



216 N. Mechanic St
Cumberland, MD 21502
301-777-3033 phone
301-777-3313 fax

RENTAL APPLICATION

PLEASE REMEMBER!

Dear Rental Prospect,

When returning your application please include the following:

- \$25.00 Non-Refundable Application Fee
- Copies of Driver's License or Sheriff's picture ID
- Copy of 2 weeks most recent pay stubs of each income source listed
- Copy of HUD voucher or other financial aid information
- If self-employed, copy of most current Schedule C tax return and proof of current rent income

All applications must be returned with the items listed above or application will not be considered complete and cannot be processed.

Please return the application to the address below:

Aspired Property Management, LLC
216 N. Mechanic St
Cumberland, MD 21502
301-777-3033

Thank you for your attention to this matter.

Sincerely,

Dayna May
Property Manager



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APPLICANT(S) MUST BE 18 YEARS OR OLDER!

Today's Date: _____ Occupancy Date Desired: _____

Rental Price Range: \$ _____ Type/Size Desired: _____

Rental Address Shown: _____

PERSONAL DATA:

Name: _____ SSN: _____

Home Phone: _____ Date of Birth: _____

2nd Phone: _____ Driver's license and Exp: _____

Additional Occupants (list every occupant's name, relationship, and date of birth below—including children)

Name: _____ Relationship: _____ DOB: _____

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Preferred method of rental payments. We accept Cash, Checks, Money Orders, or Direct Deposit (ACH).

Cash _____ Check _____ Money Order _____ Direct Deposit (ACH) _____

	Yes	No	Explain/Name
Do you have renter's insurance?	_____	_____	_____
Have you ever broken a lease?	_____	_____	_____
Have you ever refused to pay rent for any reason?	_____	_____	_____
Have you ever been evicted or asked to leave a rental unit?	_____	_____	_____
Ever filed for bankruptcy?	_____	_____	_____
Ever been convicted of a crime?	_____	_____	_____
May we do a criminal background check?	_____	_____	_____
Do you currently serve in the U.S. military?	_____	_____	_____

PERSONAL DATA (continued)

	Yes	No	Explain/Name
Currently have any utilities in your name?	_____	_____	_____
Currently have phone service in your name?	_____	_____	_____
Do you have any water filled furniture?	_____	_____	_____
Do you have any appliances?	_____	_____	_____
Is there anything to prevent you from placing utilities or phone in your name?	_____	_____	_____
Do you know of anything or any reason which may interrupt your ability to pay rent?	_____	_____	_____

RESIDENCE HISTORY:

Present Address: _____

Current Phone: _____ Pets? How many/what kind? _____

How long at address: _____ Current Rent: _____

Lease Expires: _____ Paid Through: _____

Landlord: _____ Landlord Phone: _____

Reason for moving: _____ Is rent current? _____ # of late pmts: _____

Security Deposit amount currently currently held by Landlord: \$ _____

Previous Address: _____

How long at address: _____ Monthly Rent: _____

Landlord: _____ Landlord Phone: _____

Reason for moving: _____ Full security deposit returned? _____

Previous Address: _____

How long at address: _____ Monthly Rent: _____

Landlord: _____ Landlord Phone: _____

Reason for moving: _____ Full security deposit returned? _____

INCOME HISTORY:**Applicant's Current Employment Status:**

Full- time _____ Part-time _____ Student _____ Retired _____ Self -employed _____ Unemployed _____ Other _____

INCOME HISTORY (continued)

Present Occupation	Prior Occupation	Additional Employment Name:
Employer: _____		
Position/Title: _____		
Average wkly hours: _____		
Self-Employed DBA: _____		
Type of Business: _____		
Business Address: _____		
How Long: _____		
Name of Supervisor: _____		
Phone # of Supervisor: _____		
Monthly Gross Income: _____		
Hourly Rate/Salary: _____		
Other Income/ Payment Information:		

In the event of some emergency that would prevent you from paying rent when due, is there a relative, person, or agency that could assist you with rent payments?

1st Emergency Contact: _____ Relationship: _____

Address: _____

Phone: _____ Alternate Phone: _____

Additional Income (optional)

If there are additional, verifiable sources of income you would like considered, please list income source (e.g., self-employment, social security, benefit payments), and requested information below regarding each source. Applicant may be required to produce additional documentation or provide and sign release statements. Child support, alimony, or separate maintenance need NOT be disclosed unless you desire this additional income to be considered for qualification.

Additional Source: _____ Amount: \$ _____ per _____

Contact Person: _____ Phone: _____

How long have you been receiving income from this source? _____

How long do you expect this income to continue? _____

Is there any reason is would stop? _____

Additional Source: _____ Amount: \$ _____ per _____

Contact Person: _____ Phone: _____

How long have you been receiving income from this source? _____

How long do you expect this income to continue? _____

Is there any reason is would stop? _____

INCOME HISTORY (continued)

Bank Reference (optional—fill out only if you would like to have Direct Deposit)

Name of Bank and Branch: _____ Phone: _____

Address: _____

Account # : _____ Checking _____ Savings _____

Vehicles: Please note that only cars on application are authorized to be on premises.

Number of vehicles on property? _____ Valid registration and inspection? _____

Do you have any commercial vehicles, RV, campers, boats, or motorcycles? _____

Vehicle #1 (make/model/color/year): _____

Plate Number: _____ State: _____

Vehicle #2 (make/model/color/year): _____

Plate Number: _____ State: _____

PERSONAL REFERENCES:

Character/personal reference

Name: _____ Phone: _____

Address: _____

Relationship: _____ How Long: _____

Do you give manager permission to contact references listed above both now and in the future for rental consideration or for collection purposes should they be deemed necessary? _____

If management has a question regarding this application, please furnish the best contact phone number.

