

STAR Property Management, LLC
3120 St. Paul Street
Baltimore, MD 21218
Phone: 410-235-7764
Fax: 410-235-5055

RENTAL APPLICATION
Equal Housing Opportunity

The undersigned hereby makes an application to rent unit # _____ located at:
_____ Baltimore, MD _____.

A non-refundable processing fee of \$75.00 per person (cash or money order only), is due in order to process this application. If approved, \$35.00 will be applied to first month rent.

Anticipated lease start date of _____ at a monthly rent of \$ _____
and security deposit of \$ _____.

PLEASE TELL US ABOUT YOURSELF

Full Name _____ Home Phone () _____
Cell Phone () _____ Work Phone () _____
Date of Birth _____ Social Security # _____
Email Address: _____
Other Phone () _____
Co-Applicant Name _____
Co-Applicant Date of Birth _____ Social Security # _____
Name of Dependents _____ Date Of Birth: _____
Name of Dependents _____ Date Of Birth: _____

Are you currently on active duty in the Military? Yes _____ No _____

List All Pets _____

PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)

Current Address _____ Apt# _____
City _____ State _____ Zip _____
Month/Year Moved In _____
Reasons for Leaving _____
Rent \$ _____
Owner/Agent _____
Phone () _____
Previous Address #1 (last 3 Years) _____
Owner/Agent _____
Phone () _____
Previous Address #2 (last 3 Years) _____
Owner/Agent _____
Phone () _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? Yes _____ No _____
Have you ever been evicted from a rental residence? Yes _____ No _____
Have you had two or more late rental payments in the past year? Yes _____ No _____
Have you ever willfully or intentionally refused to pay rent when due? Yes _____ No _____

PLEASE PROVIDE YOUR EMPLOYMENT INFORMATION

Your Status: _____ Full Time _____ Part Time _____ Student _____ Unemployed _____
Employer _____
Employer Address _____
Dates Started _____
Supervisor Name _____
Phone () _____
Salary \$ _____ per _____.
(If employed by above less than 12 months, give name & phone of previous employer or school:
_____)

If you have other sources of income that you would like us to consider, please list income, source, and person (banker, employer, etc.) who we may contact for confirmation. You do not have to reveal alimony, child support, or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____
Source/Contact Name _____

PLEASE LIST YOUR REFERENCES

Banking Accounts:

Name _____ Type of Account _____
Name _____ Type of Account _____

Personal Reference or Emergency Contact:

Name _____
Address _____
Phone _____ Relationship _____

Driver's License:

Your Driver's License Number _____ State _____

Vehicle Information:

Make / Model _____ Year _____
License Plate# _____ State _____

ADDITIONAL INFORMATION:

Please give any additional information that might help owner/management evaluate this application?

Where may we reach you to discuss this application?

Day Phone # () _____

Night Phone # () _____

