

# Spring Ridge Senior Rental Application

6351 Spring Ridge Parkway  
Frederick MD 21701

Office: (301) 620-2620 Fax: Email: springridge@coniferllc.com

Type of Apartment Preferred:  1 BR  2 BR  3 BR  Other: \_\_\_\_\_ Date Needed: \_\_\_\_\_  
How Many Occupants? # \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

## APPLICANT #1:

Name: \_\_\_\_\_ SS #: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_ : DL# \_\_\_\_\_ / \_\_\_\_\_ State  
Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Length of Residency: From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent/Mortgage Payment \$ \_\_\_\_\_ Landlord Name/Contact: \_\_\_\_\_  
Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Present Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Gross Income: \$ \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Additional Monthly Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

## APPLICANT #2:

Name: \_\_\_\_\_ SS #: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Email: \_\_\_\_\_ DL# \_\_\_\_\_ / \_\_\_\_\_ State  
Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Length of Residency: From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent/Mortgage Payment \$ \_\_\_\_\_ Landlord Name/Contact: \_\_\_\_\_  
Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Present Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Gross Income: \$ \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Additional Monthly Income: \$ \_\_\_\_\_ Source: \_\_\_\_\_

## OTHER OCCUPANTS:

#1 Name: \_\_\_\_\_ #3 Name: \_\_\_\_\_  
#2 Name: \_\_\_\_\_ #4 Name: \_\_\_\_\_

## Emergency Contact:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## PET(S)

Do you own a pet?  No  Yes Type:  Dog  Cat(s) How Many? \_\_\_\_\_ Breed: \_\_\_\_\_ / \_\_\_\_\_ Weight: \_\_\_\_\_ / \_\_\_\_\_

**Vehicle 1:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ **Vehicle 2:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_  
Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_

**ACCESSIBILITY:** Would you benefit from special accessibility design features of an apartment? If yes, explain \_\_\_\_\_

## GENERAL:

Have you or anyone in your household ever been convicted of a felony?  No  Yes  
Have you or anyone in your household ever been convicted for illegal use, possession, manufacturing or distribution of a controlled substance?  No  Yes

## RELEASE:

I hereby authorize the Owner to obtain and verify my consumer credit history, criminal history, sex offender status, employment, income, student status, landlord references and any other necessary information to determine my eligibility to enter a lease agreement. I also affirm that all of the above information that I have provided is true and complete. I make this representation knowing that if any such information is found to be false, the Owner may cancel or decline any lease agreement or renewal in reliance upon such information.

I understand and agree to provide a NON-REFUNDABLE Application Fee in the amount of \$ \_\_\_\_\_ to be submitted with this application.

I understand if the Owner is unable to deliver possession of proposed apartment on the agreed date for any reason then the Owner shall not be liable as a result. I understand that the Owner of the Community is also under no obligation to deliver possession of another apartment. However, Owner will make every attempt to provide another similar apartment. If after thirty (30) days of the agreed date of possession, Owner does not have an available apartment, Owner will cancel the application and refund the any deposit, in full.

Applicant #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Spring Ridge Senior Screening Consent

**PHOTO ID REQUIRED FOR ALL ADULTS 18 YEARS OF AGE OR OLDER WHO MUST BE INCLUDED ON THE APPLICATION.**

### APPLICANT CONTACT INFORMATION

APPLICANT NAME		CO-APPLICANT NAME	
STREET ADDRESS (Present)		CITY, STATE, ZIP	
HOME PHONE (     )	MOBILE PHONE (     )	WORK PHONE (     )	

### HOUSEHOLD INFORMATION

*Please list all household members that are applying to live in the apartment with you. Also list any new members that you anticipate will be living in the apartment in the next 12 months. (Please include unborn children.)*

NAME (FIRST, MIDDLE INITIAL, LAST)	RELATIONSHIP TO HEAD OF HOUSEHOLD	SS #	DRIVER'S LICENSE #	BIRTH DATE (MM/DD/YY)	DISABLED	STUDENT
	HEAD				<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
					<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

**REASONABLE ACCOMMODATION:** If you are an individual with disabilities you may make a request for a reasonable accommodation. If you would like more information on how to make a request for a reasonable accommodation, please ask the Community Manager.

### RELEASE:

I hereby authorize the Owner to obtain and verify my consumer credit history, criminal history, sex offender status, employment, income, student status, landlord references and any other necessary information to determine my eligibility to enter a lease agreement. I also affirm that all of the above information that I have provided is true and complete. I make this representation knowing that if any such information is found to be false, the Owner may cancel or decline any lease agreement or renewal in reliance upon such information.

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Applicant #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_