

PIER 39 BERTHING RENTAL APPLICATION

Diversified Real Estate Services, Inc. • P.O. Box 831 • Clinton, MD 20735-0831 • dcr@ixamall.com

[All information provided herein shall be treated as confidential by Landlord and is obtained solely for the purpose of determining acceptability as a tenant!]

Slip _____ Desired Entry Date _____ Vessel Desc _____

Applicant Name _____ Home Phone _____

Home Address _____

Pets (Desc) _____

Employment:

Company Name _____ Business Phone _____

Address _____

Business FAX _____ Web Address _____

E-Mail Address _____ Monthly Income _____

Start Date _____ Position _____

Supervisor (if any) _____ Supervisor Phone _____

Financial References:

Company Name	Phone #	Account #
Checking:		
Checking:		
Savings:		
Savings:		
Charge Cd:		
Charge Cd:		
Charge Cd:		
Charge Cd:		
Other:		
Other:		

Vehicles:

Make/Model	Year	Color	Tag #
Vehicle #1:			
Vehicle #2:			
Vehicle #3:			

References:

Name	Address City/State/Zip	Phone #
Personal:		
Personal:		
Harbormaster:		
Emergency:		

APPLICANTS' STATEMENT: For the purpose of procuring rental of the referenced premises and for CREDIT CLEARANCE as a tenant of the premises rented, the undersigned furnishes the above as a true, full and correct statement as of the date given, and hereby authorizes the Landlord, (1) to verify any statement made herein and to obtain a credit report, if necessary, from any credit source, (2) to interview parties such as family members, business associates, financial sources, friends, neighbors, and (3) to report to any credit reporting agency Applicants' failure to pay as agreed within the Rental Agreement entered into between Applicant and Landlord in reliance of this Application. Applicant further agrees to inform Landlord of ANY changes in their status as shown in this Application. Landlord acknowledges receipt of a rental application deposit designated below; if warranted, \$35 per credit/tenant check will be deducted from the application deposit; if acceptable the balance will be applied toward Applicants' rental expenses; if not acceptable the balance will be returned to Applicant by company check.

Deposit Submitted: \$ _____ *Please retain a copy of this application for your records.*

Applicant: _____ Date _____