



99 Commerce Place, Suite 350, Largo, MD 20774
Phone 301-324-0912 Fax 301-324-0915
www.tilmonproperties.com

RESIDENTIAL LEASE APPLICATION
Regular Market

Application must be completed by prospective tenant (s) who will live in the apartment unit. Prospective tenant (s) and all co-signors must be 18 years or older. Completion of this application creates no obligation by the landlord for approval. There is a \$35 per applicant application fee.

of Bedrooms Requested: _____ Date of Application: _____

Tenant Information

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Social Security Number: _____

Driver's License Number: _____ State of Issuance: _____

Date of Birth: _____

List previous address, landlord and phone number(s) of landlord:

Previous Address 1: _____

Previous Landlord and Phone Number (s): _____

Length of time at Previous Address 1: _____

Previous Address 2: _____

Previous Landlord and Phone Number (s): _____

Length of time at Previous Address 2: _____

Income Information

Gross Monthly Income: _____ Gross Yearly Income: _____

Name of Employer: _____

Address of Employer: _____

Name of Immediate Supervisor: _____

Telephone Number of Employer: _____

If there is a co-signor or additional tenant, provide the following information:

Names of Person(s) who will Guarantee Lease (or additional tenant): _____



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Address: _____

Social Security Number: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Driver's License Number: _____

State of Issuance: _____

Date of Birth: _____

List previous address, landlord and phone number(s) of landlord:

Previous Address 1: _____

Previous Landlord and Phone Number (s): _____

Length of time at Previous Address 1: _____

Previous Address 2: _____

Previous Landlord and Phone Number (s): _____

Length of time at Previous Address 2: _____

Income Information of Person Guaranteeing Lease

Gross Monthly Income: _____

Gross Yearly Income: _____

Name of Employer: _____

Address of Employer: _____

Name of Immediate Supervisor: _____

Telephone Number of Employer: _____

List Names, Ages and Relationship of All Persons Residing in Unit

Your signature indicates that you agree the information disclosed by you is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you is material to the potential Lessor's decision with respect to granting or denying your application to enter a lease.

Signed: _____

Date: _____

Printed Name: _____

Signed: _____

Date: _____

Printed Name: _____



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Release Form

I/We, _____, the undersigned
authorize landlord Traci Miller of 2221 Kearny Street, LLC or her agent to order, review or investigate
my/our banking, credit and criminal histories. I/we further authorize all banks, employers, landlords, creditors, credit
card companies, references, and any and all other persons to provide to Landlord any and all information concerning
my/our income, banking history, payment history or credit.

Signed: _____

Date: _____

Signed: _____

Date: _____