

Londontowne and Robinwood Apartments

900 Queen Annes Court
Hagerstown, MD 21740

Phone: 301-791-3735
Fax: 301-416-7230

www.apartmentsinhagerstown.com

Resident Application

2 Bedroom _____ 3 Bedroom _____

Move In Date: _____

Personal Information First Applicant ****Copy of Photo ID Required****

First Name _____

Social Security/Tax ID _____

Middle Name _____

Date of Birth _____

Last Name _____

Phone Number _____

Email _____

Personal Information Second Applicant ****Copy of Photo ID Required****

First Name _____

Social Security/Tax ID _____

Middle Name _____

Date of Birth _____

Last Name _____

Phone Number _____

Email _____

Occupant Information (all people UNDER 18 years of age)

Name _____ Date of Birth _____

Relationship _____

Name _____ Date of Birth _____

Relationship _____

Name _____ Date of Birth _____

Relationship _____

Current Residence Information

Street Address _____ State _____

City _____ Zip Code _____

Type (Please Check)

Name of Apartment Community or Mortgage Company _____

Rent _____

Address _____

Own _____

Phone Number _____

Family _____

Monthly Payment _____ Length of Residency _____

Other _____

Reasons for Moving _____

Have you ever been evicted or asked to move out? Yes ___ No ___

If yes, explain _____

Have you previously filed or are currently filing bankruptcy? Yes ___ No ___

If yes, when _____

Continued on Back

Employment Information First Applicant **Copies of last 2 Paycheck Stubs Required**

Current Employer _____ Position _____
Address _____ Salary _____
City _____ State _____ Zip Code _____
Supervisor _____ Phone Number _____
Length of Employment _____ Additional Income _____

Employment Information Second Applicant **Copies of last 2 Paycheck Stubs Required**

Current Employer _____ Position _____
Address _____ Salary _____
City _____ State _____ Zip Code _____
Supervisor _____ Phone Number _____
Length of Employment _____ Additional Income _____

Emergency Contact Information

Name _____
Relationship _____ Phone Number _____
Address _____
Allow Key Access Yes ___ No ___

Vehicle Information

Make and Model _____ Year _____ Color _____
License Plate Information _____

Make and Model _____ Year _____ Color _____
License Plate Information _____

Make and Model _____ Year _____ Color _____
License Plate Information _____

Pet Information

Please circle if you have one of the following: Pet Service Animal Emotional Support
**** A doctors note is required for any emotional support animal ****
How many pets? _____ Cat/Dog _____ Breed _____
Color _____ Weight _____ Name _____ Age _____

Conviction Information

Have you ever been convicted of, or pleaded guilty or "No Contest" to a misdemeanor or felony involving **sexual misconduct?**
Yes _____ No _____ If yes, when? _____ What state? _____

I AUTHORIZE YOU TO CONTACT PREVIOUS LANDLORDS, CREDIT AND PERSONAL REFERENCE THAT I HAVE GIVEN IN THIS APPLICATION. I ALSO AUTHORIZE MANAGEMENT TO OBTAIN MY CONSUMER CREDIT REPORT AND BACKGROUND CHECK FROM LOCAL, STATE AND FEDERAL AUTHORITIS
THE ABOVE INFORMATION, TO THE BEST OF MY KNOWLEDGE, IS TRUE AND CORRECT

Signature First Applicant _____ Date _____

Signature Second Applicant _____ Date _____