

Large Enough To Serve You, Small Enough To Care

116 South Blvd | Salisbury, MD 21804 · <u>www.abmrentals.com</u> · 443.523.0442

## **Rental Application**

Do you have a particular property or area in mind?

| <b>Applicant Information</b>                     |          |                                 |                             |                |           |  |
|--|----------|---------------------------------|-----------------------------|----------------|-----------|--|
| Name:  |          |                                 |                             |                |           |  |
| First,   |          | Middl                           | e,                          | Last           |           |  |
| Date of birth://                                 |          | SSN:                            |                             | Phone #:       |           |  |
| MM/DD/YY Email address:                          | YY       |                                 |                             |                |           |  |
| Current Address:                                 |          |                                 |                             |                |           |  |
| City:  |          | State:                          |                             | ZIP Code:      |           |  |
| Owned / Rented (please circle)                   |          | Monthly payme                   | ent or rent:                | How long       |           |  |
| Current landlord:                                |          |                                 |                             |                |           |  |
| First Name,                                      |          |                                 | Last Name                   |                |           |  |
| Current landlord phone#: How long?               |          |                                 | Monthly Payment or Rent? \$ |                |           |  |
| How long?  |          |                                 |                             |                |           |  |
| Pervious Address:                                |          |                                 |                             |                |           |  |
| City:  |          |                                 | State:                      |                | ZIP Code: |  |
| Owned / Rented Pervious Address? (please circle) |          |                                 |                             |                |           |  |
| Pervious Landlord:                               |          |                                 |                             |                |           |  |
| First Name,                                      |          |                                 | Last Name                   |                |           |  |
| Previous landlord pho                            |          |                                 | T                           |                |           |  |
| Monthly payment or re                            |          | How long?                       |                             |                |           |  |
| Employment Informati                             | ion      |                                 |                             |                |           |  |
| Current Employer:                                |          |                                 |                             |                | How long? |  |
| Employer address:                                |          |                                 |                             |                |           |  |
| City:  |          | State                           |                             | ZIP Code:      |           |  |
| Phone:   |          | E-mail:                         |                             | Fax:           |           |  |
|  |          | Hourly / Salary (please circle) |                             | Annual Income: |           |  |
| <b>Emergency Contact</b>                         |          |                                 |                             |                |           |  |
| Name of a person not                             | residing | with you:                       |                             |                |           |  |
| Address:   |          |                                 |                             |                |           |  |
| City:  | State:   |                                 | ZIP Code: Phone#:           |                | ne#:      |  |
| Relationship:                                    |          |                                 |                             | ·              |           |  |

| Co-applicant                   |  |                |  |  |
|--------------------------------|--|----------------|--|--|
| Co-applicant Name:             | Middle,  | Lock           |  |  |
| Co-applicant Date of birth:    |  | Phone#:        |  |  |
| Co-applicant Current Addre     | ss:  |                |  |  |
| City:                          | State:   | ZIP Code:      |  |  |
| Owned / Rented (please circle) | Monthly payment or rent: \$  | How long?      |  |  |
| Co-Applicant Current Landle    | ord:First, Middle,   |                |  |  |
| Co Applicant Comment Land      | Last   |                |  |  |
| Co-Applicant Current Landle    |  |                |  |  |
| Co-Applicant Pervious Addre    |  |                |  |  |
| City: Owned / Rented           | State:   | ZIP Code:      |  |  |
| (please circle)                | Monthly payment or rent:   | How long?      |  |  |
| Co-applicant Employment In     | oformation   |                |  |  |
| Co-applicant current emplo     |  |                |  |  |
| Co-applicant current emplo     |  |                |  |  |
| City:                          | State:   | ZIP Code:      |  |  |
| Phone:                         | E-mail:  | Fax:           |  |  |
| Position:                      | Hourly / Salary (please circle)  | Annual Income: |  |  |
| Additional Income              | Thouse of Satury (picase circle)   | Almaat medile. |  |  |
| \$                             |  |                |  |  |
| References (three reference    | <u> </u>   |                |  |  |
| Name:                          | Address:   | Phone:         |  |  |
| Name:                          | Address:   | Phone:         |  |  |
| Name:                          | Address:   | Phone:         |  |  |
| Pets                           | 7 10 01  |                |  |  |
| Type of Pet:                   | How many pe  | How many pets? |  |  |
| 71                             | 7.1  |                |  |  |
|                                |  |                |  |  |
| T 1 : 1 : 0 : 0 1 : 0          |  |                |  |  |
|                                | ormation provided on this form as to my or<br>ermission for representative(s) of ABM Programmers | 1 2            |  |  |
|                                | regarding length of employment and sala  |                |  |  |
|                                |  |                |  |  |
| Signature of applicant:        |  | Date:          |  |  |
| Signature of co-applicant:     |  | Date:          |  |  |