

Somerset Property Management, Inc.

*P. O. Box 123
11972 Robyn Lane
Princess Anne MD 21853*

*Office: 410-651-1972
Fax: 410-621-5161
SomersetPropertyManagement@comcast.net*

Thank you for applying with Somerset Property Management, Inc.

A separate Rental Application packet with the \$40.00 Non-Refundable Processing Fee needs to be completed for each adult listed on the lease; that is, anyone 18 or older who will be residing in the unit.

THE RENTAL APPLICATION MUST INCLUDE:

- A copy of **Proof on Income** for the past 30 days
 - Pay stubs, award letters, SSI, Child Support, etc.
- A copy of your **driver's license/state issued ID**
- A copy of your **Social Security Card**
- **\$40.00**/per application (cash or money order – made payable to Somerset Property Management Inc.)
- Tenant Information Form (as attached)

Rental Applications must be complete in order to process. Incomplete Rental Applications will either be returned or held until the information and inclusions are supplied.

Completed Rental Applications are only valid for 30 days from the date on the Rental Application.

Mail your Rental Application or return your Rental Application to:

Somerset Property Management, Inc.
11972 Robyn Lane
Princess Anne, MD 21853

If brought to this address, leave in the red cloth bag on the red front door.

With approval of your Rental Application, I look forward to showing you our available homes and/or apartments.

Please keep this page.

If you have any questions, please call me at 410.651.1972.

Thank you!

Deborah K. Farrow
Property Manager
Somerset Property Management, Inc.

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RENTAL APPLICATION

Somerset Property Management, Inc is the Agent for a number of Landlords in the Princess Anne area. If you are approved, your Lease Agreement will detail your obligations and rights as Lease Holder or Occupant. The Lease Agreement will be explained and you may ask questions before you sign it. **Applications must be completed in full (including payment of the NON-REFUNDABLE \$40.00 PROCESSING FEE).** Available rental properties will be offered to qualified applicants in the order completed Rental Applications are received, based on criteria supplied below by the applicant. Completed Rental Application is only valid for 30 days.

Today's Date: _____

Lease Holder or Occupant (circle one)

***** PERSONAL INFORMATION *****

Name _____ Phone Number (____) _____
First Name M.I. Last Name

Street # _____ Street _____ Unit/Apt # _____
City _____ State _____ Zip Code _____

Social Security Number _____ Date of Birth _____

E-Mail Address _____

Driver's License Number _____ State _____

A copy of your current driver's license or photo I.D. is required

Do you rent/own this address? Rent _____ Own _____ Parents _____ Other _____

Landlord/Agent/Mortgage Company _____

Rent/Mortgage Month _____ Phone Number (____) _____

Date Moved In _____ Date Moved Out _____

If Parents or Other, Explain _____

Previous Address _____

City _____ State _____ Zip Code _____

Did you rent/own this address? Rent _____ Own _____ Parents _____ Other _____

Landlord/Agent/Mortgage Company _____

Rent/Mortgage Month _____ Phone Number (____) _____

Date Moved In _____ Date Moved Out _____

If Parents or Other, Explain _____

Do You Own Any Animals/Pets? Yes _____ No _____ (Animals/Pets are not permitted)

***** **PROPERTY INFORMATION** *****

I would like to rent a residence that meets the following criteria or address:

Bedroom(s) _____ # Bath(s) _____ Other Needs _____

Date to Move-In _____

How Many People Will Live in the Apartment/House? _____

Name and Relationship, including all applicants, of All Occupants to Reside in the Apartment/House. If more room is needed, please use the back of this page.

Name _____ Relationship _____ Date of Birth _____

Name _____ Relationship _____ Date of Birth _____

Name _____ Relationship _____ Date of Birth _____

Have any of the proposed occupants been tested for elevated blood levels of lead? If so, please check one and initial.

