

G W Helfrich Inc

2516 Maryland Ave Baltimore, MD 21218
TEL: (410) 366-1200 FAX: (410) 366-1201 Email: george@gwhelfrich.com

APPLICATION FOR LEASE OF PREMISES

Proposed move in Date: _____

Name: _____

Are you: Married _____ Single _____

Drivers License #: _____ (Return application with copy of your photo id)

SS# _____ Date of Birth: _____

Vehicle Make: _____ Model: _____

Tag#: _____ Year: _____

Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Length at current address: _____

Cell Phone: _____

Work Phone: _____

What is the best way to reach you regarding your application? _____

How many people will be living in the premises? _____

ROOMMATE / CO-SIGNER (immediate family only) INFORMATION (if applicable)

Name: _____

Drivers License #: _____ (Return application with copy of your photo id)

SS# _____ Date of Birth: _____

Vehicle Make: _____ Model: _____

Tag#: _____ Year: _____

Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Work Phone: _____

REFERENCES

Previous Landlord: _____

Address: _____

City: _____ State: _____ Zip: _____

Work telephone: _____

Dates of occupancy of at previous residence: _____

Rent Amount: \$ _____

Was 30 day notice to vacate provided to this landlord? _____

May we contact them as a reference? _____

Previous Landlord: _____

Address: _____

City: _____ State: _____ Zip: _____

Work telephone: _____

Dates of occupancy of at previous residence: _____

Rent Amount: \$ _____

Was 30 day notice to vacate provided to this landlord? _____

May we contact them as a reference? _____

INCOME INFORMATION

Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

Work telephone: _____

Dates of employment: _____

Position: _____

Monthly income: \$ _____ (Attach last 2 pay stubs)

Other sources of income: _____

Total Monthly income: \$ _____

PLEASE ANSWER YES OR NO AND EXPLAIN IF NECCESARY

Have you ever been evicted? _____

Do you have visual proof of a driver's license or state issued ID? _____

Are you relocating because of a job? _____

Have you, or ANYONE (regardless of age) who will be residing with you:

1) **Ever** been arrested, cited, prosecuted, plead guilty to, or have been convicted of a crime?

Yes _____ No _____

2) **Ever** been placed on probation, parole, or effected by Megan Laws?

Yes _____ No _____

3) **Ever** been or currently are a member of a gang?

Yes _____ No _____

4) **Ever** had or currently have a warrant for your / their arrest?

Yes _____ No _____

5) **Ever** been or currently are involved in ANY criminal activity?

Yes _____ No _____

6) **Ever** been evicted or had a forcible detainer filed against you?

Yes _____ No _____

7) **Ever** moved to avoid eviction or because of problems with other tenants or a landlord?

Yes _____ No _____

Please explain ALL "Yes" answers IN DETAIL

In case of emergency, notify the name(s) listed below, whom are authorized to take possession of applicant's personal property.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home telephone: _____ Work telephone: _____

In signing this application I certify that the above information is correct and complete and I authorize the Landlord to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application, and to make the inquiries necessary to process my application, including to the right to receive and review any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency. If any information supplied on this application is later found to be false, this is ground for termination on tenancy. If this application is approved, applicants will have 48 hours from the time of notification to return to execute a Rental Agreement and make any deposits required by owner/agent. If applicants fail to execute a Rental Agreement and make the deposits within that time, they will be deemed to have refused the unit and the next application for the unit will be processed.

SIGNATURES

Applicant's Signature: _____ Date: _____

Spouse's / Roommate's Signature: _____ Date: _____