



Horizon Management, Inc

RENTAL APPLICATION
Washington County

Phone: 301-293-0133
Drop off or Mail to: c/o Pony Express Box 216
 345 E. Antietam Street
 Hagerstown, MD 21740
Fax: 301-663-8055
Website: HorizonManagement.Net

The application process:

1. Submit application with non-refundable \$25.00 fee per adult on lease
2. Submit proof of income
3. Application will be processed after #1 and #2 are received
4. Application is subject to landlord's and/or owner's approval
5. Security deposit and full month's rent due at lease signing
6. Renter's insurance required at lease signing

Applicant Initial: _____

Date ____/____/____

Property Address Applying For: _____

PERSONAL DATA

Applicant Last Name		First Name	Middle Name	Social Security #	Date of Birth
Phone		Other Phone #	Drivers License #	State	Expiration Date
Email Address:					
Co-Applicant Last Name		First Name	Middle Name	Social Security #	Date of Birth
Phone		Other Phone #	Drivers License #	State	Expiration Date
Email Address:					
Present Address		City	State	Zip Code	How long at present address?
Landlord / Agent	Landlord / Agent Phone		Current Rent		Current Utilities Paid
Previous Address		City	State	Zip Code	How long at previous address?
Landlord / Agent	Landlord / Agent Phone		Monthly Rent Paid		Utilities Paid

OCCUPANTS

List anyone other than Applicant and Co-Applicant who will be residing in the property.

Name	Age	Relationship to Applicant
Name	Age	Relationship to Applicant
Name	Age	Relationship to Applicant
Name	Age	Relationship to Applicant
Total # Occupants:		
Pets (Write breed or description)		
<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other		

ADDITIONAL INFORMATION

What is your intended move-in date?		
Why do you want to move?		
		Yes
		No
Have you or your co-applicant ever filed a petition for bankruptcy?		
Have you or your co-applicant ever been convicted of a felony or misdemeanor?		
Have you or your co-applicant ever been evicted from any tenancy?		
Have you or your co-applicant ever willfully and intentionally refused to pay any rent due?		
Additional Comments:		

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 or local jurisdiction law.

The undersigned warrants and represents above statements are true and correct and hereby authorizes verification of the above information through all available means including but not limited to obtaining a consumer credit report and other reports as maintained by City, County, State and Federal Law Enforcement Agencies, present and/or past employers including but not limited to present and/or past salary verification, and present and/or past residences, and background investigation including drug, criminal, driving records, and social security validation.

Owner/Owner's agent reserves the right to regularly furnish information to consumer reporting agencies and other rental housing owners about performances of lease obligations by our residents. Such information, which may be reported at any time, includes both favorable and unfavorable information regarding resident's compliance with the lease, rules and financial obligations. I agree that the Landlord may terminate any agreement entered into in reliance on any misstatement made above.

APPLICANT SIGNATURE	CO-APPLICANT SIGNATURE
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OFFICE USE ONLY

APPLICATION FEE <input type="checkbox"/> PAID \$ _____ By: _____	CREDIT <input type="checkbox"/> Complete By: _____	BACKGROUND <input type="checkbox"/> Complete By: _____
LANDLORD <input type="checkbox"/> Complete By: _____	PROOF OF INCOME <input type="checkbox"/> Complete By: _____	APPROVAL
NOTES		

VEHICLES

Vehicle Make	Model	Year	Color	License #
Vehicle Make	Model	Year	Color	License #

OCCUPATIONAL INFORMATION

	PRESENT OCCUPATION	PRIOR OCCUPATION*	CO-TENANT'S OCCUPATION
Occupation			
Employer/Company Name			
Self-employed, d/b/a			
Business Address			
Business Phone			
Type of Business			
Position held			
Name/Title of Supervisor			
Length of employment			
Monthly Gross Income			
INCOME FROM OTHER SOURCES			

*If employed or self-employed less than two years give some information on prior occupation.

REFERENCES

Nearest Relatives:

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship

Other References Not Related To You:

Name	Address	Phone	Relationship
Name	Address	Phone	Relationship