

The Seasons

4710 Bethesda Avenue, Bethesda, Maryland, 20814 #301-652-6688

Application is hereby made to rent an apartment at The Seasons, 4710 Bethesda Ave., Bethesda, Maryland, 20814. The undersigned agree to sign a lease for: [] Nine Months [] One Year [] Two Years, providing for payment of rent monthly, in advance, to observe all provisions of the lease and such house rules as may be promulgated from time to time in order to maximize the desirability of apartments in The Seasons. As a consideration for the lease, the undersigned submit(s) the following information concerning **all** the occupants of the apartment for which application is made. It is understood that no more than _____ person(s) will occupy the apartment, and that at least 85% of the floor area will be covered with carpet. It is also understood that **NO DOGS** will be permitted, only a maximum of two cats.

Applicant:

Name: (Mr./Mrs./Ms./Dr.) _____ Email _____

Soc. Sec. #: _____ - _____ - _____ Date of Birth _____ Drivers License # _____

Present Address: _____
Street _____ Apt. _____ Length of Residency: _____

City _____ State _____ Zip _____

Home Phone: (____) _____ Work Phone: (____) _____ Mobile Phone :(____) _____

At your present address, do you:

[] Own. Monthly Mortgage Pymt \$ _____
Name & Address of Mortgage Holder:

Street _____ City _____ State _____ Zip _____ Phone No. _____

[] Rent. Monthly Pymt \$ _____
Name & Address of Management Co.:

Street _____ City _____ State _____ Zip _____ Phone No. _____

Employed By: _____ Position: _____ Annual Salary: \$ _____ Length of Employment: _____

Address: _____
Street _____ City _____ State _____ Zip _____

Supervisor: _____ Phone No.: (____) _____ Fax No.: (____) _____

Do you require a garage space? [] Yes [] No How Many _____

Vehicle Info: Yr. _____ Make _____ Model _____ Color _____ Tag # _____

Vehicle Info: Yr. _____ Make _____ Model _____ Color _____ Tag # _____

How did you hear of our property? Drive-by _____ Resident Referral (Name) _____
Internet _____ Other _____

Other Dependent Occupants: Name Date of Birth Relationship
1) _____
2) _____

In Case of Emergency
Notify: _____ Relationship _____

Co-Applicant:

Name: (Mr./Mrs./Ms./Dr.) _____

Soc. Sec. #: _____ - _____ - _____ Date of Birth: _____ Drivers License # _____

Present Address: _____
Street _____ Apt. # _____ Length of Residency: _____

City _____ State _____ Zip _____

Home Phone: (____) _____ Work Phone: (____) _____ Mobile Phone :(____) _____

At your present address, do you:

[] Own. Monthly Mortgage Pymt \$ _____
Name & Address of Mortgage Holder:

Street _____ City _____ State _____ Zip _____ Phone No. _____

[] Rent. Monthly Pymt \$ _____
Name & Address of Management Co.:

Street _____ City _____ State _____ Zip _____ Phone No. _____

Employed By: _____ Position: _____ Annual Salary: \$ _____

Length of Employment: _____

Address: _____
Street _____ City _____ State _____ Zip _____

Supervisor: _____ Phone No.: (____) _____ Fax No.: (____) _____

In Case of Emergency Notify: _____
Name Phone No.

THE SEASONS APARTMENTS
4710 Bethesda Avenue, Bethesda, Maryland 20814 • 301-652-6688

If, in addition to a security deposit, the landlord requires from a prospective tenant any application fees in excess of \$25, then the landlord shall return the fees, subject to the exceptions below, or be liable for twice the amount of the fees in damages. The return shall be made within 30 days following either (i) the date of occupancy, or (ii) **written** communication, from either party to the other, of a decision that no tenancy shall occur. The landlord may retain only that portion of the fees actually expended for a credit check or other expenses arising out of the application, and shall return any unexpended balance. If, within 15 days of the first to occur of occupancy or signing a lease, a tenant decides to terminate the tenancy, the landlord may also retain that portion of the fees which represent the loss of rent, if any, resulting from the tenant's action.

A Deposit in the sum of **Five Hundred Dollars**, is made herewith as a deposit to hold an apartment with the clear understanding that this application is subject to approval and acceptance by the managing agent and/or the owner; if approved and accepted, the applicant(s) agree(s) to execute Landlord's lease agreement and to pay the first month's rent agreed upon, within 72 hours notice of such acceptance. The Deposit will be refunded in accordance with the above paragraphs of this application, it being understood however, that the credit check fee of \$25 for **each applicant** is **not refundable**.

The undersigned represent that all of the above statements are true and complete. Management is authorized to verify such information by consumer reports, rental history reports, criminal reports and other means, but is not required to make verifications or investigations. Failure to answer the above inquiries or false information given above shall entitle Management to (1) reject this application, (2) retain the application fee(s) and deposit(s) as liquidated damages for time and expenses of processing the application, and (3) terminate resident's right of occupancy. The security deposit (may or may not be refundable), refund on deposits will be within 30 days. Management reserves the right to regularly and routinely furnish information to consumer reporting agencies about performance of lease obligations by the undersigned. Such information may be reported at any time and may include both favorable and unfavorable information regarding the undersigned's compliance with the lease, community policies and procedures and financial obligations. Management has no duty to provide emergency care or give notice of an emergency to any person and shall not be liable to the undersigned, occupant, or any guest for failure to do so. The undersigned is responsible for any and all damages to their personal property resulting from any cause whatsoever.

IT IS THE RESIDENT'S SOLE RESPONSIBILITY TO CARRY RENTAL INSURANCE FOR ALL OF THEIR PERSONAL PROPERTY.

DO NOT SIGN UNTIL YOU HAVE READ AND FILLED OUT THIS DOCUMENT IN FULL. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Applicant's Signature Date Time

Co-Applicant's Signature Date Time

EQUAL HOUSING OPPORTUNITY

"We are pledged to the letter and spirit of U.S. policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin."

FOR OFFICE USE ONLY: Application Received Date _____ / Accepted [] Not-Accepted [] Date _____

Apt. # _____ Monthly Rent \$ _____ Pro-Rated Rent \$ _____

Parking Space # _____ / _____ Monthly Parking Rent \$ _____ Security Card# _____ / _____

Application Fee \$ _____ Security Deposit \$ _____ Moving Fee \$ _____

Possession Date _____ Move-In Date _____ Lease Begin Date _____

Lease End Date _____ Move-Out Date _____