



1411-A South Salisbury Blvd ▪ Salisbury, MD 21801
Phone: 410-546-5019 ▪ Fax: 410-548-2342
Email: mjohnson@ericdavisonline.com

First Applicant:

Name: _____ DOB: _____ SSN: _____

Present Address: _____
911 Address City State Zip Code

How long at this address: _____ Present Phone: _____ Cell Phone: _____

Landlord's Name: _____ Landlord's Phone: _____

Landlord's Address: _____
911 Address City State Zip Code

Current Monthly Rent: \$ _____ Gross Monthly Income: \$ _____

Employer's Name: _____ Employer's Phone: _____

Employer's Address: _____
911 Address City State Zip Code

How long at this job: _____ Type of Business: _____ Supervisor: _____

Previous Employer: _____ How Long: _____ Phone: _____

Military Status: _____

Other Sources of Income: _____

Second Applicant:

Name: _____ DOB: _____ SSN: _____

Present Address: _____
911 Address City State Zip Code

How long at this address: _____ Present Phone: _____ Cell Phone: _____

Landlord's Name: _____ Landlord's Phone: _____

Landlord's Address: _____
911 Address City State Zip Code

Current Monthly Rent: \$ _____ Gross Monthly Income: \$ _____

Employer's Name: _____ Employer's Phone: _____

Employer's Address: _____
911 Address City State Zip Code

How long at this job: _____ Type of Business: _____ Supervisor: _____

Previous Employer: _____ How Long: _____ Phone: _____

Military Status: _____

Other Sources of Income: _____

Names of all children to live in apartment or house:

Name _____ Relationship _____ Sex _____ Age _____
Name _____ Relationship _____ Sex _____ Age _____
Name _____ Relationship _____ Sex _____ Age _____
Name _____ Relationship _____ Sex _____ Age _____
Name _____ Relationship _____ Sex _____ Age _____

References:

Credit _____ Address _____ Phone _____
Credit _____ Address _____ Phone _____
Previous Landlord _____ Phone _____

- Have any of the proposed occupants been tested for elevated blood levels of lead? If so, please check one and initial
No _____ Yes _____ If yes, what were the results? _____
- How many people will live in the apartment or house? _____ Any pets? _____
- Have you ever been in jail? _____ If yes, what charge? _____
(Parole/Probation Officer Name & Number: _____)

Person to contact in case of emergency:

Name _____ Relationship _____
Address _____ Phone _____
911 Address _____ City _____ State _____ Zip _____

APPLICANT'S EMAIL ADDRESS: _____

- This application must be filled out completely. Any omissions could cause you to be rejected. This application does not guarantee or imply, in any way, a guarantee that you will be allowed to rent any property from us.
- We reserve all rights to reject any application which we deem, in our judgment, undesirable. This application is subject to review, rejections, amendment, and/or exchange with other landlords.
- I have fully read and understand all the provisions of this application. In the event any information is false, this application will be rejected, or if lease signed, lease will be terminated.
- This Rental Application is subject to satisfactory employment & payroll record verification, credit history and personal references. Applicants will not hold Eric Davis Property Management responsible for any information given or incorrectly received. Applicant & Co-Applicant hereby grant Eric Davis Property Management, permission to request and receive the above information and to check all references.

First Applicant's Signature Date Second Applicant's Signature Date

Property Address You Are Applying For: _____