



## RENTAL APPLICATION

(For Use in Washington, DC)

Applicant's Name: \_\_\_\_\_ and, if applicable,  
 Co-Applicant's Name: \_\_\_\_\_ ("the Applicant")  
 Application is made to lease property located at \_\_\_\_\_  
 for monthly rental of \$ \_\_\_\_\_ Security Deposit: \$ \_\_\_\_\_  
 Lease Term: \_\_\_\_\_ Move-in Date: \_\_\_\_\_ Move-out Date: \_\_\_\_\_

A deposit in the amount of \$ \_\_\_\_\_ (the "Deposit") is to be held by Landlord/Agent with the clear understanding that this Application, including each prospective occupant, is subject to approval and acceptance by owner or his duly authorized property manager. The Applicant has no leasehold interests in the rental property until there is a fully executed lease. In the case of payment by check, the words "**Deposit**" shall be placed on the check.

Additionally, an Application fee of \$ \_\_\_\_\_ ("the Application Fee") is to be used by the Landlord/Agent for the credit/consumer check and processing the application with the understanding that this application, including each prospective occupant is subject to Landlord's approval and acceptance. Should the actual cost expended for a credit check or other expenses arising out the Application exceed the amount of the Application fee, a portion of the Deposit shall be applied to pay such excess cost. When so approved and accepted, Applicant agrees to execute a lease and to pay any balance due on the security deposit and/or the first month's rent (as required by Landlord) within three (3) business days after being notified of acceptance and before possession is given.

**SPECIAL LEASE REQUIREMENTS:** Military/Diplomatic Clause: ☐ Yes ☐ No  
 Contingencies/Special Equipment: \_\_\_\_\_

**OCCUPANTS:** The premises are to be occupied only by the following # of occupants:

Total Number of Occupants: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Pets: ☐ **Dog:** Breed: \_\_\_\_\_ Weight: \_\_\_\_\_ Total Number of Dogs: \_\_\_\_\_  
☐ **Cat:** Total Number of Cats: \_\_\_\_\_ ☐ **Other:** \_\_\_\_\_ How many pets total? \_\_\_\_\_

**AUTOMOBILES, MOTORCYCLES, TRUCKS, BOATS, AND TRAILERS:**

Total Number of Vehicles: \_\_\_\_\_  
 Type/Make: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_ State: \_\_\_\_\_  
 Type/Make: \_\_\_\_\_ Year: \_\_\_\_\_ Tag #: \_\_\_\_\_ State: \_\_\_\_\_  
 Are any of the above commercial vehicles? If so, which ones? \_\_\_\_\_

All motor vehicles or trailers shall have current licenses and may be parked **ONLY** in garages, driveways, if provided, on the street (not in fire lanes or on the lawn), **OR AS REQUIRED BY THE CONDOMINIUM OR HOMEOWNER'S ASSOCIATION.**

**In compliance with federal fair housing regulations, the Property shall be made available to all persons without regard to race, color, religion, national origin, sex, physical or mental handicaps, familial status or any additional protected classes specified by State of Maryland, District of Columbia or local jurisdiction law.**

For Office Use Only: Date _____
Application Received by Agent/Broker: _____

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**Please Print Legibly:**

Applicant's Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_  
Driver's License # or Government-Issued ID #: \_\_\_\_\_ State: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Temporary Local # (if applicable): \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Street City State Zip

☐ **Own** ☐ **Rent** Years: \_\_\_\_\_ Rent/Mortgage Payments: \$ \_\_\_\_\_  
Present Landlord/Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for moving: \_\_\_\_\_  
Have you ever paid late? ☐ **Yes** ☐ **No** If yes, **Explain** \_\_\_\_\_  
Have you ever been evicted? ☐ **Yes** ☐ **No** If yes, **Explain** \_\_\_\_\_

List all **previous addresses** for the last five years including period of stay in each and the name and telephone number of Landlord/Agent from whom you rented. (Use additional sheet if needed.)

