

Insley Rentals, LLC

Rental Application

207-A Milford Street · Salisbury, Maryland 21804

Phone (410) 742-8121 Fax (410) 742-8123

Website: www.insleyrentals.com Email: info@insleyrentals.com

APPLICATIONS WITH INCOMPLETE OR FALSE INFORMATION WILL NOT BE PROCESSED!!

Date: ___/___/___ Length of Occupancy Desired: _____ **All Leases are a Minimum of One (1) Year.**

Address Applying For: _____ Date Of Occupancy Desired: _____

Applicant's Name: _____

Cell Phone #: _____ Home Phone #: _____ **Email:** _____

Date of Birth: ___/___/___ Social Security #: _____ - _____ - _____ Age: _____ Sex: _____ Race: _____

Driver's License #: _____ State: _____ Auto Tag #: _____ Make: _____ Model: _____ Year: _____

Married: _____ How Long: _____ Single: _____ Divorced: _____ Separated: _____ Widowed: _____ How Long: _____

Your Current Home Address: _____

Your Current Mailing Address: _____

If Different from Home Address _____

Lived Here: ___ Years ___ Months Live With Parents: ___ Yes ___ No ___ Own ___ Rent Monthly Payment: \$ _____ # of Children: _____ Pets: _____

Present Landlord or Mortgage Holder: _____ Phone #: _____

Landlord or Mortgage Holder Address: _____

Previous Home Address: _____

Previous Landlord Address & Phone #: _____

Names of all persons to occupy the Property (other than yourself), if none, indicate "none"

Name: _____ Relationship: _____ Sex: _____ Age: _____

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Name: _____ Relationship: _____ Sex: _____ Age: _____

Your Employer: _____

Position: _____ Date of Employment: ___/___/___ Salary: \$ _____ (Wk Gross) Hours per week: _____

Other Income: Type: _____ Weekly Amount: \$ _____ Monthly Amount: \$ _____

Your Previous Employer (if with present employer less than 2 years):

Position: _____ Date of Employment: ___/___/___ Length of Employment: _____

Co Applicant Name: _____ Cell Phone #: _____

Address: _____

Driver's License #: _____ State: _____ Date of Birth: ___/___/___ Social Security # _____ - _____ - _____

Co-Applicant Employer: _____

Position: _____ Date of Employment: ___/___/___ Salary: \$ _____ (Wk Gross) Hours per week: _____

Other Income: Type: _____ Weekly Amount: \$ _____ Monthly Amount: \$ _____

Your Co-Applicant Previous Employer (if with present employer less than 2 years):

Position: _____ Date of Employment: ___/___/___ Length of Employment: _____

Nearest Relative not living with you to be contacted in case of emergency:

Name: _____ Relationship: _____

Address: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Have you ever been summoned to Rent Court? Yes: ___ No: ___ If yes, please explain: _____

Does any proposed resident have any criminal record? Yes: ___ No: ___ If yes, please explain: _____

Have you ever been evicted? Yes: ___ No: ___ If yes, please explain: _____

Have you ever been asked to vacate a property because of a violation of your lease or violation of the rules of the residence where you lived? Yes: ___ No: ___ If yes, please explain: _____

Have you always paid your rent when due (on-time)? Yes: ___ No: ___ If no, please explain: _____

Are you registered to vote in Salisbury? Yes: ___ No: ___ Fruitland? Yes: ___ No: ___ Wicomico County? Yes: ___ No: ___

Has any proposed occupant been tested for elevated blood lead levels? _____ Did the test indicate a blood lead level above .15 ug/dl? _____

References:

Bank: Checking: _____ Account Number: _____

Name Address City State Zip

Savings: _____ Account Number: _____

Name Address City State Zip

Last vehicle purchased from: _____ Date Purchased: ___ / ___ / ___

Dealership Address City State Zip

Financed By: _____

Company or Bank Address City State Zip Phone #

Length of Loan: _____ Account #: _____ Monthly Payment: \$ _____ Amount of Loan: \$ _____ Amount Still Owing: \$ _____

Installment Accounts or Personal Loans (list two)

Account Name Address City State Zip Phone # Balance Owed Monthly Payment Account #

Account Name Address City State Zip Phone # Balance Owed Monthly Payment Account #

Character Reference (not a relative)

Name # Street City State Zip Phone # # of Years Known

How did you learn about this property? ___ Newspaper ___ Drive By ___ Website ___ Tenant, if so who _____ Other _____

Why are you choosing this property? Close to: ___ Work ___ Schools ___ Shopping ___ Size of Rooms ___ Amount of Rent ___ Other _____

What other properties and/or rental agencies have you looked at? _____

INSLEY RENTALS DOES NOT ACCEPT FROM PROSPECTIVE TENANTS REUSABLE TENANT SCREENING REPORTS AS DEFINED BY MARYLAND CODE, REAL PROPERTY SECTION 8-218

RENTAL APPLICATION IS SUBJECT TO SATISFACTORY EMPLOYMENT, CREDIT AND PERSONAL REFERENCES. APPLICANTS WILL NOT HOLD INSLEY RENTALS, LLC. OR INSLEY & INSLEY, LLC., RESPONSIBLE FOR ANY INFORMATION GIVEN OR RECEIVED INCORRECTLY.

I HAVE FULLY READ AND UNDERSTAND ALL THE PROVISIONS OF THIS APPLICATION. THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IN THE EVENT ANY INFORMATION GIVEN IS FALSE, APPLICATION WILL NOT BE APPROVED, OR IF LEASE SIGNED, LEASE MAY BE TERMINATED.

Signature: _____ Printed Name: _____ Date: ___ / ___ / ___

OFFICE USE ONLY

Reference	Remarks	Name of Person Verifying Information	Verified By Initials
Employer			
Spouse's Employer			
Bank			
Car Loan			
Criminal History			
Credit Bureau			
Present Landlord			
Previous Landlord			
Tenant Index			

EMPLOYMENT VERIFICATION

THIS SECTION TO BE COMPLETED BY MANAGEMENT AND EXECUTED BY TENANT

TO: (Name & address of employer) _____ Date: _____

RE: _____ Applicant/Tenant Name Social Security Number Unit # (if assigned)

I hereby authorize release of my employment information.

Signature of Applicant/Tenant Date

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Return Form To:

THIS SECTION TO BE COMPLETED BY EMPLOYER

Employee Name: _____ Job Title: _____

Presently Employed: Yes ___ Date First Employed _____ No ___ Last Day of Employment _____

Current Wages/Salary: \$ _____ (check one)
 hourly weekly bi-weekly semi-monthly monthly yearly other _____

Average # of regular hours per week: _____ Year-to-date earnings: \$ _____ from: ___/___/___ through: ___/___/___

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$ _____ (check one)
 hourly weekly bi-weekly semi-monthly monthly yearly other _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____; Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional remarks: _____

Employer's Signature Employer's Printed Name Date

Employer [Company] Name and Address

Phone # Fax # E-mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction.