

Market Application Instructions

Several documents are required to complete the application:

- Complete the Application in its entirety
- Complete the consent form & landlord reference form
- Government issued ID for all household members 18 or older
- Proof of Citizenship/Legal Status for all household members 18 or older
- At least one member of the household must be 62 years of age or older at the time of application
- Income Documentation (Market Applicants only need documentation to show that they meet the minimum income requirements)
 - Examples of Types of Documentation
 - Social Security – most recent benefit letter
 - Pensions
 - Retirement Account Disbursements
 - 3-4 Consecutive Pay Stubs for Any Job
 - Employment/Human Resources Contact Information
- \$22 Application fee – check, money order, or online payment.

Thank you for your interest in The Bonifant at Silver Spring. Please contact us with any questions at 301-588-9290 or TheBonifant@hrehllc.com.

THE BONIFANT
929 Bonifant Street
Silver Spring, MD 20910
(301) 588-9290

APPLICATION FOR RESIDENCY

ALL PERSONS 18 YEARS AND OLDER ARE REQUIRED TO BE LEASEHOLDERS

1. ADULT NAME(S) TO APPEAR ON LEASE

(a) _____

Last Name	First Name	Middle Initial	Birth Date	SSN
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(b) _____

Last Name	First Name	Middle Initial	Birth Date	SSN
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NAMES OF OCCUPANTS TO LIVE IN APARTMENT (required)

<u>Full Name</u>	<u>Date of Birth (required)</u>	<u>Relationship, if any</u>
_____	_____	_____
_____	_____	_____

HOW DID YOU HEAR ABOUT US? _____

Pet (consent of landlord required – 1 PET ONLY)

Type	Color	Date/Rabies Shot	Size (pounds)
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2. (a) PRESENT OR LAST ADDRESS:

Number	Street	City	State	Zip	How Long
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(Rental)	Monthly Rent	Landlord or Mgmt. Co.	Phone No.	City	State
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(Owned)	Monthly Payment	Mortgagee	Phone No.	City	State
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PRIOR ADDRESS (if present or last address is less than 3 years):

Number	Street	City	State	Zip	How Long
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Payment	Landlord/Mgmt. Co./Mortgage Co.	Phone No.	City	State
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(b) PRESENT OR LAST ADDRESS:

Number	Street	City	State	Zip	How Long
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(Rental)	Monthly Rent	Landlord or Mgmt. Co.	Phone No.	City	State
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(Owned)	Monthly Payment	Mortgagee	Phone No.	City	State
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PRIOR ADDRESS (if present or last address is less than 3 years):

Number	Street	City	State	Zip	How Long
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Payment	Landlord/Mgmt. Co./Mortgage Co.	Phone No.	City	State
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3. EMPLOYMENT

(a) Present _____
Employer Name Location Phone No.
Date Hired _____ Salary \$ _____ per _____
Occupation Supervisor
Former (if present employment less than 3 years)

Employer Name Location Phone No.
From _____ To _____ Salary \$ _____ per _____
Occupation Supervisor

(b) Present _____
Employer Name Location Phone No.
Date Hired _____ Salary \$ _____ per _____
Occupation Supervisor
Former (if present employment less than 3 years)

Employer Name Location Phone No.
From _____ To _____ Salary \$ _____ per _____
Occupation Supervisor

4. DRIVERS LICENSE INFORMATION

(a) _____
Complete Number State Date of Issue

(b) _____
Complete Number State Date of Issue

5. DESCRIPTION OF VEHICLE(S)

Make _____ Model _____ Color _____ Year _____ License No. _____ State _____
Make _____ Model _____ Color _____ Year _____ License No. _____ State _____

6. WHOM SHALL WE CONTACT IN CASE OF AN EMERGENCY?

Name Address City/State Relationship Phone No.

7. APPLICANT CONTACT INFORMATION

(a) Work: _____ Home: _____ Cell: _____
Email Address: _____

(b) Work: _____ Home: _____ Cell: _____
Email Address: _____

The undersigned Applicant(s) hereby declare that the foregoing representations are true and correct. Applicant(s) understand that, if any misleading, incorrect or untrue statements are contained herein, any lease entered into in reliance on this application may be canceled/rejected by Landlord (Agent) and Applicant will be responsible for any and all consequential damaged, including attorney fees.

The undersigned hereby consents to the Landlord making inquiries with the individuals and institutions listed by Applicant(s) solely for the purposes of obtaining references and verifying the information provided by the Applicant(s) including credit and criminal background reports. Applicant acknowledges non-refundable Application fee of \$22.00 is due for each lease holder.



SIGNATURE OF APPLICANT(S)

(a) _____ Date _____
(b) _____ Date _____

-----OFFICE USE ONLY-----

APPROVED _____ REJECTED _____ BY _____ DATE _____
APARTMENT # _____ MOVE-IN DATE _____

THE BONIFANT
Applicant and Co-Applicant Consent

I hereby authorize The Bonifant Apartments to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information.

I hereby expressly release The Bonifant Apartment, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or government agencies, including without limitation, various law enforcement agencies.

I understand that should I lease an apartment, The Bonifant Apartments, and its agent, shall have a continuing right to review my consumer report information, rental application, payment history and occupancy history but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information for account review purposes and for improving application methods as well as tenancy review at time of renewal or during tenancy.

Signature of Applicant

Date

Signature of Co-Applicant

Date



THE BONIFANT
Landlord Reference Check Form

Applicant's Name: _____

Landlord's Name: _____

Community Name: _____

Phone #: _____ Fax #: _____

Address (if mailing): _____

I authorize The Bonifant, its subsidiaries, or its managing agents to investigate my rental history. The investigation may include, but is not limited to, the questions listed below.

Applicant _____ Date _____

Co-Applicant _____ Date _____

-----**TO BE COMPLETED BY LANDLORD**-----

Dates of residency: From: _____ To: _____ Total # of months: _____

of Household Members: _____

1. Did the resident pay their rent on time: Yes No
If the resident was late on the rent, how late? _____
How often? _____ Comments: _____
Will the resident owe any rent, fees, etc. at the time of vacating?
 Yes No
2. How much rent was paid each month by this resident? _____
3. Did the resident, their guests, or their family damage the apartment or the property?
 Yes No
If yes, did they pay for the damage? Yes No Amount of damages? _____
4. Did the resident give you proper notice for vacating? Yes No
Reasoning for leaving? _____
5. Would you re-rent to this resident? Yes No
6. What previous address do your records indicate? _____
7. Was the resident ever cited for Lease Non-Compliance? Yes No

Comments: _____

Signature/Title _____ Date _____