**Previous Address:** \_\_\_\_\_  
Street City State Zip

Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
From (Date): \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
Street City State Zip

Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
From (Date): \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

**Current Employer:** \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

**CURRENT GROSS ANNUAL INCOME:**

Base Pay: \$ \_\_\_\_\_  
Overtime: \$ \_\_\_\_\_  
Bonuses: \$ \_\_\_\_\_

Commissions: \$ \_\_\_\_\_  
Dividends: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
TOTAL: \$ \_\_\_\_\_

If employed less than one year with current employer, give previous employment information:

**Previous Employer:** \_\_\_\_\_  
Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Income: \$ \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

IF EMPLOYER REFUSES to verify applicant's employment by phone, it shall become the responsibility of the applicant to provide immediate written confirmation of such information. If applicant is self-employed, attach copies for past two years of individual US tax form 1040 and self-employment US tax schedule C.

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**Please Print Legibly:**

**Co-Applicant's Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ SS#: \_\_\_\_\_

Driver's License # or Government-Issued ID #: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Temporary Local # (if applicable): \_\_\_\_\_

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
Street City State Zip

☐ **Own** ☐ **Rent** Years: \_\_\_\_\_ Rent/Mortgage Payments: \$ \_\_\_\_\_

Present Landlord/Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for moving: \_\_\_\_\_

Have you ever paid late? ☐ **Yes** ☐ **No** If yes, **Explain** \_\_\_\_\_

Have you ever been evicted? ☐ **Yes** ☐ **No** If yes, **Explain** \_\_\_\_\_

List all **previous addresses** for the last five years including period of stay in each and the name and telephone number of Landlord/Agent from whom you rented. (Use additional sheet if needed).

**Previous Address:** \_\_\_\_\_  
Street City State Zip

Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

From (Date): \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
Street City State Zip

Landlord/Agent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

From (Date): \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

**Current Employer:** \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

**CURRENT GROSS ANNUAL INCOME:**

Base Pay: \$ \_\_\_\_\_

Overtime: \$ \_\_\_\_\_

Bonuses: \$ \_\_\_\_\_

Commissions: \$ \_\_\_\_\_

Dividends: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**TOTAL:** \$ \_\_\_\_\_

If employed less than one year with current employer, give previous employment information:

**Previous Employer:** \_\_\_\_\_

Position: \_\_\_\_\_ How Long: \_\_\_\_\_ Gross Income: \$ \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Supervisor: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

IF EMPLOYER REFUSES to verify applicant's employment by phone, it shall become the responsibility of the applicant to provide immediate written confirmation of such information. If applicant is self-employed, attach copies for past two years of individual US tax form 1040 and self-employment US tax schedule C.

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**APPLICANT / CO-APPLICANT:****HOUSING ASSISTANCE PROGRAM:**Are you participating in a Housing Assistance Program? ☐ Yes ☐ No If yes, please complete info below:

Jurisdiction: \_\_\_\_\_/\_\_\_\_\_

Amount: \$ \_\_\_\_\_/\_\_\_\_\_

Attach appropriate documentation.

**ASSETS:**

Checking Account: \$ \_\_\_\_\_/\_\_\_\_\_ Bank: \_\_\_\_\_/\_\_\_\_\_

Savings Account: \$ \_\_\_\_\_/\_\_\_\_\_ Bank: \_\_\_\_\_/\_\_\_\_\_

Credit Union: \$ \_\_\_\_\_/\_\_\_\_\_ Name: \_\_\_\_\_/\_\_\_\_\_

Other Assets: \$ \_\_\_\_\_/\_\_\_\_\_ (Specify) \_\_\_\_\_/\_\_\_\_\_

TOTAL: \$ \_\_\_\_\_/\_\_\_\_\_

**LIABILITIES:** (Auto Loans, Mortgages, Credit Cards, Bank Loans, Installment Loans, Student Loans, Child Support, Alimony etc.)

Creditor	Total Due	Monthly Terms
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
TOTAL:	\$ _____/_____	\$ _____/_____

Have you ever filed for bankruptcy? ☐ Yes ☐ No If yes, Discharge Date: \_\_\_\_\_Do you have a suit for judgments against you? ☐ Yes ☐ NoAre you obligated to **pay** ☐ or **receive** ☐ child support or **pay** ☐ or **receive** ☐ alimony?

