



**COLUMBIA
LANDING**
APARTMENTS

(410) 997-0696 | ColumbiaLandingLeasing@hrehllc.com
8905 Tamar Drive Columbia, MD 21045

Thank you for choosing Columbia Landing Apartments as your new home.

To Apply, please complete the following steps:

Complete & Sign the Application for Residency

Provide One Form of Photo ID for Verification:

Proof of Income:

- Typically presented as 4 most recent, consecutive paystubs; please inquire with leasing professional on additional acceptable forms of Proof of Income
- **Please note that some Proof of Income forms may require Management Review & Verification**

Landlord Verification: we'll need to verify 3 years of rental history

Investment:

Application Fee: \$35.00 Per Applicant

Security Deposits: \$300.00, subject to credit and background screening

Renter's Insurance: Our community requires renter's insurance for all residents, with a minimum coverage of \$100,000. Please list Columbia Landing as an additionally interested party.

Income Information:

Minimum Income Requirements (market rate):

- 1 Bedroom \$35,970.00
- 2 Bedroom \$41,970.00

Pet Policy:

One-Time Non-Refundable Pet Fee \$300

Monthly pet rent \$35

No weight restrictions, some breed restrictions apply – please inquire for details.

Utility Information:

Gas (cooking), garbage removal, and parking is included with rent

Gas (heating), electric, and water/sewer is not included with rent



Application for Residency

(410) 997-0696

For Office Use Only:

Leasing Professional: _____

Date: _____ Apartment Address: _____

Monthly Rent: _____ Concession/Special: _____

Move-In Date: _____ Lease Term: _____ to _____

Notes: _____

Applicant Information

Full Name:		Date of Birth:		SSN	
Email:			Phone:		
Driver's License Number:			Date of Issue & State:		
Current address:					
City:		State:		ZIP Code:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent (Please check)		Monthly payment or rent:		Move-In Date:	
Landlord Name:		Phone:		Fax:	
Reason for Moving:					
Previous address, if less than 3 years at current:					
City:		State:		ZIP Code:	
<input type="checkbox"/> Own <input type="checkbox"/> Rent (Please check)		Monthly payment or rent:		How long:	
Landlord Name:		Phone:		Fax:	

Employment Information

Current employer:			How long?		
E-mail:		Phone:		Fax:	
Employer address:					
City:		State:		ZIP Code:	
Position:		<input type="checkbox"/> Hourly <input type="checkbox"/> Salary (Please check)		Annual income:	

Emergency Contact

____ Please initial to signify that in the event of serious illness or other circumstances, the below person may have access to the leased premises and contents within. (Must not reside in the apartment home)

Name & Relationship:		Phone & Email:	
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List all other Minor Occupants

Name	Date of Birth	Relationship

Pet Information- 1 pet per apartment permitted

Pets are accepted only with consent of the Management, and are subject to breed restrictions.

Do you have any pet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		# Pets:	Vet records may be required to substantiate breed.		
Type	Color	Breed	Weight	Date of Rabies Shot	

Vehicle Information – 2 vehicles per apartment permitted

Year	Color	Make	Model	State	License Plate

ALL PERSONS 18 YEARS AND OLDER ARE REQUIRED TO BE LEASEHOLDERS.

Please use this section to provide information on other adults who will be residing in the apartment

Second Adult Applicant Information				
Full Name		Date of birth		SSN
Email:			Phone:	
Driver's License Number:			Date of Issue & State:	
Current address:				
City:		State:		ZIP Code:
<input type="checkbox"/> Own	<input type="checkbox"/> Rent (Please check)	Monthly payment or rent:		How long:
Reason for Moving:				
Landlord:		Phone:		Fax:
Previous address, if less than 3 years at current:				
City:		State:		ZIP Code:
<input type="checkbox"/> Own	<input type="checkbox"/> Rent (Please check)	Monthly payment or rent:		How long:
Landlord:		Phone:		Fax:

Third Adult Applicant Information				
Full Name		Date of birth		SSN
Email:			Phone:	
Driver's License Number:			Date of Issue & State:	
Current address:				
City:		State:		ZIP Code:
<input type="checkbox"/> Own	<input type="checkbox"/> Rent (Please check)	Monthly payment or rent:		How long:
Reason for Moving:				
Landlord:		Phone:		Fax:
Previous address, if less than 3 years at current:				
City:		State:		ZIP Code:
<input type="checkbox"/> Own	<input type="checkbox"/> Rent (Please check)	Monthly payment or rent:		How long:
Landlord:		Phone:		Fax:

Employment Information				
Current employer:			How long?	
E-mail:			Phone:	Fax:
Employer address:				
City:		State:		ZIP Code:
Position:		<input type="checkbox"/> Hourly	<input type="checkbox"/> Salary (Please check)	Annual income:

Terms & Conditions of Application:

Application Fee: I agree that the application fee, whether my application is approved or not, is not refundable.

Consumer Report Authorization: I hereby affirm that my answers on this application to lease are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. I authorize you to secure from Transunion (credit agency), a consumer reporting agency, an investigative consumer report, a criminal history records verification, and verification of my residences, employments and income.

I authorize Transunion (credit agency) to verify that any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living, and I release all concerned from liability, in right, under the Fair Credit Reporting Act (FCRA), Section 606(B) to make a written request of you and Transunion (credit agency), within a reasonable time, for a complete and accurate receipt of the summary of consumer rights required by Section 609 of the FCRA, entitled, A Summary of Your Rights Under the Fair Credit Reporting Act.

I have fully read and understand all the provisions of this application and acknowledge receipt of a completed copy of same.

How did you hear about our community? _____

_____	_____	_____	_____
Applicant Signature	Date	Applicant Signature	Date
_____	_____	_____	_____
Applicant Signature	Date	Applicant Signature	Date

I attest that I have examined the identification documents below presented by the above-named applicant to verify identity and the listed documents appear to be genuine.

_____ _____
Leasing Professional Date

For Office Use Only: Application Fee: _____ \$ Received by: _____ Date: _____ Check/MO Number: _____
