hourly Wage: ____________________________

Verified By: ____________________________________
Title: __________________________________________
Telephone: ______________________________________

TAKOMA LANDING APARTMENTS
790 Fairview Avenue, #213, Takoma Park, Maryland 20912
Phone (301) 891-2020 Fax: (301) 891-2958
TAKOMA LANDING APARTMENTS
OFFICE: 301-891-2020
FAX: 301-891-2958

RESIDENCY VERIFICATION

LANDLORD: CURRENT ___________  PREVIOUS: ___________

NAME OF LANDLORD: ____________________________

NAME OF APPLICANT(S): ____________________________

__________________________________________

ADDRESS: ______________________________________

I authorize my Landlord named above to furnish the information requested by Takoma Landing Apartments. I also release Takoma Landing, its LLC managers and members, officers, directors, agents, employees, heirs and assigns from any and all liability which may arise by reason of compliance with the above request.

__________________________________________
Applicant's Signature

LANDLORD: PLEASE FAX COMPLETED FORM TO NUMBER LISTED ABOVE.

45. How long did applicant reside at above address? From _________ To _________

46. What was the monthly rent paid by applicant? $ ____________________________

47. Was rent paid as agreed? ____________________________________________

48. How many times was rent paid late but before the 15th of the month? __________

49. How many times was rent paid late, after 15th of the month? ______________

50. What is the outstanding balance, if any, on their account? __________________

51. After move-out, what was the condition of the apartment? __________________

52. Were there any complaints relating to noise, housekeeping, over-occupancy, etc? ____
    If Yes, please Explain: ____________________________________________________

53. Was a Management Notice issued? _______________________________________

54. Did they give proper notice? _____________________________________________

55. Would you rent to this person again? YES / NO  If no, please explain. __________
    _______________________________________________________________________

Verified by: ______________________ Title: ____________ Telephone#: ____________
CREDIT CARD AUTHORIZATION

I ______________ authorize Takoma Landing Apartments to charge my
_____ Visa       _____ Mastercard       ______________Expiration Date

Card Number ________________________V-Code_______

for the amount of $_____________ for Application Fee

Signature: ___________________________     Date: _____________