If so, indicate monthly payment: \$ \_\_\_\_\_

APPLICANT: Citizen of (Country): \_\_\_\_\_ Passport #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

CO-APPLICANT: Citizen of (Country): \_\_\_\_\_ Passport #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**LOCAL REFERENCES:**

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

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

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

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

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**THE FOLLOWING DISCLOSURES ARE REQUIRED BY THE DISTRICT OF COLUMBIA:**

1. The housing accommodation is ☐ **rent-controlled** ☐ **exempt from rent control**.
2. A copy of the current business license is attached.
3. The undersigned acknowledge(s) having been shown the Registration/Claim of Exemption form and having been offered a copy of the form for the undersigned.
4. The housing accommodation is registered as - (check as applicable) ☐ **condominium** ☐ **cooperative** ☐ **is converting** to a condominium or cooperative or non-housing use.
5. The owner of the housing accommodation is \_\_\_\_\_.
6. The amount of the non-refundable application fee is \$ \_\_\_\_\_. The amount of the initial security deposit is \$ \_\_\_\_\_. The amount of the security deposit cannot exceed the first full-month of rent. For any tenancy of twelve months or longer, interest on the security deposit shall accrue at the passbook rate prevailing in the DC financial institution in which the funds are held, which rate is re-set every six months (1st of January and 1st of July). Within forty five days after the termination of the tenancy, the housing provider will either (a) return the security deposit plus any interest to the tenant or (b) notify the tenant of the intent to withhold the deposit for defraying expenses incurred pursuant to the lease. If the housing provider intends to withhold the deposit, then within thirty days after notice to that effect the housing provider will give the tenant an itemized statement of the expenses to which the deposit was applied and refund any remaining balance to the tenant.
7. The applicable rent for the unit at the date of this disclosure is \$ \_\_\_\_\_.
8. The undersigned acknowledge(s) having been shown all Housing Violation Notices issued by the Department of Consumer and Regulatory Affairs within the last twelve months and any Notices issued earlier but still outstanding, and having been offered copies.
9. The following petitions or proceedings are pending that could affect the rental unit, whether the rent charged, the services and facilities provided or other matters: Case Number \_\_\_\_\_ Type of Petition/Proceeding \_\_\_\_\_
10. The following surcharges (rent increases that will subsequently be rescinded) are in effect for the rental unit:

Case Number	Type of Surcharge	Amount of Surcharge	Date of Rescission
11. Except for a rent increase upon vacancy, the rent charged a rental unit under rent control may be increased no more frequently than once every twelve months.
12. The undersigned acknowledge(s) having been shown the most recent Notice of Change Form filed pursuant to section 205(g)(1)(C) of the Act, relating to change of ownership, management, or services and facilities, and having been offered a copy.
13. The undersigned acknowledge(s) receipt of a pamphlet published by the Rent Administrator explaining the Act and any regulations under the Act as they relate to implementation of rent increases and petitions permitted to be filed by housing providers and tenants.

The undersigned acknowledge(s) receipt of this disclosure form, the attachment and the pamphlet published by the Rent Administrator (<http://newsroom.dc.gov/file.aspx/release/9439/Rent%20Control%20Pamphlet%2008.04.06.pdf>) The undersigned acknowledge(s) having been shown the other documents, having been offered copies of those documents and having received any copies of documents requested by the undersigned as set forth above.

Initials: \_\_\_\_\_/\_\_\_\_\_

**ELECTRONIC SIGNATURES:** In accordance with the Uniform Electronic Transactions Act (UETA) and the Electronic Signatures in Global and National Commerce Act, or E-Sign (the Act), and other applicable local or state legislation regarding Electronic Signatures and Transactions, the applicant(s) do hereby expressly authorize and agree to the use of electronic signatures as an additional method of signing and/or initialing this application and/or any future contracts or addenda. The applicants hereby agree that either party may sign electronically by utilizing a digital signature service.

Applicant: \_\_\_\_\_/\_\_\_\_\_ Co-applicant: \_\_\_\_\_/\_\_\_\_\_

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**AUTHORIZATION TO RELEASE INFORMATION:**

The undersigned applicant affirms under the penalties of perjury that I have read and understand pages 1 through 6 of this application and that my answers to the questions on this application are true and correct to the best of my personal knowledge, information and belief and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

Upon demand made by Listing Broker/Landlord, at any time during the applicant's tenancy or thereafter, Listing Broker/Landlord is hereby authorized to release any information contained in this application to any consumer reporting agency, credit bureau, or other investigative agencies.

The Applicant hereby authorizes Listing Broker/Landlord to order and obtain a credit/consumer report. I hereby authorize the owner or owner's agent to whom this Application is made and any credit bureau or other investigative agency used by such owner or owner's agent to investigate and to report and disclose to the owner and the owner's agent the results of the references herein listed, statements and other data obtained from me or from any other person pertaining to **my credit, employment, rent history and financial responsibility**. In the event the Listing Broker is acting on behalf of the Landlord, another broker or other party directly or indirectly affected by said transaction, the applicant hereby authorizes the Listing Broker to forward and disclose all or any portion of the information contained in the credit/consumer report to the Landlord, another Broker or other party directly or indirectly involved. The applicant hereby releases Listing Broker/Landlord from any liability whatever for rejection of this application due to credit information or any other reason. After this application has been processed, the Landlord/Owner may be contacted for final approval. Applicant will be contacted when approval is received or denied.

I understand that this **APPLICATION DOES NOT CONSTITUTE A COMMITMENT** to lease or rent and that a **WRITTEN LEASE WILL BE PREPARED** if my application is approved. I further understand that the lease **MUST BE SIGNED BY BOTH THE LANDLORD AND/OR ITS AGENT AND MYSELF TO BE VALID**.

**PRINT NAME:** \_\_\_\_\_

**APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PRINT NAME:** \_\_\_\_\_

**CO-APPLICANT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date: \_\_\_\_\_ Check: \$ \_\_\_\_\_ Cash: \$ \_\_\_\_\_

Leasing Broker: \_\_\_\_\_ Broker Code: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Leasing Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

License #/State: \_\_\_\_\_ / \_\_\_\_\_ MRIS # \_\_\_\_\_

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We look forward to being of assistance in your determination for a new tenant. Please follow these directions for proper and prompt processing of the application(s):

- ☐ Please use the most recent GCAAR # 1204, DC - Rental Application, if possible
- ☐ Applications are to be filled out thoroughly, completely and with accuracy. Any missing initials, blanks or questionable information will be cause for delay in approval or immediate rejection
- ☐ Applicants must be over the age of 18. All occupants of the home must be disclosed including their ages
- ☐ The following must be included with the application via Certified / Cashier Checks or money order.
  - A non-refundable processing fee of \$45.00 per applicant payable to Property Management Advisors, LLC.  
*If check is returned for non-sufficient funds, an additional \$35 will be due immediately*
  - An Earnest Money Deposit **equal to one month's rent payable to Landlord** unless a PMA management
  - Proof of income for each applicant; usually a minimum of two (2) paystubs
  - A copy of the MRIS listing for reference
  - If represented by a Realtor®, a copy of the agent's business card or contact information; required
- ☐ IMPORTANT: If credit status or circumstances may require special consideration, be prepared to provide further supporting documentation, i.e. tax returns, letter of employment, etc.
- ☐ In cases of pets, letters of referral from past landlords or property management will be expected before ratification of the Lease and related Addenda
- ☐ Rental Application should be emailed to [RentalApps@pma-dc.com](mailto:RentalApps@pma-dc.com) with delivery of checks to be discussed upon receipt
- ☐ Rental Applications will be processed Monday thru Friday, 9:00am to 4:00pm with results usually within 24-48 hours, if applications are complete and required documents are submitted properly.

If absolutely urgent, please inquire further about weekend processing

If approved, tenants should be prepared to provide the following upon ratification of the Lease

- Details to whom checks should be made payable as notated within the Lease
- A copy of the renter's insurance declaration provided to landlord within 48 hours of Lease ratification

If there are any questions, please contact PMA at 703.457.6533 ext 4

## RENTAL APPLICATION

This Rental Application ("Application") is an offer to rent. The Lease is a legally binding contract.

It is unlawful to discriminate on the basis of race, color, religion, national origin, sex, elderliness, familial status or handicap as well as all classes protected by the laws of the United States, the Commonwealth of Virginia and applicable local jurisdictions, or by the REALTOR® Code of Ethics. This application will be processed in accordance with all Fair Housing and occupancy laws.

### BROKERAGE DISCLOSURE

Applicants acknowledge by their initials that in this real estate leasing transaction Listing Broker, **Keller Williams Realty Metro Center**, represents Landlord and that Leasing Broker, \_\_\_\_\_, represents ☐ Landlord **OR** ☐ Tenant. (If Broker is acting as a dual representative of both Landlord and Tenant, then the appropriate disclosure form is attached to and made a part of this Application).

Applicant(s) Initials \_\_\_\_\_ / \_\_\_\_\_

**Leasing Agent must attach a business card.**

Applicant(s) Identification Type & Expiration Date: \_\_\_\_\_ .

