

**BOWMAN DEVELOPMENT CORPORATION  
10228 GOVERNOR LANE BLVD., SUITE 3002  
WILLIAMSPORT, MARYLAND 21795**

PH: 301-582-1555 FAX: 301-582-0049 E-MAIL: BOWMANDEV@DMBOWMAN.COM

RENTAL APPLICATION FOR ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

DO YOU HAVE PETS? \_\_\_\_\_  
(An additional pet security deposit will be required.)

IF YES, EXPLAIN KIND AND HOW MANY.  
\_\_\_\_\_

**HOUSEHOLD COMPOSITION:**

List all persons that will be occupying the unit for which you are applying. Indicate Head of Household and the relationship of all other family members to Head of Household (i.e., son, daughter).

<b><i>FULL NAME</i></b>			<b>BIRTH</b>	<b>AGE</b>	<b>SOCIAL SECURITY #</b>
<b><u>FIRST</u></b>	<b><u>MIDDLE</u></b>	<b><u>LAST</u></b>	<b><u>DATE</u></b>		
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**CURRENT HOUSING STATUS:**

Present Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Date you moved in: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Current rent: \$ \_\_\_\_\_

Average monthly utility cost you pay (excluding phone) \$ \_\_\_\_\_

Are you currently under a lease agreement? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, give all names of all adults that are parties to this lease.

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

When does your current lease expire? \_\_\_\_\_. Did you give notice? \_\_\_\_\_

Are you currently residing in a government subsidized rental unit? Yes \_\_\_\_\_ No \_\_\_\_\_

**CURRENT LANDLORD INFORMATION:**

Name of your landlord \_\_\_\_\_

Address of your landlord \_\_\_\_\_

Telephone of your landlord \_\_\_\_\_

Are you related to your current landlord? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state relationship. \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

Why do you want to move? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you being evicted from your present address? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, please explain \_\_\_\_\_

Do you plan to have anyone living with you in the future who is not listed? Yes \_\_\_ No \_\_\_  
If yes, please explain \_\_\_\_\_

**RENTAL HISTORY**

Complete prior landlord references are required.

Prior landlord name \_\_\_\_\_ Phone no. \_\_\_\_\_

Landlord address \_\_\_\_\_

Address of your rental unit (where you were living) \_\_\_\_\_

How many persons resided at this residence with you? Adults \_\_\_\_\_ Children \_\_\_\_\_

Date of move-in \_\_\_\_\_ Date you moved out? \_\_\_\_\_

List reason for moving out:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of rent you paid \$ \_\_\_\_\_ Were you under a lease agreement? Yes \_\_\_ No \_\_\_

If yes, provide the names of all adult persons that were also parties to the lease

agreement 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Were you related to this landlord? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please state relationship \_\_\_\_\_

**INCOME SOURCES**

**Head of Household**

Present employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone number \_\_\_\_\_ Your job title \_\_\_\_\_  
Years employed \_\_\_\_\_ mos. \_\_\_\_\_ Your NET WEEKLY income \$ \_\_\_\_\_  
Your supervisor's name \_\_\_\_\_ Your supervisor's telephone \_\_\_\_\_

**Applicant 2 (Spouse or other)**

Present employer \_\_\_\_\_ Address \_\_\_\_\_  
Phone number \_\_\_\_\_ Job title \_\_\_\_\_  
Years employed \_\_\_\_\_ mos. \_\_\_\_\_ NET WEEKLY income \$ \_\_\_\_\_  
Supervisor's name \_\_\_\_\_ Supervisor's telephone \_\_\_\_\_

Other source of income (i.e. gov't assistance, child support, part-time permanent jobs) please specify with \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CREDIT REFERENCES**

A minimum of two credit references are required.

- 1. Name of creditor: \_\_\_\_\_  
Define your terms: How much do you pay? \_\_\_\_\_ How often? \_\_\_\_\_
- 2. Name of creditor: \_\_\_\_\_  
Define your terms: How much do you pay? \_\_\_\_\_ How often? \_\_\_\_\_
- 3. Name of creditor: \_\_\_\_\_  
Define your terms: How much do you pay? \_\_\_\_\_ How often? \_\_\_\_\_

**AUTOMOBILES/TRUCKS/MOTORCYCLES/BOATS**

Make and year of vehicle \_\_\_\_\_ Monthly Payments/Bank \$ \_\_\_\_\_  
Make and year of vehicle \_\_\_\_\_ Monthly Payments/Bank \$ \_\_\_\_\_

**ADDITIONAL COMMENTS:**

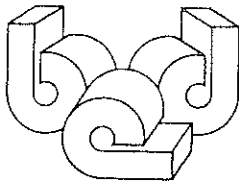
\_\_\_\_\_  
\_\_\_\_\_

***PLEASE READ STATEMENT BEFORE SIGNING THIS APPLICATION***

No pets are allowed without written consent of the management. I hereby certify that all information I have written on this application is true to the best of my knowledge. I hereby authorize Bowman Development Corp. and any credit bureau or other investigative agency employed by Bowman Development Corp. to investigate the references herein listed and or statements and or other data obtained from me and or from any other firm or person pertaining to my credit and responsibility.

APPLICANT (head): \_\_\_\_\_ DATE \_\_\_\_\_

APPLICANT (spouse/other): \_\_\_\_\_ DATE \_\_\_\_\_



**bowman**  
development corp.

10228 Governor Lane Boulevard  
Suite 3002  
Williamsport, Maryland 21795  
Tel: 301-582-1555  
Fax: 301-582-0049

I HAVE APPLIED FOR A RENTAL HOME WITH BOWMAN DEVELOPMENT CORPORATION.

MY SIGNATURE AUTHORIZES THE RELEASE OF THE INFORMATION REQUESTED AND RELEASES MY CURRENT AND FORMER LANDLORD, ITS OFFICIALS, AGENTS, ASSIGNS, AND EMPLOYEES FROM ANY AND ALL LIABILITY FROM DAMAGES OF WHATSOEVER KIND OR NATURE WHICH MAY RESULT, AT ANY TIME TO ME, BY REASON OF COMPLIANCE WITH THE ABOVE REQUEST.

MY SIGNATURE AUTHORIZES THE RELEASE OF INFORMATION REQUESTED AND RELEASES MY CURRENT/FORMER EMPLOYER, ITS OFFICIALS, AGENTS, ASSIGNS, AND EMPLOYEES FROM ANY AND ALL LIABILITY FROM DAMAGES OF WHATSOEVER KIND OR NATURE WHICH MAY RESULT, AT ANY TIME TO ME, BY REASON OF COMPLIANCE WITH THE ABOVE REQUEST.

MY SIGNATURE ALSO GRANTS PERMISSION FOR BOWMAN DEVELOPMENT CORPORATION TO RUN MY NAME THROUGH THE JUDICIAL INFORMATION SYSTEM FOR BACKGROUND CHECK OF CRIMINAL AND CIVIL RECORDS.

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER