

Property Management Advisors looks 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):

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

- PMA prefers applications with copies of checks and IDs to be scanned to [RentalApps@pma-dc.com](mailto:RentalApps@pma-dc.com)
- A non-refundable processing fee of \$50.00 per applicant payable to Property Management Advisors, LLC.
  - to be delivered to our office at 8133 Leesburg Pike, Suite 800, Tysons VA 22182 between 9am-5pm, Monday thru Friday
- or payment may be made online at <http://www.pma-dc.com/online-rental-application> to pay by eCheck or credit card
- *If personal checks are returned for non-sufficient funds, an additional \$35 will be due immediately by the applicant or agent*

Include an Earnest Money Deposit **equal to one month's rent payable to Landlord** unless a PMA management property whereupon check should be payable to Property Management Advisors

Proof of income for each applicant; usually a minimum of two (2) paystubs

A copy of the MRIS listing for reference or complete property address noted

If represented by a Realtor®, a copy of the agent's business card and best contact information

- ☐ **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
- ☐ Again, rental application should be emailed to [RentalApps@pma-dc.com](mailto:RentalApps@pma-dc.com) with delivery of checks or use of online payment portal 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 or holiday processing

**If approved,** tenants should be prepared for the following upon ratification of the Lease

- Name or details of whom remaining checks should be made payable
- Responsibility for a minimum \$100 onboarding fee, if a PMA managed property
- Providing a copy of the renter's insurance declaration within 48 hours of Lease ratification

If there are any questions, please contact PMA at 703.457.6533



## 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: _____

©2012, The Greater Capital Area Association of REALTORS®, Inc.  
 This Recommended Form is property of the Greater Capital Area Association of REALTORS®, Inc. and is for use by  
 REALTOR® members only.  
 Previous editions of this Form should be destroyed.

**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.

©2012, The Greater Capital Area Association of REALTORS®, Inc.  
This Recommended Form is property of the Greater Capital Area Association of REALTORS®, Inc. and is for use by  
REALTOR® members only.

Previous editions of this Form should be destroyed.

**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.

©2012, The Greater Capital Area Association of REALTORS®, Inc.

This Recommended Form is property of the Greater Capital Area Association of REALTORS®, Inc. and is for use by REALTOR® members only.

Previous editions of this Form should be destroyed.

**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.)**

<i>Creditor</i>	<i>Total Due</i>	<i>Monthly Terms</i>
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
_____/_____	\$ _____/_____	\$ _____/_____
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: \_\_\_\_\_

©2012, The Greater Capital Area Association of REALTORS®, Inc.

This Recommended Form is property of the Greater Capital Area Association of REALTORS®, Inc. and is for use by REALTOR® members only.

Previous editions of this Form should be destroyed.

**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%208.04.06.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: \_\_\_\_\_/\_\_\_\_\_

©2012, The Greater Capital Area Association of REALTORS®, Inc.  
This Recommended Form is property of the Greater Capital Area Association of REALTORS®, Inc. and is for use by  
REALTOR® members only.

Previous editions of this Form should be destroyed.

**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 # \_\_\_\_\_

©2012, The Greater Capital Area Association of REALTORS®, Inc.  
This Recommended Form is property of the Greater Capital Area Association of REALTORS®, Inc. and is for use by  
REALTOR® members only.  
Previous editions of this Form should be destroyed.

# Rental Application Verification



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 to help in our decision, please add comments.

## 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 truthful and accurate 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. All information is truthful and accurate.

_____ Printed Name of Landlord/ Authorized Company Representative	_____ Date		
_____ Signature of Landlord / Authorized Company Representative	_____ Date	_____ Management Company Name, if applicable	_____ 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?

*If so, is the applicant current with all rental payments?*

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?

*If so, how many times?* \_\_\_\_\_

Did the applicant have any pets?

*If so, how many & what kind/size?* \_\_\_\_\_

Have you had to give the applicant a notice at any time during the last twelve 12 months?

*If so, for what reason?* \_\_\_\_\_

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?

*If so, why?* \_\_\_\_\_

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?

**Additional Notes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

Randy Huntley, President • PO Box 300 • Dunn Loring VA 22027 • (703) 457.6533 • efax (240) 238.8650