### OFFER TO RENT

\_\_\_\_\_ ("Applicant 1") and \_\_\_\_\_ ("Applicant 2") offer to lease the property known as \_\_\_\_\_ (the "Premises"), for \_\_\_\_\_ years/months beginning \_\_\_\_\_, for the monthly rent of \$ \_\_\_\_\_ payable in advance on the first day of each month.

### CONDITIONS

**A NON-REFUNDABLE PROCESSING FEE OF \$ 45.00** per Applicant is included with this Application. Processing may take up to 5 business days to complete. **AN EARNEST MONEY DEPOSIT** of \$ **one month's rent** (the "Deposit") is included and will be held by \_\_\_\_\_. If this Application is accepted and a lease is signed, the Deposit will be credited to amounts owed to Landlord. If this Application is not accepted, the Deposit will be returned to Applicant(s) less any additional documented processing charges. Funds held by an escrow agent will be deposited no later than 5 business banking days after Application has been approved.

Occupancy is subject to possession being delivered by the present occupant. **The Premises are accepted "As-Is" unless otherwise noted below or by attachment.**

*CONTACT INFORMATION: APPLICANT 1*

*APPLICANT 2*

C: \_\_\_\_\_

C: \_\_\_\_\_

H: \_\_\_\_\_

H: \_\_\_\_\_

W: \_\_\_\_\_

W: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

### OFFICE USE ONLY

Application Received Date \_\_\_\_\_ Time \_\_\_\_\_

Application Reviewed By \_\_\_\_\_

Approved ☐ Rejected ☐ Withdrawn ☐ Applicant or Agent notified Date \_\_\_\_\_ Time \_\_\_\_\_



**APPLICANTS AGREE AND UNDERSTAND THAT:**

1. This Application, each occupant and each pet are subject to acceptance and approval by Landlord.
2. Listing Broker is obligated to present all Applications to Landlord until a lease is signed.
3. Landlord and Listing Broker may rescind acceptance and resume marketing the Premises at any time until a lease is signed.
4. Proof of current income is required. For example:
  - a. Latest Pay Statements/Stubs
  - b. Last 2 years' Form W-2 for hourly or weekly pay persons
  - c. Last 2 years' Form 1040 and Schedule C (if applicable) of self-employed or persons with tip income
  - d. Copy of LES and orders for military
5. This Application consists of 4 pages which must be completed in full. Incomplete or missing information will result in delay of a decision. Willful misrepresentation may be grounds for invalidating a lease.
6. A draft of the proposed lease may be reviewed through Listing Broker. If Landlord and Applicant(s) cannot agree on terms, the Deposit will be returned.
7. Applicant(s) must present valid photo identification or 2 forms of ID before signing the lease.
8. Applicant(s) is responsible for obtaining property and liability insurance (Renter's Insurance) and assuming utility accounts where required before occupying the Premises.
9. Any move-in fees and utility deposits are the responsibility of Applicant(s).
10. Only those persons listed in Application are to live in the Premises.
11. The Premises are not to be used for business except with full knowledge and consent of Landlord and in conformity with all applicable laws and regulations.
12. Applicant(s) has no leasehold interest until a lease is signed.

**I/we agree to the above conditions and authorize the firm processing this Application to verify any information contained herein and to perform any credit or investigative inquiries necessary in properly evaluating this Application, and any renewal. If any information is found to be false or misleading, the Application may be summarily rejected.**

Applicant 1 Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant 2 Signature \_\_\_\_\_

Date \_\_\_\_\_

**APPLICANT 1**

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ \$ \_\_\_\_\_  
Dates of Occupancy \_\_\_\_\_ Rent ☐ Mortgage ☐

Landlord/Management/Mortgage Co. Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Reason for Moving \_\_\_\_\_

**APPLICANT 2**

Full Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ \$ \_\_\_\_\_  
Dates of Occupancy \_\_\_\_\_ Rent ☐ Mortgage ☐

Landlord/Management/Mortgage Co. Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Reason for Moving \_\_\_\_\_

**APPLICANT 1****APPLICANT 2****Previous Street Address**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ \$ \_\_\_\_\_  
Dates of Occupancy \_\_\_\_\_ Rent ☐ Mortgage ☐

Landlord/Management/Mortgage Co. Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Reason for Moving \_\_\_\_\_

