

BLOSSOM COURT, LLC APPLICATION

35640 Woodyard Rd  
Willards, MD 21874

410-546-2425 (office)  
410-835-8613 (Fax)

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

City, State, Zip Code: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

Annual Wages: \$ \_\_\_\_\_ Years of Service: \_\_\_\_\_

.....  
Spouse or Significant Other: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Spouse's Place of Employment: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Annual Wages: \$ \_\_\_\_\_ Years of Service: \_\_\_\_\_

.....  
Others over age 18:

\_\_\_\_\_ DOB \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

LIST ALL PETS – NO PIT BULLS, NO PARTIALLY BRED, OR MIXED BRED PIT BULLS. In addition, you will be required to submit a pet form (attached) to be returned with your application.

Number of Children, Names, DOB & SSN

\_\_\_\_\_ DOB \_\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

\_\_\_\_\_ DOB \_\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Current Landlord: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Years as tenant \_\_\_\_\_

**OTHER OBLIGATIONS:**

\$ \_\_\_\_\_ Court Ordered Child Support

\$ \_\_\_\_\_ Credit Card Companies

\$ \_\_\_\_\_ Car Payments

\$ \_\_\_\_\_ Any Other Monthly Payments or Obligations

Have you ever been convicted of a crime: \_\_\_\_\_ This is to include DUI & DWI or any other Motor Vehicle Violation.

Do you currently have a valid Driver's License? \_\_\_\_\_ State of Issue \_\_\_\_\_

Driver's License Number \_\_\_\_\_ Exp Date: \_\_\_\_\_

**I HEREBY GIVE MY PERMISSION TO PETER E. RICHARDSON AND/OR BLOSSOM COURT, LLC TO OBTAIN A CREDIT REPORT AND/OR CRIMINAL BACKGROUND CHECK. IF ANY INFORMATION IS FOUND TO BE INCORRECT OR FALSE WILL BE CAUSE FOR DENIAL.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Applicant

**I HEREBY GIVE MY PERMISSION TO PETER E. RICHARDSON AND/OR BLOSSOM COURT, LLC TO OBTAIN A CREDIT REPORT AND/OR CRIMINAL BACKGROUND CHECK. IF ANY INFORMATION IS FOUND TO BE INCORRECT OR FALSE WILL BE CAUSE FOR DENIAL.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
Spouse or Significant Other

# PET REGISTRATION

NAME OF PET: \_\_\_\_\_

CAT, DOG, BIRD, ETC \_\_\_\_\_

SHOTS \_\_\_\_\_

NAME OF VETERNARIAN \_\_\_\_\_

PHONE NUMBER OF VET \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

ADDRESS OF OWNER: \_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMERGENCY NUMBER: \_\_\_\_\_

PLEASE INCLUDE PHOTO OF PET

**NO PIT BULLS, PURE BRED OR MIXED PIT BULLS WILL BE ALLOWED IN BLOSSOM CT, LLC T/A AS STRAWBERRY VILLAGE.**

Any dog or cat that bites someone will be asked to remove that animal from the park immediately. All dogs and cats must be on a hand held leash when out of the home. There are no dog houses, kennels, runs or tie outs allowed at all.

TENANT: \_\_\_\_\_

DATE: \_\_\_\_\_