



DC PROPERTIES

RESIDENTIAL LEASE APPLICATION

Date of Application: _____ Move In Date: 2G [] 3G [] 3T [] 4T []

Military Personnel? Yes or No If yes, Rank: _____

| | |
|---|--|
| Name of Applicant #1: | #1 Email: |
| Other Names Applicant has used: | #2 Email: |
| Current Address: _____ City: _____ | Conditions and Information All pages of this lease application must be signed by all persons who will sign the lease agreement. Additional tenant information is on page 2. The completion of this application by Tenant and the acceptance of this application by Landlord creates no obligation of Landlord to approve the application. This application will be approved or rejected usually within five (5) days of being submitted to landlord. However, there is no obligation of Landlord to notify Tenant unless the application is approved. If this application is approved, Tenant must make the security deposit and sign the lease before the tenancy begins. Landlord complies with all Federal and State laws regarding discrimination and does not discriminate based upon age, sex, race, marital status, religion, national origin, or other prohibited classifications. |
| State: _____ Zip: _____ How Long? _____ | |
| Name and phone # of owner/manager of current residence: _____ | |
| Applicant #1 Current Phone Number: | |
| Drivers License No. _____ State of Issuance: _____ | |
| Social Security Number: _____ Date of Birth: _____ | |
| Place of Employment: _____ Supervisor: _____ | |
| Employment Address: _____ Your Job Title: _____ | |
| Employment Phone: _____ Monthly Pay: _____ | |
| Other sources of income: _____ | |
| Marital Status: _____ Spouse Name: _____ | |
| Children Names: _____ | |
| Name of Applicant #2: | For Landlord's Use Only |
| Other Names Applicant #2 has used: | |
| Current Address: _____ City: _____ | |
| State: _____ Zip: _____ How Long? _____ | |
| Name and phone # of owner/manager of current residence: _____ | |
| Applicant #2 Current Phone No: | |
| Drivers License No. _____ State of Issuance: _____ | |
| Social Security Number: _____ Date of Birth: _____ | |
| Place of Employment: _____ Supervisor: _____ | |
| Employment Address: _____ Your Job Title: _____ | |
| Employment Phone: _____ Monthly Pay: _____ | |
| Other sources of income: _____ | |
| List names of any additional household members: _____ | |
| How Long Do You Intend to Live Here? _____ | |
| Have you ever filed Bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| -If yes, court and case number? _____ | |
| Are you a party to any lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| -If yes, please describe. _____ | |
| Are there any judgments against you? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| -If yes, please describe. _____ | |
| | Rent Amount: _____ |
| | Deposit: _____ |
| | Date Lease to begin: _____ |
| | End of Lease: _____ |
| | Number of Occupants: _____ |

By your signature hereon, you agree that the information disclosed by you herein is true, complete and accurate to the best of your knowledge, and you agree that the information disclosed by you herein is material to the Landlord's decision with respect to granting or denying your application to enter into a lease.

Signed: _____ Date: _____ Signed: _____ Date: _____

Do you have any pets that you would like to occupy the residence? Yes No

-If yes, please describe. _____

Note: This provision does not imply that pets are allowed.

Have you ever been evicted from a rental unit? Yes No If yes, provide reason for eviction. _____

Motor Vehicle Identification: _____

| Make | Model and Year | Color | License Plate State and No. |
|-------|----------------|-------|-----------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

List Credit Cards

| | | | |
|-------------|--------------|-------------|--------------|
| Type: _____ | Card # _____ | Type: _____ | Card # _____ |
| Type: _____ | Card # _____ | Type: _____ | Card # _____ |

| Creditors | Type Of Debt | Amount Owed | Monthly Payment |
|-----------|--------------|-------------|-----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Previous Address: _____

When? _____ Reason for leaving: _____

Previous Address: _____

When? _____ Reason for leaving: _____

RADON GAS DISCLOSURE. Radon is a naturally occurring radioactive gas that, when it has accumulated in a building in sufficient quantities, may present health risks to persons who are exposed to it over time. Levels of radon that exceed federal and state guidelines have been found in buildings in every State of the United States. Additional information regarding radon gas may be obtained from your County public health unit.

See also <http://www.epa.gov/iaq/radon/>

CONSENT TO PERFORM INCOME, CREDIT, AND BACKGROUND CHECK

I/we, the undersigned applicant(s) authorized Landlord, or Landlord's Agent to order, investigate, review, and confirm my/our income, credit and criminal history now or periodically with my employers, financial institutions and any of the credit reporting bureaus available to them. I/we further authorize all financial institutions, employers, creditors, credit card companies, references and any and all other persons requested to provide to Landlord any and all information concerning my/our income, credit and criminal history. I/we acknowledge that \$250.00 of my deposit, to secure the contract, will be forfeited in the event I/we cancel agreement to lease. I agree that my screening fee is non refundable.

Signed: _____

Date: _____

Signed: _____

Date: _____