YES _____ Initial _____ NO _____ Initial _____

If yes, what were the results? _____

***** **INCOME INFORMATION** *****

Current Employer _____ Phone Number (____) _____

Address _____

City _____ State _____ Zip Code _____

Supervisor _____ Full Time _____ Part Time _____

Date Started _____

Previous Employer _____ Phone Number (____) _____

Address _____

City _____ State _____ Zip Code _____

Supervisor _____ Full Time _____ Part Time _____

Date Started _____ Date Terminated _____

Other Income Source _____ Amount _____

Other Income Source _____ Amount _____

Current verification of income is required: Copy of Proof of Income for the past 30 days.

***** **REFERENCES** *****

List two people, who will not be living with you, that we could call if we could not reach you for any reason:

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Copies of Somerset Park Apartments Termination of Residency, Crime-Free Tenancy, and Somerset Park Apartments Policies, etc. are available upon written request.

I/We hereby authorize you to release to Somerset Property Management, Inc. any requested pertinent information deemed necessary in connection with a consumer credit report for a rental transaction. The information is for the confidential use of Somerset Property Management, Inc. in determining my/our credit worthiness for a lease or to confirm information I/we have supplied.

A photographic or FAX copy of this authorization may be deemed to be the equivalent of the original and may be used as a duplicate original. The original signed form is maintained in the Somerset Property Management, Inc. files to become part of my rental file.

I/We hereby certify that the above information is true and correct. If any information is found to be false or misleading, the application will be rejected. Furthermore, false or misleading on this application may be used as grounds for termination of a lease and ultimate eviction.

I voluntarily consent to and authorize TenantSafe/ApplicantSafe, herein referred to as Company, and/or their assigned agents, or consumer reporting agencies to request and receive any consumer reports, investigative reports, or information concerning me. Reports requested may include any of the following: Law Enforcement Records, Criminal Records, D.M.V. Records, Civil Records, Employment/Rental verifications, Eviction Searches, Education verification, and Consumer Credit Reports.

I authorize any persons, companies, corporations, consumer reporting agencies, courts of law, current or past employer to furnish Company and/or their assigned agents, associates or consumer reporting agencies with any or all information concerning me. I further agree to release Company and/or their assigned agents, associates or consumer reporting agencies and all persons and organizations providing information from any and all claims, liability, and responsibility arising out of the release of such information in connection with this research.

I understand that I have specific prescribed rights as a consumer under The Federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant specific state laws. This authorization does not include a release of my medical information.

I further authorize Somerset Property Management, Inc. and its assigned agents to contact my current and previous landlords for a reference.

The above is understood and agreed by:

SIGNATURE

DATE

PRINTED NAME

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Tenant Information Form

This page MUST be completed when turning in your Rental Application.

LEASE HOLDERS

Lease Holder's (Lessee) Full Name: _____
Address: _____ Princess Anne MD 21853
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____
Home Phone: _____ Cell: _____
Employer: _____ Phone: _____
Address: _____

Second Lease Holder's (Lessee) Full Name: _____
Address: _____ Princess Anne MD 21853
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____
Home Phone: _____ Cell: _____
Employer: _____ Phone: _____
Address: _____

OCCUPANTS

Occupant's Full Name: _____
Address: _____ Princess Anne MD 21853
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____
Phone: _____ **NOTE: SSN AND PHONE # ONLY IF TENANT IS OVER 18.**

Occupant's Full Name: _____
Address: _____ Princess Anne MD 21853
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____
Phone: _____ **NOTE: SSN AND PHONE # ONLY IF TENANT IS OVER 18.**

Occupant's Full Name: _____
Address: _____ Princess Anne MD 21853
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____
Phone: _____ **NOTE: SSN AND PHONE # ONLY IF TENANT IS OVER 18.**

Occupant's Full Name: _____
Address: _____ Princess Anne MD 21853
Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____
Phone: _____ **NOTE: SSN AND PHONE # ONLY IF TENANT IS OVER 18.**

DATE OF BIRTH IS REQUIRED FOR ALL LEASE HOLDERS AND ALL OCCUPANTS REGARDLESS OF AGE.

IF ADDITIONAL SPACE IS NEEDED, PLEASE PROVIDE THE SAME INFORMATION FORMAT ON THE BACK OF THIS FORM.

ALL INFORMATION OBTAINED IS HELD IN STRICT CONFIDENTIALITY.