



*Garden View Apartments
8601 Gray Fox Road
Randallstown, MD 21133
(410) 655-3000-Office (410) 922-2657-Fax
www.gardenviewapt.com*

INFORMATION ON MOVING INTO YOUR NEW HOME

Once your application has been approved, your leasing professional will call you with your new address. You will then need to call BG&E and have the electricity put into your name before the first day of your occupancy. BG&E requires a 48-hours notice. The phone number for BG&E is (800) 685-0123 or (410) 685-0123 or www.bge.com. They may require a deposit. Please bring a confirmation number with you. We will require a deposit of \$250.00 if the power is not in your name at move-in.

- Once you have been approved, we will set up an appointment for you to come by the office and sign the lease. This will take approximately 30-45 minutes. You will visit your new home to make sure everything is in good standing.
- On the day of the move in you will receive the keys to you new home. **AT THIS TIME YOU WILL NEED YOUR FIRST MONTH'S RENT & FOR YOUR SECURITY DEPOSIT, BOTH 2 SEPARATE MONEY ORDERS, PAYABLE TO GARDEN VIEW APARTMENTS.** Your rent will be pro-rated based on the number of days left in them month. You may be required to pay the current month's rent and the following month's rent. This will depend on the date you choose to move-in. **PLEASE REMEMBER WE DON'T ACCEPT CASH!**
- Our office is open 6 days a week for your convenience; Monday to Friday from 9am-6pm and Saturdays from 10am-4pm.

THANK YOU FOR MAKING GARDEN VIEW YOU NEW HOME

Applicant

Date



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Thank you for your interest in **GARDEN VIEW APARTMENTS**. We know that choosing where you live is a very important decision. To make the process easier for you, we've put together this helpful information for your reference as you complete your application.

1) APPLYING TO LIVE AT GARDEN VIEW APARTMENTS COULDN'T BE EASIER!

ALL YOU NEED TO DO IS:

- A. Complete a lease application for every member of the household that is 18 years of age and older
- B. Submit a \$25.00 money order or cashier's check for every applicant over 18 years of age. When your application is approved, this money order will be applied to the total move-in cost. If the application is denied the money order is non-refundable.
- C. A \$250.00 money order or cashier's check will hold your apartment once your application is approved. (Required if move in is scheduled for more than 30 days in the future.) This money will be applied to your total move in costs. If you the application for any reason, this money is forfeited.
- D. Provide the required documents below.

2) REQUIRED DOCUMENTS: ALONG WITH YOUR COMPLETED APPLICATION, WE WILL ALSO NEED TO MAKE COPIES OF:

- A. Social Security Card
- B. Valid government issued picture ID
- C. Two (2) current pay stubs from your place of employment

3.) WE WILL ALSO NEED:

- A. Landlord verification form completed by your current landlord and faxed back to Garden View Apartments @ (410) 922-2657.
- B. Employment verification form completed by your employer and faxed back to Garden View Apartments @ (410) 922-2657.
- C. Other verifications may be requested to complete the application process a background check.

If you have any questions, please don't hesitate to call us (410) 655-3000 and we will be glad to assist you.

Thank you for considering Garden View Apartments as you search for your new home! We look forward to having you as a resident.

Applicant

Date



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STATEMENT OF RENTAL CRITERIA

It is a policy of **Garden View Apartments** to offer equal housing to everyone in accordance with the Fair Housing Act, Title VII of the Civil Rights of 1968 (Fair Housing Act) and its amendments.

APPLICANTS MUST MEET THE FOLLOWING CRITERIA TO BE CONSIDERED FOR AN APARTMENT HOME WITH GARDEN VIEW APARTMENTS.

- **INCOME & EMPLOYMENT:** Total household income must be a minimum of three (3) times the monthly rental rate. Each applicant must submit 2 proofs of employment, (such as; two (2) of the applicants most recent pay stubs and employment verification form) and have been at the job for at least (1) year, a valid government issued picture ID and a social security card. If applicant has not been with an employer for one year, prior employment will be verified.
 - ✓ Co-signers may be used for full-time college students and minor credit issues. Co-signers must be a family member in the state you are applying and have a total income of 5 times the monthly rental rate and have excellent credit.
- **BACKGROUND CHECK:** Each applicant must complete an application (each person 18 years or older). The background check consists of credit check and criminal background check. The background check is completed through a third party who advises the landlord of a pass or fails status.
- **CREDIT CHECK:** Minimum credit score of **500** is accepted for approval of the application. **APPLICANTS MUST NOT OWE ANOTHER APARTMENT COMMUNITY.** Any bankruptcy must be at least one year old, with applicant establishing new credit after bankruptcy. Medical debt will not disqualify an applicant. Applicant must be able to provide confirmation that the utilities are in there name.
- **OCCUPANCY:** Strict occupancy standards are as follows:
 - 1-Bedroom=2 Person Maximum
 - 2-Bedroom=4 Person Maximum
 - 3-Bedroom=6 Person Maximum

Please note that this is the current rental criteria. There mat be residents that resided in the community prior to the current rental criteria going into effect. And we need a picture of everyone on the lease in the household.

