

**KENT CROSSING APARTMENTS
AND
COLONIAL MANOR APARTMENTS**

**Post Office Box 630
101 Morgnec Rd., Suite I-100
Chestertown, Maryland 21620
*kentcrossingapartments@gmail.com***

**Robert L. Davis, Jr.
Manager**

**Phone: 410-778-3049
Fax: 410-778-9381**

RENTAL APPLICATION CRITERIA

- 1. A \$25.00 application fee is required for processing an application. Make checks or money order payable to Kent Crossing Apartments or Colonial Manor Apartments.**
- 2. Minimum income requirements: Monthly income must be three (3) times one months' rent.**
- 3. Proof of Income: Each applicant must provide a minimum of three (3) most recent paystubs (if paid bi-weekly). 6 most recent paystubs (if paid weekly).**
- 4. If an applicant is self-employed, retired, or financially independent, proof of income must be provided in the form of one of the following: tax return, bank statements showing regular monthly deposits, or retirement benefits letter.**
- 5. Management must be aware of all residents occupying the apartment and their related vehicle information. If any changes are made in roommates, marriage, etc., management should be notified immediately.**
- 6. All applications must be completed, in full, and signed. In the event that any information is found to be incorrect, the application will be rejected.**
- 7. Acceptance of this rental application is subject to satisfactory income, credit, and personal references. Applicants will not hold Robert L. Davis Real Estate Inc. responsible for any information given or received incorrectly.**
- 8. Students, if your parent(s) are paying the rent, have them fill out the application as though they were applying for the apartment, because it will be their name(s) on the lease.**
- 9. One Year Lease**
- 10. NO PETS!**
- 11. Color copy of valid Driver's License.**

Please Retain This Information for Your Records

Kent Crossing and Colonial Manor Apartments
P.O. Box 630
Chestertown MD 21620
(410) 778-3049 - Phone
kentcrossingapartments@gmail.com

For Office Use Only

Date App Fee Paid: _____

Ck #: _____ Cash: _____ MO: _____

APARTMENT APPLICATION

ALL INCOMPLETE APPLICATIONS WILL BE REJECTED. In the event that the information below is found to be incorrect, this application will be rejected.

Apartment Complex Name: _____ Number of Bedrooms: _____
Date of occupancy: _____ Length of occupancy: _____

1. Applicant's Name: _____
First Middle Last
2. Date of Birth: _____ Age: _____ Sex: _____
3. Race: _____ Nationality: _____ (for Gov't purpose only)
4. Married: _____ How Long: _____ Single: _____ Divorced: _____
Separated: _____ How Long: _____ Widowed: _____
5. Applicant's Social Security #: _____ - _____ - _____ Spouse's SS#: _____ - _____ - _____
6. Driver's License #: _____ State _____
7. Automobile Tag #: _____ State: _____ Make: _____ Model: _____ Color: _____ Year: _____
8. Home Address: _____
Street City State Zip
9. Live Here: Y N # of Years: _____ Months: _____ Phone: (____) _____ Cell: (____) _____
Do you Own?: _____ Rent?: _____ or Live w/parents?: _____ Monthly Payment/Rent \$ _____
10. Landlord or Mortgage Holder _____
Address _____ Phone: _____ Cell: _____
11. Previous Home Address if less than three years _____
Previous Landlords Address if less than three years _____
12. Number of Children: _____ Pets: _____
13. Names of all other persons to occupy the apartment other than yourself.
Name: _____ Relation _____ Age _____ Phone #: _____
Name: _____ Relation _____ Age _____ Phone #: _____
Name: _____ Relation _____ Age _____ Phone #: _____
Name: _____ Relation _____ Age _____ Phone #: _____
14. Employer: _____ Phone#: _____
Address _____
Type of Business _____
Position _____
Date Employed: _____ Salary per Week (Gross) \$ _____ Month (Gross) \$ _____
Other Income: Type: _____ Week\$ _____ Month \$ _____
15. Previous Employer (if with present for less than 2 years)
Name Address Phone Number
Position Date and Length of Employment
16. Spouse _____ Date of Birth _____ Age _____
Address _____
Driver's License Number _____ State _____

