

The
Washington House



WELCOME HOME.

Application Fee: \$35 (non refundable)

Security Deposit:

- \$500 * Studio
- \$600 * 1 BR
- \$700 * 2 BR

*Price contingent upon sufficient credit record.

Move In/Move Out:

\$200 (non-refundable)

Dog Lease and Registration:

\$500 per dog (limit 2)
(non-refundable)

Cat Lease and Registration:

\$300 per cat (limit 2)
(non-refundable)

Monthly Pet Fee: \$20

Please Note: Administrative Fees apply with use of credit card.

LEASING OFFICE CONTACTS:

Anthony Hooper & Christina Theoharis

2120 16th Street, NW
Suite 204
Washington, DC 20009

Phone: (202) 387-6000

Fax: (202) 387-4906

E-mail: management@ptmanagement.com



RENTAL APPLICATION

Please Note: All fields are required to be filled. Signature required at the bottom.

Property Name: _____

Unit #: _____

Rent: \$ _____

Driver's License #: _____ State: _____

Security Deposit: • Efficiency - \$500 • 1 Bedroom - \$600 • 2 Bedroom - \$700

PERSONAL HISTORY

Mr., Mrs., Ms.: _____

Last Name: _____ First Name: _____ MI: _____

Social Sec. No.: _____ DOB: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Rent: \$ _____

How Long? _____

Home Phone #: _____

Cell Phone #: _____

Work Phone #: _____

E-Mail: _____

Landlord's Name/Property Management Name: _____

Landlord/Property Management Phone #: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

Rent: \$ _____

Managers'/Management Name: _____

Manager's/Management Phone #: _____





EMPLOYMENT HISTORY

Currently Employed By: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor Name: _____

Supervisor Phone Number: _____

Gross Pay/Monthly Income: \$ _____

How long have you been employed there? _____

Previous Employer: _____

Address: _____

City: _____ State: _____ Zip Code: _____

FINANCE CREDIT HISTORY

Bank Name: _____ City & State: _____

Bank Loan: _____ Date Opened: _____

Amount of Loan: _____ Mo. Pmt.: _____

Credit Card/Other: _____ Date Opened: _____

Credit: _____ Mo. Pmt.: _____

Automobile Make, Model, Color: _____

Tag No. & State: _____

Financed By: _____

PERSONAL REFERENCES

Full Name: _____

Relationship: _____

Phone Number: _____

Full Name: _____

Relationship: _____

Phone Number: _____

Full Name: _____

Relationship: _____

Phone Number: _____





OCCUPANTS UNDER AGE OF 18 YEARS OLD

Full Name: _____

Age: _____ Male/Female: _____

School Attending/ Employer: _____

Relationship: _____

PETS

Separate Pet Lease must be completed and fees paid at time of lease signing as well as \$20/monthly rent surcharge due per pet. All building Rules and Regulations related to pets must be complied with or Pet Lease is subject to forfeiture.

Dog Lease Fee: \$500

Cat Lease Fee: \$300

Pet (1) Calling Name: _____

Type of Breed: _____

Weight: _____

Color: _____

Pet (2) Calling Name: _____

Type of Breed: _____

Weight: _____

Color: _____





APPLICANT CREDIT DISCLOSURE AUTHORIZATION

Application is subject to a satisfactory report by FIRST Advantage Safe Rent and the approval of the management. Applicant's signature affixed hereto shall certify all statements included in this application above are true and correct. Further, applicant's signature authorizes the release of said credit reports and other facts to the financial party in interest.

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize all third parties indicated on my application to furnish the information requested above, to FIRST Advantage Safe Rent. I release the third parties, their officers, agents, and employees from any and all liability which may result by reason of compliance with the above information.

Applicant Name: _____

Social Security #: _____

Applicants Signature (Required):

Date: _____

**All Application Fees are Non-Refundable*





CO-SIGNER

In the event that the employment and/or income requirements are not met or adequate.

Name: _____

Social Security #: _____

Home Phone#: _____

Cell Phone #: _____

E-Mail Address: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Monthly Rent/Mortgage: \$ _____

Present Landlord: _____

Phone # of Landlord: _____

Previous Address: _____

City: _____ State: _____ Zip Code: _____

Name of Employer: _____

Work Phone #: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Position Held: _____

How Long: _____

Monthly Gross Salary: _____

Name of Supervisor: _____

Supervisor E-mail: _____

Other Source of Income: _____





CO-SIGNER CREDIT DISCLOSURE AUTHORIZATION

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Co-Signer Name: _____

Social Security #: _____

Co-Signer Signature (Required):

Date: _____

