## WASHINGTON, D.C. RENTAL/LEASE APPLICATION

Date of Application:				
	Unit No.:			
City, State, Zip Code.				
<u>Applicant</u>				
			st Name	
	Social Security Number			
	Email Address			
Driver's License No	Driver's License State of Issue			
<u>Applicant</u>				
First Name	Middle Initial	Las	st Name	
Date of Birth	Social Security Number			
Phone Number	Email Address			
Driver's License No	Driver's License State of Issue			
Residence History				
Provide at least Current Address City, State, Zip Code Dates of Regidence: From		<i>I</i>	Unit No  _ Monthly Rent \$	
Poscop For Moving	/10	/	_ Monthly Rent \$	
Reason For Moving	ent  Other (specif	(v)		
	Rent  Other (specify) Landlord Phone No			
Previous Address			Unit No	
City, State, Zip Code			Monthly Rent \$	
Reason For Moving	/10			
Check one:   Own  Re	ent   Other (specif			
If Rent, Name of Landlord		Landlor	d Phone No	
Have you ever been evicted? If yes, provide explanation	(Check one) □ Yes	s 🗆 No		
Have you ever broken a lease If yes, provide explanation				
Employment / Financial				
Provide at least	years of history.			
Current Employer	Position/Title			



Address		
City, State, Zip Code		
Name of Supervisor	Phone Number	
Dates of Employment: From/1	To/	
Monthly Income \$		
Previous Employer	Position/Title	
Address		
City, State, Zip Code		
Name of Supervisor	Phone Number	
Dates of Employment: From/1	To/	
Monthly Income \$		
Previous Employer	Position/Title	
Address		
City, State, Zip Code		
Name of Supervisor	Phone Number	
Dates of Employment: From/1	To/	
Monthly Income \$		
Other Sources of Income		
(Provide any other sources of income that you	want the Landlord to consider.)	
Source of Income	Amount of Income \$	
Source of Income	Amount of Income \$	
Source of Income	Amount of Income \$	
Financial Accounts		
(Examples include Savings Account, Checking	g Account, Credit Account)	
Name A	Account Type	
Account Number		
Name A	ccount Type	
Account Number		
Name A	ccount Type	
Account Number		
Name A	Account Type	
Account Number	,	
Name A	ccount Type	
Account Number		



## Name \_\_\_\_\_ Age \_\_\_\_ Relationship \_\_\_\_\_ Name \_\_\_\_\_\_ Age \_\_\_\_\_ Relationship \_\_\_\_\_ Name Age Relationship Vehicles to be Parked at Property \_\_\_\_\_\_Year \_\_\_\_\_ Vehicle Make \_\_\_\_\_ Color \_\_\_\_\_ License Plate Number \_\_\_\_\_ State \_\_\_\_ Vehicle Make \_\_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_State \_ **Pets** Do you have any pets? (Check one) $\Box$ Yes $\Box$ No If Yes, Type \_\_\_\_\_ Breed \_\_\_\_ Weight \_\_\_\_ **Smoking** Do any of the occupants smoke? (Check one) $\Box$ Yes $\Box$ No <u>Other</u> Have you ever been convicted of a crime? (Check one) □ Yes □ No If yes, provide explanation \_\_\_\_\_ Have you ever declared bankruptcy? (Check one) □ Yes □ No If yes, provide explanation \_\_\_\_\_ **Emergency Contact** First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_ Address City, State, Zip Code \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_ **Personal References** First Name Middle Initial Last Name Address City, State, Zip Code \_\_\_\_\_ Relationship \_\_\_\_\_\_ Phone Number

**List All Other Occupants at the Property** 



Address		Last Name	
City, State, Zip Code			
Relationship	Phone Number		
or rental of a dwelling, o dwelling, because of rac	r in the provision of services	n in the terms, conditions or privileges or facilities in connection with such ap, familial status or national origin.	
application including ren credit account details an this application. If Applic	tal history, current and previously and other relevant informate ant has provided any false of	and information provided in this ous employment and income, bank an tion necessary for Landlord to evaluate incomplete information in this or terminate the lease agreement.	
	ion fee. non-refundable application fe	e in the amount of \$ for and information contained in this	
• •	Il statements provided in this	Lease Application are true, correct ar	
complete.			
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