



# Spring Ridge Senior RENTAL APPLICATION



**PLEASE PRINT ALL INFORMATION**

NAME \_\_\_\_\_ DAY PHONE \_\_\_\_\_ EVENING PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

How long have you resided here? (From) \_\_\_\_\_ to \_\_\_\_\_ Reason for moving? \_\_\_\_\_  
 Previous Address: \_\_\_\_\_  
 How long did you reside there? (From) \_\_\_\_\_ to \_\_\_\_\_ Reason for moving? \_\_\_\_\_

NAME OF YOUR **PRESENT** LANDLORD: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
 ADDRESS OF YOUR **PRESENT** LANDLORD: \_\_\_\_\_  
 NAME OF YOUR **PREVIOUS** LANDLORD: \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_  
 ADDRESS OF YOUR **PREVIOUS** LANDLORD: \_\_\_\_\_

**List ALL of the person(s) who will live in the apartment.**

NAME	RELATIONSHIP	AGE	BIRTHDATE	SOCIAL SECURITY NUMBER

Yes  No *Is everyone in the household a FULL TIME STUDENT? Driver's License Number:* \_\_\_\_\_  
*Would you benefit from special design features of an apartment? If yes, please explain:* \_\_\_\_\_

### I N C O M E & A S S E T I N F O R M A T I O N

TYPE OF <u>I N C O M E</u>	GROSS MONTHLY AMOUNTS		TYPE OF <u>A S S E T</u>	TOTAL VALUE	
	HEAD	ALL OTHER HH MBRS		HEAD	ALL OTHER HH MBRS
	\$	\$		\$	\$
Wages			Savings Account		
Public Assistance			Checking Account (s)		
Social Security			Certificates of Deposits (CD's)		
Disability/SSI			Stocks & Bonds		
Unemployment			Real Property		
Pensions/Annuity			Cash (Safe deposit box, etc.)		
Child Support/Alimony			Any other		
Other					

- Yes  No Have you ever been convicted of a felony?
- Yes  No Have you ever been convicted for illegal use, possession, manufacturing or distribution of a controlled substance?
- Yes  No Do you currently use, manufacture, or distribute illegal drugs?
- Yes  No Have you ever been terminated/evicted from housing for non-payment of rent?

My/Our signature(s) below serves as written permission for **Spring Ridge Senior** to obtain a Criminal Background/Sex Offender Check, Consumer Report (credit history) and other references deemed necessary. We may obtain credit information from other sources and may exchange credit information with consumer reporting agencies. The applicant(s) also affirm that all information provided in the application is true and complete. The applicant(s) also understand that a personal interview must be held, assets and income verified before approval. All information received is confidential. After the application process is approved, a security deposit must be made and a lease agreement signed by all applicants. If accepted, I/We certify this apartment will be my/our sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false **Spring Ridge Senior** may cancel and annul any lease given in reliance upon such information.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NUMBER OF BEDROOMS PREFERRED \_\_\_\_\_ What is your preferred move in date? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 If this is a community that allows pets, do you have a pet? Yes \_\_\_ No \_\_\_ If, so, what type of animal is it? \_\_\_\_\_  
 How did you hear about us? \_\_\_\_\_

Date Received _____
Time Received _____
Identification # _____
Mgr. Comments _____

**PLEASE RETURN THIS FORM TO:**

**SPRING RIDGE SENIOR**  
 6351 Spring Ridge Parkway  
 Frederick, MD 21701  
**Phone:** (301) 620-2620 **Fax:** (301) 631-2996 TTY/TDD #: (800) 735-2258