17. Spouse's Employer: _____ Phone # _____
 Address _____ City _____ State _____
 Position: _____ Date of Employment _____
 Salary \$ _____ Week \$ _____ Month \$ _____
 Other Income: Type _____ Week \$ _____ Month \$ _____
18. Previous Employer (If with present for less than 2 years)
 Name _____ Address _____ Phone # _____
19. Nearest Relative Not Living with You in Case of Emergency:
 Name: _____ Phone # _____
 Address _____
20. Have you ever been taken to Rent Court? _____ If Yes Explain: _____
21. Have you ever been evicted, found guilty for violating local, state or federal laws or taken to court for any reason? _____ If Yes Explain: _____
22. Have you always paid your rent when due? _____ If No Explain: _____
23. Have you ever been asked to vacate an apartment because of a violation of your lease or a violation of the rules of the apartment complex where you lived? _____
 If Yes Explain: _____
24. Bank Name: _____
 Checking _____ Savings _____
25. Last Vehicle Purchased from: _____ on _____ / _____ / _____
 Financed by: _____ Phone # _____
 Length of Loan: _____
 Amount Owning \$ _____ Monthly Payment \$ _____
26. Installment Accounts or Personal Loans (List 2)
- | | \$ | \$ |
|------------------|------------|-----------------|
| Firm and Address | Amount Due | Monthly Payment |
| | \$ | \$ |
| Firm and Address | Amount Due | Monthly Payment |
| | \$ | \$ |
27. Charge Accounts
- | | \$ | \$ |
|------------------|------------|-----------------|
| Firm and Address | Amount Due | Monthly Payment |
| | \$ | \$ |
| Firm and Address | Amount Due | Monthly Payment |
| | \$ | \$ |
28. Character Reference—Not a Relative
- | Name | Address | Phone Number |
|---|-----------------------|--|
| 29. How did you hear about these apartments? | | |
| Newspaper _____ | Referral _____ | Sign _____ Internet _____ Drive-By _____ Other _____ |
| 30. Why are you choosing this apartment complex? | | |
| Close to Work: _____ | Schools: _____ | Shopping: _____ Complex Layout: _____ |
| Size of Rooms: _____ | Amount of Rent: _____ | |
| 31. What other apartments have you looked at? _____ | | |

I HAVE FULLY READ AND UNDERSTAND ALL THE PROVISIONS OF THIS APPLICATION. IN THE EVENT THAT ANY INFORMATION IS FALSE, THIS APPLICATION WILL BE REJECTED, OR IF LEASE IS SIGNED, LEASE WILL BE TERMINATED.

Date _____

**Payable to: Kent Crossing Apartments (or)
Colonial Manor Apartments**

**KENT CROSSING APARTMENTS
COLONIAL MANOR APARTMENTS**

Email: *kentcrossingapartments@gmail.com*

Telephone: (410) 778-3049
Fax: (410) 778-9381

P.O. Box 630
Chestertown, MD 21620

REQUEST TO DO A CREDIT CHECK

AUTHORIZATION TO RELEASE CREDIT INFORMATION

I hereby give permission to Mr. Robert L. Davis, Jr., Manager/Nancy Beck Community Manager at Kent Crossing Apartments and Colonial Manor Apartments to do a Personal Credit Check.

Applicant's Signature Date

Co-applicant's Signature Date

Applicant's Name Printed

Co-applicant's Name Printed

**KENT CROSSING APARTMENTS
COLONIAL MANOR APARTMENTS**

**P.O. BOX 630
CHESTERTOWN, MARYLAND 21620
kentcrossingapartments@gmail.com**

**Robert L. Davis, Jr.
Manager**

**Phone: 410-778-3049
Fax: 410-778-9381**

AUTHORIZATION FOR BACKGROUND CHECK

I, _____, authorize Robert L. Davis, Jr., Manager/Nancy Beck, Community Manager at Kent Crossing Apartments and Colonial Manor Apartments to perform a criminal background check on me or to hire a tenant screening firm to investigate my background. These actions may result in a report on my character, reputation, personal characteristics, and criminal history and will involve searching any state's sex offender (Megan's Law") database for my name.

I agree to hold Mr. Robert L. Davis, Jr./Nancy Beck harmless if the results of this search include incorrect information that Mr. Robert L. Davis, Jr./Nancy Beck, in the exercise of ordinary caution, would not know is incorrect.

I understand that Mr. Lee Davis, Manager/Nancy Beck, Community Manager at Kent Crossing Apartments and Colonial Manor Apartments will provide more information about the nature and scope of the report if I request it.

Signature of Applicant: _____
Name of applicant: _____
Address: _____
Phone: _____
Date: _____

KENT CROSSING APARTMENTS COLONIAL MANOR APARTMENTS

Telephone: (410) 778-3049
Fax: (410) 778-9381
Email: kentcrossingapartments@gmail.com

P.O. Box 630
Chestertown, MD 21620

Name of Inquirer: KENT CROSSING APARTMENTS
COLONIAL MANOR APARTMENTS

REQUEST FOR VERIFICATION OF EMPLOYMENT / LANDLORD (S)

Name of Employer / Landlord: _____ / _____

Employer's Address: _____ / _____

Position: _____ Date Employed: _____ Salary \$ _____ per year

Comments: _____

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize _____,
(Name of Employer (s) and / or Landlord (s))

to furnish the information requested by Kent Crossing Apartments or Colonial Manor
Apartments.

Applicant's Signature: _____ (Date)

Applicant's Name Printed: _____

Applicant's Date of Birth: _____