

# Burgess Mill Station

410.988.5904, TTY: 711 / BurgessMill@hrehllc.com  
 3050 Milltowne Drive, Suite 102 / Ellicott City, MD 21043

For Office Use Only:	
Leasing Professional: _____	
Date: _____	Apartment Address: _____
Monthly Rent: _____	Concession/Special: _____
Move-In Date: _____	Lease Term: _____ to _____
Notes:	

## Application for Residency

Applicant Information					
Full Name:		Date of Birth:		SSN	
Email:			Phone:		
Driver's License Number:			Date of Issue & State:		
Current address:					
City:		State:		ZIP Code:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent (Please check)		Monthly payment or rent:		Move-In Date:	
Landlord Name:		Phone:		Fax:	
Reason for Moving:					
Previous address, if less than 3 years at current:					
City:		State:		ZIP Code:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent (Please check)		Monthly payment or rent:		How long:	
Landlord Name:		Phone:		Fax:	
Employment Information					
Current employer:				How long?	
E-mail:		Phone:		Fax:	
Employer address:					
City:		State:		ZIP Code:	
Position:		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary (Please check)		Annual income:	
Emergency Contact					
____ Please initial to signify that in the event of serious illness or other circumstances, the below person may have access to the leased premises and contents within. (Must not reside in the apartment home)					
Name & Relationship:			Phone & Email:		
List all other Minor Occupants					
Name		Date of Birth		Relationship	
Pet Information					
Pets are accepted only with consent of the Management, and are subject to breed restrictions.					
Do you have any pet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		# Pets:	Vet records may be required to substantiate breed.		
Type	Color	Breed	Weight	Date of Rabies Shot	
Vehicle Information					
Year	Color	Make	Model	State	License Plate

ALL PERSONS 18 YEARS AND OLDER ARE REQUIRED TO BE LEASEHOLDERS.



Please use this section to provide information on other adults who will be residing in the apartment

Second Adult Applicant Information					
Full Name		Date of birth		SSN	
Email:			Phone:		
Driver's License Number:			Date of Issue & State:		
Current address:					
City:		State:		ZIP Code:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent (Please check)		Monthly payment or rent:		How long:	
Reason for Moving:					
Landlord:		Phone:		Fax:	
Previous address, if less than 3 years at current:					
City:		State:		ZIP Code:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent (Please check)		Monthly payment or rent:		How long:	
Landlord:		Phone:		Fax:	

Third Adult Applicant Information					
Full Name		Date of birth		SSN	
Email:			Phone:		
Driver's License Number:			Date of Issue & State:		
Current address:					
City:		State:		ZIP Code:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent (Please check)		Monthly payment or rent:		How long:	
Reason for Moving:					
Landlord:		Phone:		Fax:	
Previous address, if less than 3 years at current:					
City:		State:		ZIP Code:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent (Please check)		Monthly payment or rent:		How long:	
Landlord:		Phone:		Fax:	



**Terms & Conditions of Application:**

Application Fee: I agree that the application fee, whether my application is approved or not, is not refundable.

Consumer Report Authorization: I hereby affirm that my answers on this application to lease are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. I authorize you to secure from Transunion (credit agency), a consumer reporting agency, an investigative consumer report, a criminal history records verification, and verification of my residences, employments and income.

I authorize Transunion (credit agency) to verify that any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living, and I release all concerned from liability, in right, under the Fair Credit Reporting Act (FCRA), Section 606(B) to make a written request of you and Transunion (credit agency), within a reasonable time, for a complete and accurate receipt of the summary of consumer rights required by Section 609 of the FCRA, entitled, A Summary of Your Rights Under the Fair Credit Reporting Act.

I have fully read and understand all the provisions of this application and acknowledge receipt of a completed copy of same.

How did you hear about our community? \_\_\_\_\_

_____	_____	_____	_____
Applicant Signature	Date	Applicant Signature	Date
_____	_____	_____	_____
Applicant Signature	Date	Applicant Signature	Date



I attest that I have verified the application has been filled out in its entirety; collected the required fees; and examined the identification documents presented by the above-named applicant to verify identity. The listed documents appear to be genuine.

\_\_\_\_\_                      \_\_\_\_\_  
Leasing Professional                      Date

For Office Use Only: Application Fee: _____ \$    Received by: _____    Date: _____    Check/MO Number: _____
--