## BROOKS MANAGEMENT COMPANY, INC. 2709 Hanson Ave., Apt. T2, Baltimore, MD 21209 - (410) 764-7776 FAX: (410) 764-8303 App. Date: Application for rental at: Apartment. No. Rent/Month:\$ Term: Months No. of Bedrooms Lease Start How did you find us? Attatch Copy of Photo ID **Applicant Name:** SS# Birth Date: Single: Separated: Married: Lic. # Phone E-Mail Address: Work Spouse Name: SS# Work Lic. # Phone Phone Birth Date: E-Mail Address APPLICANT EMPLOYMENT HISTORY Employer Current Address How long /Week Position: Salary:\$ Supervisor employed Employer **Employer** Address Phone How long Position Salary:\$ /Week Supervisor Other Annual Income: \$ Describe SPOUSE EMPLOYMENT HISTORY Employe Employer Address Current Phone: How long Position: employed Salary:\$ /Week Supervisor Previous Employer **Employer** Address How long /Week Position: Salary:\$ Supervisor employed Other Annual Income: \$ Describe Identification of other persons who will occupy the premises Relationship: SS# Name: Birth Date: Birth Date: Name Relationship SS# Relationship SS# Birth Date Name: RENTAL HISTORY **Current Address:** City State Zip Code: Landlord or Mortgage Holder: Phone: Rent: **Currently Under Lease?** Move In Date: Expir. Date: Reason for Moving: Monthly Payment: \$ **Previous Address:** City: State Phone Landlord or Mortgage Holder: Monthly Payment: \$ Rent: Reason for Moving Length of time: **VEHICLES** 2: PET INFORMATION If Yes. Tenant MUST complete a Pet Addendum. -- Unless specified by the Landlord, no pets of any kind will be Do you wish to have permission to have a pet(s) on the Pre mises? Yes -- If permission granted by the Landlord, it can be revoked at any time of Breed Weight Туре Age of Pet(s): of Pet(s) Pet(s) of Pet(s) of Pet(s): of Pet(s) EMERGENCY CONTACTS Name & Relationship: Phone Evening Name & Relationship: Phone **CONSUMER REPORT AUTHORIZATION** I hereby affirm that my answers on this application to lease are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. I authorize you to secure, from Property Owner's Exchange, Inc., a consumer reporting agency, an investigative consumer report. This report may contain, but would not be limited to, a consumer credit report, a criminal history records investigation, verification of my residences, employment and income. I authorize Property Owner's Exchange, Inc. to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living, and I release all concerned from any liability in connection with any information they give. I have also been advised that I have the right, under the federal Fair Credit Reporting Act (FCRA), Section 606 (B) to make a written request of you and Property Owner's Exchange, Inc. within reasonable time, for a complete and accurate disclosure of the nature and scope of the investigation. I acknowledge receipt of the summary of consumer rights required by Section 609 of the FCRA, entitled, A Summary of Your Rights Under the Fair Credit Reporting Act. Applicant Signature With Copy of Photo ID Date Spouse Signature With Copy of Photo ID Date Security deposit is refunded only if Leasing Consultant: applicant does not pass credit check. Security Deposit of: \$ Pavable To: Application Fee is NOT Refundable. \$50 NON-Refundable Application Fee, PER ADULT APPLICANT, Payable to: Brooks Management Co, Inc.