I understand and accept these qualifying standards. I have truthfully answered all questions. Further, I understand that any falsification of my rental application will lead to immediate denial of said application and any holding deposit shall be liquidated damages for taking an apartment off the market.

I give Garden View Apartments permission to verify the information on my rental application form.

Applicant

Date





Garden View Apartments
 8601 Gray Fox Road – Randallstown, MD 21133
 Phone 410-655-3000 – Fax 410-922-2657
 www.gardenviewapt.com

REQUEST FOR VERIFICATION OF EMPLOYMENT

To:

Regarding:

 EMPLOYER NAME

 EMPLOYEE NAME

 EMPLOYER ADDRESS

 EMPLOYEE SOCIAL SECURITY

 CITY-STATE-ZIP CODE

 EMPLOYEE ID NUMBER

ATTENTION: _____

 FAX NUMBER

Applicant released the right for employment verification _____
Employee Signature / Date

Dear Employer:
 The person named above has indicated that they are employed by you. **Please confirm their employment by completing the following information and return it to this office via fax at 410-922-2657.** This information is for the confidential use of Garden View Apartments and will be used to complete their residency application. Thank You.

EMPLOYER VERIFICATION

Business Name: _____

Business Address: _____

Applicant's Current Position: _____

Supervisor Name: _____ Email Address: _____

Phone#: _____ Fax#: _____

Date of Hire: _____ End Date (If applicable) _____

Full-Time Part-Time Hours worked per week: _____

Current Rate of Pay: _____

Pay period: Weekly Bi-Weekly Monthly Salary

Signature of employer (or agent for employer) Title Date





Garden View Apartments

Name of Applicant:				Today's Date:	
Maiden Name:		Email Address:		SS#:	
Date of Birth:		Cell #:		Home phone:	
Work Phone:		Drivers Lic #:		Address:	
City:		State:		Zip:	
Rent <input type="checkbox"/> Own <input type="checkbox"/>		Landlord/Apartment's Name:			
Landlord Address:		City:		State:	
Zip:		Landlord Phone #:		Monthly Rent:	
How Long at Present Address:		Former Address:		City:	
State:		Zip:		Rent <input type="checkbox"/> Own <input type="checkbox"/>	
If Rented, Former Landlord/Apartment's Name:		Former Landlord Address:		City:	
State:		Zip:		Former Landlord Phone #:	
Monthly Rent:		How Long at Former Address:		Current Occupation:	
Gross Monthly Salary:		Length of Employment:		Current Employer:	
Supervisor Name:		Supervisor Phone #:		Employer Address:	
City:		State:		Zip:	
If Employed Less Than 6 Months at Current Employer- Complete Below					
Prior Occupation:		Gross Monthly Salary:		Length of Employment:	
Prior Employer:		Supervisor Name:		Supervisor Phone #:	
Employer Address:		City:		State:	
Zip:		Additional Income? Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, Source:	
Monthly Amount:		Emergency Contact Name:		Relationship:	
Phone #:		Address:		City:	
State:		Zip:		Reference Name:	
Yrs Known:		Occupation:		Reference Phone #:	

Please explain any YES answers (continue on back):

List all other occupants who will reside in apartment: (All occupants 18 and over must file separate applications)					
Name	Birthday	Social Sec #	Name	Birthday	Social Sec. #

Pursuant to Fair Housing Laws, the management shall neither refuse to rent or lease an apartment to any person because of race, color, creed, religion, national origin, ancestry, handicaps or familial status of the applicant nor discriminate in the terms offered or the services rendered. Management is not responsible for loss by fire, theft, smoke or water. The undersigned warrants and represents that all statements herein are true and permits verification. Should it be determined prior to or at any time during a subsequent tenancy that information given was false, landlord reserves the right to terminate said tenancy immediately. The undersigned agrees to provide documentation necessary to substantiate present or prior earnings which are to be considered as a basis for payment of rent. The undersigned further agrees to execute upon presentation a lease in the usual form and on terms and conditions therein stated, which lease may be terminated by the Lessor if any statement herein made is not true. This application and deposit are taken subject to previous applications.

I hereby give permission to obtain information on my credit, rental history, criminal history, income verification, and other references, now or in the future for the purpose of this application or for enforcing the provisions of any future lease with Garden View Apartments, which include, but are not limited to, the collection of rent and any other balances due.

Applicant Signature _____

Date _____

