

GARRETT COUNTY, MARYLAND, COMMUNITY ACTION COMMITTEE, INC.



104 E. CENTER STREET
OAKLAND, MARYLAND 21550
(301) 334-9431 • FAX (301) 334-8555
1-888-877-8403

HOUSING SERVICES



TO: All Applicants

FROM: GCCAC Property Manager

RE: Rental Unit Application

.....

Attached you will find a Rental Application for GCCAC Owned Rental Units along with (3) Three Landlord Reference Forms.

VERY IMPORTANT

The Name and **Complete** Mailing address of your Current and past two landlords (or) the last three landlords that you have ever had to include Garrettland, Inc. **Must** be completed!

The forms have to be mailed out from this office. If they are returned already completed with your application, they will not be considered.

Note: - We have a NO Pet Policy on all rental units.

Thank You!

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RENTAL APPLICATION

Application is hereby made to rent the: **1, 2, 3, 4, bedroom** (circle one)
unit located at: _____

HOUSEHOLD MEMBERS

NAME: _____ SPOUSE: _____
S.S.# ____ - ____ - ____ B.D. ____ / ____ / ____ S.S.# ____ - ____ - ____ B.D. ____ / ____ / ____
CURRENT PHONE # _____ MESSAGE PHONE # _____
CURRENT ADDRESS _____

LANDLORD'S NAME: _____ PHONE # _____
PREVIOUS ADDRESS: _____

LANDLORD'S NAME: _____ PHONE # _____
PREVIOUS ADDRESS: _____

LANDLORD'S NAME: _____ PHONE# _____
OF CHILDREN TO OCCUPY UNIT: _____
NAME(S): _____

EMPLOYMENT/INCOME INFORMATION

STATUS - EMPLOYED F/T ____ P/T ____ STUDENT ____ RETIRED ____ OTHER ____
IF OTHER EXPLAIN: _____

EMPLOYER: _____

ADDRESS: _____ PHONE: _____

EMPLOYER: _____

ADDRESS: _____ PHONE: _____

SPOUSE EMPLOYER: _____

ADDRESS: _____ PHONE: _____

OTHER INCOME: _____

AUTO(S)

YEAR: _____ MAKE: _____ COLOR: _____

YEAR: _____ MAKE: _____ COLOR: _____

SECURITY DEPOSIT IS EQUAL TO ONE MONTH'S RENT UNLESS UNIT IS UNDER SECTION 8 OR MOD-REHAB PROGRAM. SECURITY DEPOSIT IS DUE UPON APPLICANT'S ACCEPTANCE OF UNIT OFFERED PRIOR TO MOVE-IN.

NO PETS ALLOWED!

SIGNATURE _____ DATE: _____

SIGNATURE _____ DATE: _____

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Project _____

REQUEST FOR RENTAL HISTORY

LANDLORD:

Are you a relative of applicant? Y/N

If so, what relation? _____

Phone # _____

I have applied for residency in a Community Action owned property. Regulations governing this project require verification of my income as a condition of residency. Your prompt cooperation in verifying my tenancy will expedite a decision on my eligibility for residency.

A stamped self-addressed envelope is enclosed for your convenience in returning the completed form.

X _____
Signature of Applicant

X _____
Date

How long did applicant rent from you? _____

Monthly Rental _____

Was rent paid on time? _____

Was house/apartment well kept? _____

Would you rent to this tenant again? _____

Comments _____

Signature of Landlord

Date

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