**EMPLOYMENT**1. \_\_\_\_\_  
Current Company NameFrom: \_\_\_\_\_ To: \_\_\_\_\_  
Location \_\_\_\_\_ Dates of Employment \_\_\_\_\_\$ \_\_\_\_\_ /year  
Position/Rank \_\_\_\_\_ Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_  
Previous Company NameFrom: \_\_\_\_\_ To: \_\_\_\_\_  
Location \_\_\_\_\_ Dates of Employment \_\_\_\_\_\$ \_\_\_\_\_ /year  
Position/Rank \_\_\_\_\_ Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

**ADDITIONAL INCOME**\$ \_\_\_\_\_ /year  
Source \_\_\_\_\_ Amount \_\_\_\_\_**Previous Street Address**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ \$ \_\_\_\_\_  
Dates of Occupancy \_\_\_\_\_ Rent ☐ Mortgage ☐

Landlord/Management/Mortgage Co. Name \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Reason for Moving \_\_\_\_\_

**EMPLOYMENT**1. \_\_\_\_\_  
Current Company NameFrom: \_\_\_\_\_ To: \_\_\_\_\_  
Location \_\_\_\_\_ Dates of Employment \_\_\_\_\_\$ \_\_\_\_\_ /year  
Position/Rank \_\_\_\_\_ Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_  
Previous Company NameFrom: \_\_\_\_\_ To: \_\_\_\_\_  
Location \_\_\_\_\_ Dates of Employment \_\_\_\_\_\$ \_\_\_\_\_ /year  
Position/Rank \_\_\_\_\_ Income \_\_\_\_\_

Supervisor Name \_\_\_\_\_ Phone \_\_\_\_\_

**ADDITIONAL INCOME**\$ \_\_\_\_\_ /year  
Source \_\_\_\_\_ Amount \_\_\_\_\_**Do you have any animals?****LIABILITY COVERAGE IS REQUIRED FOR DOGS.**

TYPE	BREED	AGE	WEIGHT	M/F	NEUTURED/DECLAWED
					/
					/
					/

VEHICLE: TYPE, MAKE, MODEL	STATE	VEHICLE: TYPE, MAKE, MODEL	STATE

## ADDITIONAL INFORMATION

Do you plan to bring a waterbed or large aquarium into the Premises?

☐ Yes ☐ No

Do you intend to smoke or permit smoking in the Premises?

☐ Yes ☐ No

## PLEASE ANSWER

	<u>Applicant 1</u>	<u>Applicant 2</u>	<u>Explanation*</u>
1. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
2. Have you ever been evicted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
3. Do you have any judgments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
4. Have you had a foreclosure?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
5. Are you party to a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
6. Do you pay alimony or child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
7. Are you a co-signer for a loan or another lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
8. Have you ever had a rental application rejected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
9. How would you rate your credit?	_____	_____	_____

\*Attach separate sheet if necessary.

## DEBTS (List major loans or credit card debt)

Type of Loan	Creditor	Balance	Monthly Payment
1. _____	_____	_____	_____
2. _____	_____	_____	_____

## ASSETS (Submit supporting documentation if necessary for qualification)

Type of Asset	Value
1. _____	_____
2. _____	_____

## OTHER OCCUPANTS OF THE PREMISES

(Occupants over 18 must submit separate applications)

LAST NAME	FIRST NAME AND M.I.	M/F	D.O.B.	RELATIONSHIP

## DESIGNATED CONTACTS (Someone who knows how to reach you) OR NEXT-OF-KIN

1. \_\_\_\_\_

Name	Relationship	Email
_____	_____	_____

Telephone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

2. \_\_\_\_\_

Name	Relationship	Email
_____	_____	_____

Telephone \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



We look forward to being of assistance in your determination for a new tenant. Please follow these directions for proper and prompt processing of the application(s):

