



(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: \$500.00, 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:
Employer address:		
City:		State:
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)?  Yes  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

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

<b>Third Adult Applicant Information</b>				
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:
<b>Employment Information</b>				
Current employer:				How long?
E-mail:			Phone:	
Employer address:			Fax:	
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: _____
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