

Insley Rentals, LLC Insley & Insley, LLC
STUDENT RENTAL APPLICATION
227 E. Main Street P.O. Box 1026 Salisbury, Maryland 21803-1026
(410) 742-8121 Fax (410) 742-8122 www.insleyrentals.com

APPLICATIONS WITH INCOMPLETE OR FALSE INFORMATION WILL NOT BE PROCESSED!!

Date: ___/___/___ Length of Occupancy Desired: _____ **All Leases are a Minimum of One (1) Year.**

Property Address: _____ No. Of Bedrooms: _____ Date Of Occupancy Desired: _____

Applicant's Name: _____

Cell Phone #: _____ Home Phone #: _____ **Email:** _____

Date of Birth: ___/___/___ Social Security #: ___ - ___ - ___ Age: ___ Sex: ___ Race: ___ Nationality: _____ (for government reporting purposes only)

Driver's License #: _____ State: _____ Auto Tag #: _____ Make: _____ Model: _____ Year: _____

Your Current Home Address: _____

Street City State Zip

Your Current Mailing Address: _____

If Different from Home Address # Street P.O. Box City State Zip

Lived Here: ___ Years ___ Months Live With Parents: ___ Yes ___ No ___ Own ___ Rent Monthly Payment: \$ _____ # of Children: ___ Pets: ___

Present Landlord or Mortgage Holder: _____ Phone #: _____

Landlord or Mortgage Holder Address: _____

Street City State Zip

Previous Home Address: _____

Street City State Zip

Previous Landlord Address & Phone #: _____

Street City State Zip Phone

Names of all persons to occupy the Property (other than yourself), if none, indicate "none"

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

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

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

Your (Student) Employer: _____

Employer Name Address Phone #

Your Position: _____ Salary: \$ _____ (Wk Gross) Date of Employment: _____

Father's Name: _____

Cell Phone #: _____ Home #: _____ **Email:** _____

Address: _____

Street P.O. Box City State Zip

Driver's License #: _____ State: _____ Date of Birth: ___/___/___ Social Security #: ___ - ___ - ___

Father's Employer: _____

Name of Business # Street City State Zip Phone #

Position: _____ Date of Employment: ___/___/___ Salary: \$ _____ (Wk Gross) Hours per week: _____

Other Income: Type: _____ Weekly Amount: \$ _____ Monthly Amount: \$ _____

Previous Employer (if with present employer less than 2 years) _____

Employer Name # Street City State Zip Phone #

Position: _____ Date of Employment: ___/___/___ Length of Employment: _____

Mother's Name: _____

Cell Phone #: _____ Home #: _____ **Email:** _____

Address: _____ Home Phone #: _____

Street P.O. Box City State Zip

Driver's License #: _____ State: _____ Date of Birth: ___/___/___ Social Security #: ___ - ___ - ___

Mother's Employer: _____

Name of Business # Street City State Zip Phone #

Position: _____ Date of Employment: ___/___/___ Salary: \$ _____ (Wk Gross) Hours per week: _____

Other Income: Type: _____ Weekly Amount: \$ _____ Monthly Amount: \$ _____

Nearest Relative not living with you to be contacted in case of emergency:

Name: _____ Relationship: _____

Address: _____

Street P.O. Box City State Zip

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Have you ever been summoned to Rent or Housing Court? Yes: ___ No: ___ If yes, please explain: _____

Does any proposed resident have any criminal record? Yes: ___ No: ___ If yes, please explain: _____

Have you ever been evicted? Yes: ___ No: ___ If yes, please explain: _____

Have you ever been asked to vacate a property because of a violation of your lease or violation of the rules of the residence where you lived? Yes: ___ No: ___ If yes, please explain: _____

Have you always paid your rent when due (on-time)? Yes: ___ No: ___ If no, please explain: _____

Are you registered to vote in Salisbury? Yes: ___ No: ___ Fruitland? Yes: ___ No: ___ Wicomico County? Yes: ___ No: ___

Has any proposed occupant been tested for elevated blood lead levels? _____ Did the test indicate a blood lead level above .10 ug/dl? _____

Parent's References:

Bank: Checking: _____ Account Number: _____

Name Address City State Zip

Savings: _____ Account Number: _____

Name Address City State Zip

Last vehicle purchased from: _____ Date Purchased: ___/___/___

Dealership Address City State Zip

Financed By: _____

Company or Bank Address City State Zip Phone #

Length of Loan: _____ Account #: _____ Monthly Payment: \$ _____ Amount of Loan: \$ _____ Amount Still Owing: \$ _____

Installment Accounts or Personal Loans (list two)

Account Name	Address	City	State	Zip	Phone #	Balance Owed	Monthly Payment	Account #
Account Name	Address	City	State	Zip	Phone #	Balance Owed	Monthly Payment	Account #

Your Character Reference (not a relative)

Name	#	Street	City	State	Zip	Phone #	# of Years Known
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How did you learn about this property? ___Newspaper ___ Drive By ___ Website ___ Tenant, if so who _____ Other ___

Why are you choosing this property? Close to: ___ Work ___ Schools ___ Shopping ___ Size of Rooms ___ Amount of Rent ___ Other

What other properties and/or rental agencies have you looked at? _____

RENTAL APPLICATION IS SUBJECT TO SATISFACTORY EMPLOYMENT, CREDIT AND PERSONAL REFERENCES. APPLICANTS WILL NOT HOLD INSLEY RENTALS, LLC. OR INSLEY & INSLEY, LLC., RESPONSIBLE FOR ANY INFORMATION GIVEN OR RECEIVED INCORRECTLY.

I HAVE FULLY READ AND UNDERSTAND ALL THE PROVISIONS OF THIS APPLICATION. THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. IN THE EVENT ANY INFORMATION GIVEN IS FALSE, APPLICATION WILL NOT BE APPROVED, OR IF LEASE SIGNED, LEASE MAY BE TERMINATED.

OFFICE USE ONLY

Reference	Remarks	Name of Person Verifying Information	Verified By Initials
Student's Employer			
Father's Employer			
Mother's Employer			
Bank			
Car Loan			
Present Landlord			
Previous Landlord			
Credit Bureau			
Tenant Index			

Date: ___/___/___ Approved: _____ Not Approved: _____ Reason: _____

Property Address Approved For: _____ # of Bedrooms: _____ Move In Date: ___/___/___

Applicant Notified By: _____ Date: ___/___/___ Time: _____ Security Deposit Amount: \$ _____

Security Deposit Received: \$ _____ Date: ___/___/___ Rent 1st Month Received: \$ _____ Date: ___/___/___ By: _____