- ☐ Please use the most recent NVAR – K1008 – rev. 07/13 rental application
- ☐ Applications are to be filled out thoroughly, completely and with accuracy. Any missing initials, blanks or questionable information will be cause for delay in approval or immediate rejection
- ☐ Applicants must be over the age of 18. All occupants of the home must be disclosed including their ages
- ☐ The following must be included with the application via Certified / Cashier Checks or money order.
  - A non-refundable processing fee of \$45.00 per applicant payable to Property Management Advisors, LLC.  
*If check is returned for non-sufficient funds, an additional \$35 will be due immediately*
  - An Earnest Money Deposit **equal to one month's rent payable to Landlord** unless a PMA management
  - Proof of income for each applicant; usually a minimum of two (2) paystubs
  - A copy of the MRIS listing for reference
  - If represented by a Realtor®, a copy of the agent's business card or contact information; required
- ☐ IMPORTANT: If credit status or circumstances may require special consideration, be prepared to provide further supporting documentation, i.e. tax returns, letter of employment, etc.
- ☐ In cases of pets, letters of referral from past landlords or property management will be expected before ratification of the Lease and related Addenda
- ☐ Rental Application should be emailed to [RentalApps@pma-dc.com](mailto:RentalApps@pma-dc.com) with delivery of checks to be discussed upon receipt
- ☐ Rental Applications will be processed Monday thru Friday, 9:00am to 4:00pm with results usually within 24-48 hours, if applications are complete and required documents are submitted properly.

If absolutely urgent, please inquire further about weekend processing

If approved, tenants should be prepared to provide the following upon ratification of the Lease

- Details to whom checks should be made payable as notated within the Lease
- A copy of the renter's insurance declaration provided to landlord within 48 hours of Lease ratification

If there are any questions, please contact PMA at 703.457.6533 ext 4

***Attach with Rental Application signed by Applicants***



## Rental Application Verification

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

Subject: Rental Verification for \_\_\_\_\_

Dear Resident Manager, Landlord or Agent:

We have received a rental application from the aforementioned individual and they have specified you and/or your company as a present or previous landlord. We request that you respond to the following questions as soon as possible so we may process their application promptly. *If you do not have a response, or do not know the answer, please leave the question blank.*

If you have additional information that may help in our decision, feel free to add comments.

**Please return this document via efax (240.238.8650) or email [RentalApps@pma-dc.com](mailto:RentalApps@pma-dc.com)**

### APPLICANT

I / We, do hereby authorize the parties within this Request for Verification to release necessary rental and financial information for review and consideration of the aforementioned residential rental application.

\_\_\_\_\_  
Printed Name Date

\_\_\_\_\_  
Printed Name Date

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Co-Applicant Date

### REFERENCE

I do hereby provide the following information to the best of my ability as landlord or an authorized representative for the tenant inquiry cited above. I understand this information will be used for purposes of qualifying the applicant for new residency and will be shared with the applicant, if necessary.

\_\_\_\_\_  
Printed Name of Landlord / Authorized Company Representative Date

\_\_\_\_\_  
Management Company Name, if applicable

\_\_\_\_\_  
Signature of Landlord / Authorized Company Representative Date

**Please return this document via efax (240.238.8650) or email [RentalApps@pma-dc.com](mailto:RentalApps@pma-dc.com)**

## REFERENCE RESPONSES

	YES	NO
Is the applicant (s) currently renting from you?		
<i>If so, is the applicant current with all rental payments?</i>		
Please confirm amount of current/past monthly rent?	\$	
Please confirm amount of current/past security deposit?	\$	
Was the applicant ever late within the last 12 months?		
<i>If so, how many times?</i>		
Has the applicant ever been more than thirty (30) days late with rent payments?		
Did the applicant have any pets?		
<i>If so, how many &amp; what kind/size?</i>		
Have you had to give the applicant a notice at any time during the last twelve 12 months?		
<i>If so, for what reason?</i>		
Was there ever any trouble or damages? If so, what kind?		
Have you ever received any complaints from neighbors of this applicant?		
<i>If so, what kind?</i>		
Was the matter resolved quickly? Amicably?		
Has the resident completed their lease terms?		
If a current resident, has the applicant given notice to you that they will be moving?		
Was the applicant asked to vacate by you or one of your company agents?		
<i>If so, why?</i>		
Did you, or will you, withhold part or all of the security deposit because of damages?		
Is the applicant moving voluntarily or after judicial eviction?		
Would you rent to this applicant again?		
Rent amount during last month of tenancy?		
Does the applicant owe you any money?		
<i>If so, how much?</i>		

### Confidential Notes:

Sincerely,

*Randy Huntley*

**NOTICE:** Per policy of this firm, please know that no representatives affiliated with Residential Property Management, Inc. or Property Management Advisors, LLC. will request further social security number or credit card information beyond what has been provided on the submitted rental application. If any calls relating to obtaining said applicant finances or federal identification are received, please contact us immediately at 703.457.6533 ext. 4 to provide details of inquiry.