

# Rental Application

RESI Management

1040 N. Quincy Street, Arlington, VA 22201

Phone: 703.812.9010 Fax: 703.812.9101

**Application Fee:** \$50.00 per person Pd: \_\_\_\_\_

**Move In Fee:** \$50.00 per person Pd: \_\_\_\_\_

**Security Deposit:** \_\_\_\_\_ Pd: \_\_\_\_\_

Assigned To:

Property: \_\_\_\_\_

Apt #: \_\_\_\_\_

Rent: \_\_\_\_\_

**Applying for:** 1020 Apartments / Library Courts / Flamingo Apartments

**Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Do you require parking: Yes/No If yes, how many spaces: 1 / 2 / 3

Preferred Move In Date: \_\_\_\_\_

## Current Address:

Rental Rate \$ \_\_\_\_\_ Lease Dates From \_\_\_\_\_ To \_\_\_\_\_

Current Lease Expiration Date: \_\_\_\_\_ Notice Given: Yes / No

Reason for Leaving: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Landlord's Phone #: \_\_\_\_\_ Landlord's Email: \_\_\_\_\_

## Previous Address:

Rental Rate \$ \_\_\_\_\_ Lease Dates From \_\_\_\_\_ To \_\_\_\_\_

Current Lease Expiration Date: \_\_\_\_\_ Notice Given: Yes / No

Reason for Leaving: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

Landlord's Address: \_\_\_\_\_

Landlord's Phone #: \_\_\_\_\_ Landlord's Email: \_\_\_\_\_

**Employer:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name/Title of Supervisor: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Salary \$ \_\_\_\_\_ Position: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
Additional Source(s) of Income/Amount: \_\_\_\_\_  
\_\_\_\_\_

**Spouse:**

Marital Status: Single / Married Name: \_\_\_\_\_  
Social Security: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name/Title of Supervisor: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Salary \$ \_\_\_\_\_ Position: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
Additional Source(s) of Income/Amount: \_\_\_\_\_  
\_\_\_\_\_

Names of any other occupants 1. \_\_\_\_\_  
(If minor child, please provide age) 2. \_\_\_\_\_

**References:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

RESI Management, agent, may rely on this information and I agree that if any information herein contained is false, that any Lease made on the strength of this application may, at the option of RESI Management, be terminated at any time. This application is made subject to the full & complete approval of RESI Management, whose decision to accept or reject my application will not be objected to by me. If approved, I agree to sign the lease within three (3) days of notification of acceptance in accordance herewith, otherwise, the \$ \_\_\_\_\_ deposit accompanying this application may be retained as liquidated damages. If, however, application is not approved, the deposit will be returned.

Applicant Signature: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

**\*\*Please provide copies of your two (2) most recent pay stubs along with this application\*\***