



MAILING ADDRESS: PO BOX 52254 - Washington, DC 20091-2341 • OFFICE ADDRESS: 1629 K Street, NW, Suite 300 \* Washington, DC 20006  
 EMAIL: [info@WileyManagementInc.com](mailto:info@WileyManagementInc.com) • [www.WileyManagementInc.com](http://www.WileyManagementInc.com) • 202-369-2736 (PHONE) • 202-697-5959 (FAX)

## APARTMENT RENTAL APPLICATION

DATE OF APPLICATION \_\_\_\_\_ DESIRED MOVE-IN DATE \_\_\_\_\_ HOW DID YOU HEAR ABOUT US \_\_\_\_\_ NUMBER OF OCCUPANTS \_\_\_\_\_

Address/Location for Application: \_\_\_\_\_

### APPLICANT INFORMATION

Name \_\_\_\_\_  
 (LAST) (FIRST) (MIDDLE INITIAL) SOCIAL SECURITY NUMBER \_\_\_\_\_  
 Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

### RESIDENCY INFORMATION

Present Address: \_\_\_\_\_  
 Street Address City/State/Zip Code \_\_\_\_\_  
 Apartment Community/Landlord: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Current Rent: \$ \_\_\_\_\_ /month Length of Residency: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
 Previous Address: \_\_\_\_\_  
 (If less than one year residency) Street Address City/State/Zip Code \_\_\_\_\_  
 Apartment Community/Landlord: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Previous Rent: \$ \_\_\_\_\_ /month Length of Residency: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
**OTHER:** Have you ever been evicted, asked to leave, or not renewed in any residency?  NO  YES

### FINANCIAL INFORMATION

#### EMPLOYMENT INFORMATION:

Current Employer: \_\_\_\_\_ POSITION/TITLE PHONE NUMBER \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Street Address City/State/Zip Code \_\_\_\_\_  
 \$ \_\_\_\_\_ GROSS INCOME YR MO LENGTH OF EMPLOYMENT SUPERVISOR'S NAME PHONR NUMBER \_\_\_\_\_  
 Previous Employer: \_\_\_\_\_ POSITION/TITLE PHONE NUMBER \_\_\_\_\_  
 (If less than 1 year employment)  
 Address: \_\_\_\_\_  
 Street Address City/State/Zip Code \_\_\_\_\_  
 \$ \_\_\_\_\_ GROSS INCOME YR MO LENGTH OF EMPLOYMENT SUPERVISOR'S NAME PHONR NUMBER \_\_\_\_\_

#### OTHER INCOME

\$ \_\_\_\_\_  
 OTHER INCOME YR MO SOURCE(S) OF INCOME \_\_\_\_\_

#### BANKING INFORMATION

Checking Financial Institution(s): \_\_\_\_\_ Estimate Balance:\$ \_\_\_\_\_  
 Savings Financial Institution(s): \_\_\_\_\_ Estimate Balance:\$ \_\_\_\_\_  
**OTHER:** Have you ever filed bankruptcy?  NO  YES

### MILITARY PERSONNEL ONLY

BRANCH OF SERVICE \_\_\_\_\_ LENGTH OF SERVICE \_\_\_\_\_ RATE/RANK \_\_\_\_\_ SERVICE NUMBER \_\_\_\_\_ DUTY STATION \_\_\_\_\_

### PLEASE LIST ALL OTHER HOUSEHOLD MEMBERS

Name	Date of Birth	Social Security Number

**PETS:** Do you have a pet?  NO  YES

OFFICE USE ONLY - ID VERIFIED TYPE/NUMBER \_\_\_\_\_ SSN VERIFICATION \_\_\_\_\_ IN \_\_\_\_\_  
 INCOME DOCUMENTATION - RATE: \_\_\_\_\_ / \_\_\_\_\_ VERIFICATION: \_\_\_\_\_ IN \_\_\_\_\_



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## APPLICATION CERTIFICATION

Applicant has submitted the sum of \$30.00, which is a non-refundable background check and processing fee receipt of which is acknowledged by management. Such sum is not a rental payment. In the event the application is disapproved, the sum will be retained by management to cover the cost of processing the application as furnished by the applicant.

Applicant authorizes, as part of Agent's procedure for processing this application, preparation of an investigative consumer report. Permission is hereby granted by the applicant to any credit bureau to verify any information obtained from any source named therein.

Applicant hereby authorizes any present or former landlord to give any information he or she may have regarding applicant in his or her capacity as landlord. Further, applicant hereby releases such landlord or former landlord and his or her company or representatives thereof from any and all liability for any damage or injury whatsoever caused for issuing same.

Applicant hereby authorizes any present or former employer to give any information he or she may have regarding applicant in his or her capacity as an employer. Further, applicant hereby releases such employer or former employer and his or her company or representatives, thereof, from any and all liability for any damage or injury whatsoever caused for issuing same.

This application must be signed before it can be processed. It is understood that any false information will constitute grounds for rejection of application. My signature below certifies that the information contained in this application is true and correct. I further give my permission to management to verify this information.

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**PRINTED NAME OF APPLICANT**

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**SIGNATURE OF APPLICANT**

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**DATE**