

BMC PROPERTY GROUP
6701 DEMOCRACY BLVD. SUITE 303
BETHESDA, MARYLAND 20817

Rental Application

The undersigned hereby makes application to rent the following property: **Riverview Apartments**

Building: ___ Unit: _____ No. of bedrooms: ___ Rent/Month \$ _____ Move-in date: ___/___/___

Personal Information

Name: Mr./Ms. _____ Phone no.: (____) _____

Email: _____

Date of birth: ___/___/___ SS# or Tax ID#: ___/___/___

Photo Identification: _____ Issued By: _____ Exp. Date _____

Full name of co-applicant: _____

Full name of co-applicant: _____

Full name of co-applicant: _____

Other occupants (excluding co-applicant):	Relation to you	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

Residence History

Current address: _____ Apt. no.: _____

City: _____ State: _____ Zip: _____

Landlord: _____ Phone no.: (____) _____

Previous address: _____ Apt. no.: _____

City: _____ State: _____ Zip: _____

Landlord: _____ Phone no.: (____) _____

Previous address (if within 3 years): _____ Apt. no.: _____

City: _____ State: _____ Zip: _____

Landlord: _____ Phone no.: (____) _____



Full name: _____ SS# or Tax ID#: ____/____/____

Income Information

Income Source: _____ Gross Per Year: _____

Income Source: _____ Gross Per Year: _____

Income Source: _____ Gross Per Year: _____

Income Source: _____ Gross Per Year: _____

HAVE YOU EVER:

Filed for bankruptcy? Yes _____ No _____

Been evicted from tenancy? Yes _____ No _____

Been delinquent in rent by more than 10 days? Yes _____ No _____

Been convicted of, or pled guilty or no contest to a felony? Yes _____ No _____

Been convicted of, or pled guilty or no contest to a misdemeanor involving sexual misconduct? Yes _____ No _____

If you answered **yes** to any of these questions, please explain: _____

Automobile Information (1 per adult occupant on lease)

Make/model: _____ Year: ____ Color: _____ Plate no./state: _____

Make/model: _____ Year: ____ Color: _____ Plate no./state: _____

Make/model: _____ Year: ____ Color: _____ Plate no./state: _____

In case of emergency, please notify (please list someone not living on property)

Name: _____ Relation to you: _____ Phone no.: (____) _____

Address: _____ State: _____ Zip: _____

This application is made, subject to your approval, and may, without designating cause, be disapproved by you, it being agreed that such disapproval shall not be considered a reflection upon the applicant. This application is to be made a part of the Lease entered into by the lessor and lessee.

NOTICE: By signing this application, you declare that all your responses are true and complete and authorize BMC to verify this information. Any false statement on this application can lead to rejection of your application or immediate termination of your Lease.

SIGNED: _____ **DATE:** ____/____/____

DISCLOSURE FOR CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) or **application to rent a dwelling with BMC Property Group**, I understand consumer reports will be requested by you ("Company"). These reports may include, as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, salary history, reasons for termination of tenancy, former landlords, education, licensure, credit, etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record, workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

Signature: _____

Dated: _____

AUTHORIZATION FOR CONSUMER REPORTS

Authorization

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Company. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above-mentioned information.

This authorization is conditioned upon the following representations of my rights:

I understand that I have the right to make a request to the consumer reporting agency: ScreenThem® Background Investigations, Inc. ("Agency"), P.O. Box 7600, Alexandria, VA 22307, telephone number (703) 360-5000, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information, and the Agency, on Company's behalf, will provide a complete and accurate disclosure of the nature and scope of the investigation covered by any investigative consumer report(s). The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two-year period for employment requests, and one year for other purposes preceding my request (California three years). I hereby consent to Company obtaining the above information from the Agency. I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.screenthem.com.

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights

_____ (initials).

I authorize Company and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report.

Printed Name: _____

Signature: _____

Date: _____

For identification purposes:

Social Security No.: _____; Date of Birth: _____.

Drivers License No.: _____; State of Issue: _____.