



"Rent From Us Today, Buy From Us Tomorrow!"™

Quinn Property Solutions, Inc.

72 N. Leslie Road, Suite A, North East, MD 21901

T: 410.287.9662 F: 410.287-3939

www.supercleanrentals.com | info@supercleanrentals.com

### RENTAL / FUTURE HOMEBUYER APPLICATION

Please Print Information Clearly and Fill Out Completely. Pets are not Permitted!

UNIT REQUESTED: \_\_\_\_\_ OCCUPANCY DATE DESIRED: \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT THIS PROPERTY? \_\_\_\_\_

#### Applicant #1

FULL NAME: \_\_\_\_\_ SOCIAL SEC#: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

REASON FOR MOVING: \_\_\_\_\_

ARE YOU CURRENTLY IN THE MILITARY? (Circle One) YES NO

HAVE YOU GIVEN NOTICE THAT YOU ARE MOVING? YES NO

EVER HAD ANY JUDGEMENTS AGAINST YOU? YES NO

HAVE YOU EVER BEEN EVICTED? YES NO

MONTHLY RENT \$ \_\_\_\_\_ IS YOUR RENT PRESENTLY CURRENT? YES NO

NUMBER OF TIMES YOUR RENT HAS EVER BEEN LATE? 0 1 2 3 4+

DO YOU HAVE A SECTION 8 VOUCHER YES NO

IF YES, HOW MANY BEDROOMS? 1 2 3 4 5+

CURRENT ADDRESS: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CURRENT LANDLORD: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

CURRENT LANDLORD PHONE: \_\_\_\_\_ LANDLORD FAX: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ HOW LONG? \_\_\_\_\_ RATE OF PAY: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_ HOURS PER WEEK: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ SUPERVISOR PHONE: \_\_\_\_\_

ADDITIONAL INCOME (Disability, Child Support, SS, etc.): \_\_\_\_\_

#### Applicant #2

FULL NAME: \_\_\_\_\_ SOCIAL SEC#: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

REASON FOR MOVING: \_\_\_\_\_

ARE YOU CURRENTLY IN THE MILITARY? (Circle One) YES NO

HAVE YOU GIVEN NOTICE THAT YOU ARE MOVING? YES NO

EVER HAD ANY JUDGEMENTS AGAINST YOU? YES NO

HAVE YOU EVER BEEN EVICTED? YES NO

MONTHLY RENT \$ \_\_\_\_\_ IS YOUR RENT PRESENTLY CURRENT? YES NO

NUMBER OF TIMES YOUR RENT HAS EVER BEEN LATE? 0 1 2 3 4+

DO YOU HAVE A SECTION 8 VOUCHER	YES	NO			
IF YES, HOW MANY BEDROOMS?	1	2	3	4	5+
CURRENT ADDRESS: _____	STATE: _____		ZIP CODE: _____		
CURRENT LANDLORD: _____	HOW LONG? _____				
CURRENT LANDLORD PHONE: _____	LANDLORD FAX: _____				
EMPLOYER: _____	HOW LONG? _____		RATE OF PAY: _____		
EMPLOYER ADDRESS: _____	HOURS PER WEEK: _____				
SUPERVISOR: _____	SUPERVISOR PHONE: _____				
ADDITIONAL INCOME (Disability, Child Support, SS, etc.): _____					

HOW LONG DO YOU PLAN ON LIVING IN THE NEXT RENTAL HOME THAT MEETS YOUR NEEDS? \_\_\_\_\_

WOULD YOU LIKE TO BUY A HOME IN THE NEXT 2 OR 3 YEARS? \_\_\_\_\_

WHAT IS ONE FEATURE THAT YOU LIKE ABOUT THIS PROPERTY? \_\_\_\_\_

NAME/AGE OF EACH ADDITIONAL PERSON TO RESIDE WITH YOU: \_\_\_\_\_

LIST TWO EMERGENCY CONTACTS WITH PHONE NUMBERS:

1.) \_\_\_\_\_ PHONE: \_\_\_\_\_

2.) \_\_\_\_\_ PHONE: \_\_\_\_\_

**STOP! YOU WILL ALSO NEED TO ATTACH:**

- COPY OF – Driver’s License or State Issued ID with Picture and Social Security Card for EVERY Applicant 18 Years and Older.
- COPY OF – Four (4) Weeks of BOTH APPLICANTS’ Most Current Pay Stubs or Other Proof of Income Listed Above.
- PAYMENT - \$25 in CASH or MONEY ORDER for an Application Fee.

An application fee is charged on all rental applicants for the purpose of verifying the information furnished on this application. This fee is nonrefundable. Applicant acknowledges this application will become part of the lease agreement, if approved. If any information is later found to be incorrect or misleading, this will be sufficient reason for immediate eviction and loss of security deposit. Once an applicant has chosen a unit an earnest money deposit of ½ of the deposit is required to hold unit. Said deposit will be refunded if application is not accepted. Upon acceptance of this application, the deposit will be retained as a portion of their deposit to hold said unit until the agreed upon move in date. At the time of signing the lease for the unit, the balance of the deposit as well as the first month’s rent are due prior to move in. These funds must be certified, money order or cash. If for some reason I do not execute said lease agreement and pay balance due all deposit monies will be forfeited. I hereby declare that the above information is correct and authorize verification of all information including but not limited to a credit check, now and in the future if necessary for the purposes of collection.

APPLICANT #1 NAME

SIGNATURE

DATE

APPLICANT #2 NAME

SIGNATURE

DATE



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## PREVIOUS LANDLORD VERIFICATION FORM

Our tenant selection policy requires us to verify certain information about all members of families applying for residency with Quinn Properties, LLC. To comply with this requirement, we ask for your cooperation in authorizing your previous landlord to release information about your residency. This information will be used only in determining whether your application will be accepted for admission. Please fill in your name(s) and sign below.

APPLICANTS: \_\_\_\_\_  
APPLICANT#1 NAME

\_\_\_\_\_  
APPLICANT#2 NAME

### To Be Completed by Management:

Date: \_\_\_\_\_

Landlord Name: \_\_\_\_\_

Company (If Applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Previous Property Rented from Landlord:

\_\_\_\_\_  
STREET CITY STATE ZIP

I hereby authorize the release of information from my previous landlord:

\_\_\_\_\_  
APPLICANT #1 NAME SIGNATURE DATE

\_\_\_\_\_  
APPLICANT #2 NAME SIGNATURE DATE