



STRYKE & ASSOCIATES

Professional Rental Property Management

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APPLICATION FOR RENTAL PROPERTY LEASE

Applicant Name: _____

Application is made to lease property located at:

For monthly rental of \$_____ Security Deposit: \$_____

Lease Term: _____ Move-in Date: _____

A non-refundable fee of \$60.00 per person is to be used in full by Stryke and Associates for the application fee/consumer check and processing of this application with the understanding that this application, including each prospective occupant is subject to Landlord's approval and acceptance. When so approved and accepted, the applicant agrees to execute a lease and to pay any balance due on the security deposit and/or the first month's rent (as required by Landlord) within five (5) days after being notified of acceptance and before possession is given. The fee is to be paid in cash or any secure funding such as a cashier's check, money order or cash. We do not accept personal checks.

SPECIAL LEASE REQUIREMENTS: Military/Diplomatic Clause: Yes _____ No _____

OCCUPANTS: The premises are to be occupied only by the following number of occupants:

Total Number of Occupants: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Pets: (if Pets are allowed by Landlord) Dog: _____ Cat: _____ Other: _____ How many pets total? _____

AUTOMOBILES, MOTORCYCLES, TRUCKS, BOATS, AND TRAILERS:

Total Number of Vehicles: _____

All motor vehicles or trailers shall have current licenses and may be parked ONLY in garages, driveways, if provided, on the street (not in fire lanes or on the lawn), OR AS REQUIRED BY THE CONDOMINIUM OR HOMEOWNER'S ASSOCIATION. In compliance with Federal fair housing regulations.

The Property shall be made available to all persons without regard to race, color, religion, national origin, sex, physical or mental handicaps, familial status or any additional protected classes specified by State of Maryland, District of Columbia or local jurisdiction law.

Personal Information:

Applicant's name: _____

Birth Date: _____ SS#: _____

Driver's License # or Government-issued ID#: _____ State: _____

Home Phone: _____ Temporary Local # (if applicable): _____

Office Phone: _____ Mobile Phone: _____

Current Address:

Street _____ City _____ State _____ Zip _____

Own _____ Rent _____ Term at this address: _____ years _____ months

Rent/Mortgage Payment: \$ _____

Present Landlord/Agent: _____ Phone: _____

Reason for moving: _____

List all previous addresses for the last five years including period of stay in each and the name and telephone number of landlord/Agent from whom you rented. (Use additional sheet if needed).

1 -- Previous Address:

Street _____ City _____ State _____ Zip _____

Landlord/Agent's Name: _____ Phone: _____

From (Date): _____ to _____ Monthly Rent: \$ _____

2 -- Previous Address:

Street _____ City _____ State _____ Zip _____

Landlord/Agent's Name: _____ Phone: _____

From (Date): _____ to _____ Monthly Rent: \$ _____

3 -- Previous Address:

Street _____ City _____ State _____ Zip _____

Landlord/Agent's Name: _____ Phone: _____

From (Date): _____ to _____ Monthly Rent: \$ _____

Current Employer:

Position: _____ Gross Income: \$ _____ How Long: _____

Employer Address:

Street _____ City _____ State _____ Zip _____

Supervisor _____ Supervisor's Phone _____

If employed less than one year with current employer, give previous employment information:

Previous Employer:

Position: _____ Gross Income: \$ _____ How Long: _____

Employer Address:

Street _____ City _____ State _____ Zip _____
Supervisor _____ Supervisor's Phone _____

IF EMPLOYER REFUSES to verify applicant's employment by phone, it shall become the responsibility of the applicant to provide immediate written confirmation of such information. If applicant is self-employed, attach copies for past two years of individual US Tax Form 1040 and self-employment US Tax Schedule C.

Assets: The following information is optional, but it might help in confirming your financial stability and status.

Checking Account: \$ _____ Savings Account: \$ _____ Credit Union: \$ _____

Other Assets: \$ _____ Specify: _____

TOTAL ASSETS: \$ _____

Have you ever filed for bankruptcy? No ___ Yes ___ Date: _____

Do you have a suit for judgments against you? No ___ Yes ___

If you are not a US citizen or permanent resident, please fill in the following:

Citizen of (Country): _____ Status: _____ Passport #: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

The applicant hereby authorizes Stryke and Associates to order and obtain a credit/consumer report.

I hereby authorize the owner or owner's agent to investigate and to report and disclose to the owner and the owner's agent the results of the references herein listed, statements and other data obtained from me or from any other person pertaining to my credit, employment, rent history and financial responsibility.

If the Landlord/Agent determines that any answer or statement contained herein is false or misleading, any lease granted by virtue of this application may be cancelled at the option of the Landlord/Agent. This application shall become part of any lease agreement executed between the Landlord and/or Agent and the applicant, and any false or misleading statement shall be considered a substantial breach of said lease. After this application has been processed, the Landlord/Owner may be contacted for final approval. Applicant will be contacted when approval is received.

I understand that this application does not constitute a commitment to lease or rent and that a written lease will be prepared if my application is approved. I further understand that the lease must be signed by the Landlord and/or its Agent and myself to be valid.

I, the undersigned applicant, affirm under the penalties of perjury, that I have read and understand this application and that my answers to the questions on this application are true and correct to the best of my personal knowledge, information and belief and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affects my application unfavorably.

Applicant signature:

Printed Name: _____

Signature: _____

Date: _____