

Island Club Apartments

1500 Sharen Drive
Salisbury, MD 21804
(410) 860-0095

RENTAL APPLICATION

APPLICANT INFORMATION:

Name: _____ Last First Middle Initial
Current Address: _____ Street City State Zip Code
Date of Birth: _____ Social Security #: _____
Move in date requested: _____ Bedroom size requested: _____
Email: _____ Telephone Number: _____

HOUSEHOLD INFORMATION:

List below, all information for each **additional household member** who will occupy the unit.

Name (First, Middle Initial, Last)	Relationship to Head of Household	M/F	Social Security Number	Date of Birth (Mo./Day/Yr.)
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		
		<input type="checkbox"/> M <input type="checkbox"/> F		

Do you anticipate a change in household composition during the next 12 months? Yes No

Do you request a handicapped accessible unit? Yes No

Do you require any special accommodations or special services from management? Yes No

If yes, describe: _____

THREE YEAR LIVING HISTORY:

Present Housing: Own _____ Rent _____ Other _____ Monthly Amount \$ _____
Landlord's Name: _____
Landlord's Telephone: _____ Dates of Residency: _____ (mo./yr.) TO (mo./yr.)
Previous Housing: Own _____ Rent _____ Other _____ Monthly Amount \$ _____

Previous Address: _____
 Street City State Zip Code

Landlord's Name: _____

Landlord's Address: _____
 Street City State Zip Code

Landlord's Telephone: _____ Dates of Residency: _____
 (mo./yr.) TO (mo./yr.)

Emergency Contact Person:
Name: _____ **Phone Number:** _____
Address: _____
 Street City State Zip Code
Relationship: _____

EMPLOYMENT INFORMATION:

Present Employer: _____ Telephone Number: _____

Employer Address: _____
 Street City State Zip Code

Occupation: _____ Dates of Employment: _____
 (mo./yr.) TO (mo./yr.)

Verification Contact Person: _____ Fax Number: _____

Second Employer, or
 Previous Employer: _____ Telephone Number: _____

Employer Address: _____
 Street City State Zip Code

Occupation: _____ Dates of Employment: _____
 (mo./yr.) TO (mo./yr.)

Verification Contact Person: _____ Fax Number: _____

Spouse Employer: _____ Telephone Number: _____

Employer Address: _____
 Street City State Zip Code

Occupation: _____ Dates of Employment: _____
 (mo./yr.) TO (mo./yr.)

Verification Contact Person: _____ Fax Number: _____

Please list the total annual employment income of all members of your household.

Name of Recipient	Wages (Full Time)	Wages (Part Time)	Overtime Pay	Commissions Or Fees	Tips or Bonuses

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VEHICLE INFORMATION:

Driver's License Number/State ID#: _____ **State Issued:** _____

Additional Occupant Driver's License Number/State ID#: _____ **State Issued:** _____

Vehicle #1: Year _____ Make _____ Model _____ Color _____
License # _____ State _____

Vehicle #2: Year _____ Make _____ Model _____ Color _____
License # _____ State _____

MISCELLANEOUS INFORMATION:

Do you have any pets? Yes No **How many?** _____ **Breed:** _____

Has any household member ever been convicted of any drug offense? Yes No
If yes, who: _____ **Explain:** _____

Has any household member ever been convicted of a felony? Yes No
If yes, who: _____ **Explain:** _____

Does anyone in the household currently have any felony charges pending against them? Yes No
If yes, who: _____ **Explain:** _____

I/We understand that the above information is being collected to determine my/our eligibility for residency. I/We authorize the owner/management to verify all information provided on this application and my/our signature is my/our consent to obtain such verification. I/We certify that all information and answers to the above questions are true and complete to the best of my/our knowledge. I/We consent to the release of the necessary information to determine my/our eligibility. I/We understand that providing false information or making false statements may be grounds for denial of my/our application. I understand that the credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through a credit bureau contracted with the apartment community.

I/We hereby offer \$ _____ as a non-refundable application fee. If I/We do not meet any of the Resident Selection Criteria, my/our application will be rejected and my/our application fee WILL NOT be refunded.

SIGNATURES:

_____/_____/_____
Applicant Date

_____/_____/_____
Additional Adult Household Member Date

_____/_____/_____
Agent for Landlord Date

OFFICE USE ONLY	Lease Charges	Date completed	Initials
Lease Charges Attached: Yes / No Printed copy for each charge/credit:			
Concession Offered(s):			
Discount Offered(s):			
Utility Package Included: Yes / No			
Furniture Package: Yes / No			
WD Rental: Yes / No			
Application Fees Paid: Yes / No			
Security Deposit Paid Yes / No			
Pet Fee Required Yes/ No			
Lease Term Offered: 12 Month			
Application Processed in RESMAN	Yes / No		
Credit Report Reviewed & Attached:	Yes / No		
Landlord Reference Faxed & Attached:	Yes / No		
Income Verification Faxed & Attached or Copy of 1 month's recent paystubs Collected & Attached:	Yes / No		
Social Security Number/ Driver's License/ Military ID verified:	Yes / No		
Proof of Renter's Insurance: Attached:	Yes / No		
Manager Approval:	Yes / No		