

QUALITY VICTORIAN APARTMENTS

EDWARD LIBERTINI
PROPERTY MANAGER
410-247-5800 Office
443-279-7189 Fax
ED.LIBERTINI@CCGUSA.NET



4601 LEEDS AVENUE
BALTIMORE, MD 21229-5409

Mail completed to:

Ed Libertini

4601 Leeds Avenue

Baltimore, MD 21229-5409

Rental Agent:

Ed Libertini

410.247.5800

443.279.7189

RENTAL APPLICATION for

Address: _____

Name: _____

Home Phone: _____ **Work Phone:** _____

Social Security No: _____ **Date of Birth:** _____

Driver's License No. : _____ **State** _____

Any Previous Names (including Maiden Names): _____

CURRENT Address

Address: _____

City : _____ **State:** _____ **Zip Code:** _____

How long did you reside at this address? : _____ **Rent :** _____

Reason for moving: _____

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Owner/Manager: _____ Phone: _____

PREVIOUS Address

Address: _____

City: _____ State: _____ Zip Code: _____

How long did you reside at this address? : _____ Rent : _____

Reason for moving: _____

Owner/Manager: _____ Phone: _____

Name and relationship of every person to live with you, even if only temporarily
(including age of minors): _____

Any pets?: Yes No

If yes, describe them : _____

Waterbed? : Yes No

PRESENT

Occupation/Job Title: _____

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Employer: _____

Supervisor: _____ **Phone:** _____ **Fax:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Starting Date: _____ **Ending Date:** _____ **Annual Salary:** _____

PREVIOUS

Occupation/Job Title: _____

Employer: _____

Supervisor: _____ **Phone:** _____ **Fax:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Starting Date: _____ **Ending Date:** _____ **Annual Salary:** _____

PREVIOUS

Occupation/Job Title: _____

Employer: _____

Supervisor: _____ Phone: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Starting Date: _____ Ending Date: _____ Annual Salary: _____

List all sources of income (other than present employment listed above):

BANKING/CREDIT

Savings Account

Bank: _____

Branch: _____ Number: _____

Checking Account

Bank: _____

Branch: _____ Number: _____

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Major Credit Card: _____

Account Number: _____ Expires: _____

Major Credit Card: _____

Account Number: _____ Expires: _____

Credit Reference: _____

Account Number: _____

Balance Owed: _____

Monthly Payment: _____

Credit Reference: _____

Account Number: _____

Balance Owed: _____

Monthly Payment: _____

HAVE YOU...

Ever filed bankruptcy?	Yes	No
------------------------	-----	----

Ever been evicted?	Yes	No
--------------------	-----	----

Ever been convicted of a felony?	Yes	No
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Vehicle(s)

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Make: _____ **Model:** _____

Year: _____

Make: _____ **Model:** _____

Year: _____

Driver's License: _____ **State:** _____

Driver's License: _____ **State:** _____

Personal Reference: _____

Address: _____ **Phone:** _____

Emergency Contact: _____

Address: _____ **Phone:** _____

I declare that the statements above are true and correct; and I hereby authorize verification of references given and a credit check.

Signature: _____

Date : _____

Printed Name: _____

E-mail address: _____