

CANNERY SQUARE RENTAL APPLICATION
Apartment No. _____

NAME: _____ DOB ____ / ____ / ____

SOCIAL SECURITY #: _____

PRESENT ADDRESS: _____

PREVIOUS ADDRESS: _____

PHONE NUMBER: _____

MARITAL STATUS: _____

EMPLOYED BY: _____ OCCUPATION: _____

EMPLOYER ADDRESS: _____

EMPLOYERS PHONE NUMBER: _____

NUMBER OF PEOPLE WHO WILL BE LIVING IN APARTMENT: _____

PETS ARE NOT PERMITTED _____ PLEASE INITIAL

PLEASE LIST 5 REFERENCES INCLUDING BANK REFERENCE, CREDIT REFERENCE AND PERSONAL REFERENCE

REFERENCE	NAME OF PERSON-IF ANY	PHONE #	ACCOUNT #'S
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

**A \$35.00 FEE IS YOUR EXPENSE FOR AN INDIVIDUAL CREDIT REPORT
A \$50.00 FEE IS YOUR EXPENSE FOR MULTIPLE APPLICANTS CREDIT REPORTS
THESE EXPENSES ARE YOUR RESPONSIBILITY AND ARE NOT REFUNDABLE**

Applicant's signature affixed hereto signifies understanding that this is an application only, and may be rejected by Easton Associates. It does not guarantee applicant an apartment until lease is signed by both parties. Applicant agrees by signing to allow Owners Consultant Service to make whatever inquiries must be made in order to verify the information on this application.

Signature of Applicant

Mail to:
Easton Associates
117 Parris Lane
Suite A2
Easton, Maryland 21601