Contact Person: _____ Day Phone: _____

Contact Person: _____ Evening Phone: _____

THANK YOU!

Thank you for completing an application to rent from us. Please sign below. Please note that a completed application requires submission of the following, which will be copied and **attached** to this application:

- Copy of Driver's License or Sheriff's picture ID
- Voided Personal Check (to verify bank, for Direct Deposit Only)
- Copy of 2 weeks of most current pay stubs of each income source listed
- If self-employed, copy of most current Schedule C tax return and proof of current income

A fee of **\$25.00** is charged for all rental applications for the purpose of verifying the information furnished on this application. By signing below, I, _____ (applicant) authorize Aspired Property Management, LLC to perform background checks and obtain information about me from credit reporting sources, current and previous landlords, personal and professional references, employers, banks, and law enforcement agencies. I, _____ (applicant) further state that information on this application is true, complete, and hereby authorized annual verification of information, references, and credit history for continual rental consideration or for collection purposes should that become necessary. This fee is non-refundable.

Applicant acknowledges this application will become part of the lease agreement when approved. If any information is found to be incorrect, the application will be rejected and any subsequent rental agreement becomes void. False and misleading statements will be sufficient reason for immediate eviction and loss of security deposit.

Applicant's Signature: _____ Date: _____



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PET INFORMATION:

<u>Pet's Name</u>	<u>Type/Breed</u>	<u>Weight</u>	<u>Color</u>	<u>Age</u>	<u>License/ID#</u>
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Other than any pet listed above and approved by the Owner's Agent, no other animals of any kind are permitted on the rental Premises (even on a short-term or temporary basis), including dogs, cats, birds, fish, reptiles, or any other animals. The Owner's Agent grants to Tenant(s) permission to keep the aforementioned pet in the premises subject to the following terms and conditions, and this becomes part of the rental agreement.

Additional Deposit: \$ _____ Additional Monthly Fee: \$30.00 Other Fee: \$ _____

1. It is mutually agreed between the parties the Tenant(s) may keep the pet(s) described above as long as the weight does not exceed 30 pounds or mutual agreed terms are met by Tenant(s) and Owner's Agent.
2. Tenant cannot have more than 2 pets in the premises unless otherwise agreed to between Tenant and Owner's Agent.
3. Must provide up to date vaccination records for pets kept in the premises.
4. The additional deposit listed above may only be used after Tenant(s) have vacated to apply, if necessary, toward carpet replacement, cleaning, spraying of the rental, repair of damages, or delinquent rent. This deposit, or portion thereof, will be returned within 45 days once any damages are assessed and it is proven that the pet(s) has vacated the premises.
5. Tenant(s) agrees that this agreement is only for the specific pet(s) described above and agrees to not harbor, substitute, or "pet-sit" any other pet(s) and remove any of the pet's offspring within 30 days of birth. Any animal found on the premises other than the pet(s) specified above will be considered a stray and removed at Tenant(s) expense.
6. Tenant(s) agrees to have an identification tap on pet(s) whenever it is outside the premises.
7. The pet(s) shall be on a leash (maximum length of five(5)feet) or otherwise under Tenant(s) control, and not left unattended, when it is outside Tenant(s) unit.
8. Please note that the pet(s) is (are) not permitted in the following restricted areas: _____
9. Tenant(s) agrees to immediately clean up after pet(s), both inside and outside the premises and to dispose of any pet waste promptly and properly.
10. Tenant(s) agrees not to leave food or water for the pet(s) outside the premises, where it may attract other animals.
11. Tenant(s) agrees to abide by all local, city, or state ordinances, licensing, and health requirements regarding pets, including vaccinations and other listed concerns: _____
10. The pet(s) shall not cause any sort of nuisance or disturbance to neighbors. Noise, day or night, must not disturb others. Tenant(s) agrees to do whatever is necessary to keep the pet(s) from making noise that would cause an annoyance to others and take steps to immediately remedy complaints by neighbors or other tenants made to the Owner's Agent.
11. Tenant(s) agrees to immediately pay for damage, loss, or expense caused by the pet(s). Any payment not made for such damage or expense will be considered as additional rent due.
12. Failure to comply with the terms on this addendum shall give Owner's Agent the right to revoke permission to keep the pet(s), and is also grounds for immediate termination of the rental agreement, and Tenant(s) shall be liable for any damages caused by the pet(s) and the deposit shall be applied to said damages.

Signature



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By signing this authorization, I _____ (applicant), state that I have never been convicted of a felony. I further authorize the City Police Department of Cumberland, Maryland, the Sheriff's Department, and the Bureau of the Police Department, of Allegany County, Maryland to give Aspired Property Management, LLC any information that it might request to determine my eligibility as a prospective tenant, including, but not limited to, a criminal background report. I further agree to indemnify, hold harmless and defend the City of Cumberland, Maryland Police Department, the Sheriff's Department, and the Bureau of the Police Department of Allegany County, Maryland from and against any and all liability that may arise from their disclosure of such information.

I also understand that any false information I may have given, written or verbal, will be sufficient cause for rejection of services from the above named company.

This form must be returned to Aspired Property Management, LLC with a photocopy of a photo ID.

I, _____ (applicant), give permission to the Department of Social Services to release personal as well as benefit information to a representative of Aspired Property Management, LLC in order to obtain the necessary information for the determination of a qualified tenant.

Name: _____

Social Security Number: _____

Date of Birth: _____

Current Address: _____

Previous Address: _____

Current Phone Number: _____

Signature

Date