

FitzGerald Properties

REAL ESTATE MANAGEMENT

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www.fitzprop.com

RENTAL APPLICATION

Applicant Full Name _____ SSN _____ Date of Birth ____/____/____

Address _____ City _____ State _____ Zip Code _____ Phones (H) _____

(W) _____ Cell Phone _____ Applicant's E-mail address _____

Landlord _____ Address _____ City _____ State _____ Zip Code _____

From _____ To _____ Phone # _____ Present Rent _____ Reason for Moving _____

Employer _____ Address _____ City _____ State _____ Zip Code _____

Supervisor's
Phone # _____ Salary _____ Position _____ Supervisor _____ How Long _____

Other Income - Source(s) _____ Amount _____

Emergency Contact _____ Address _____ Phone# _____

Parents _____ Address _____ Phone # _____

A NON-REFUNDABLE APPLICATION FEE OF \$40 IS REQUIRED UPON MAKING APPLICATION TO RENT TO COVER THE COSTS ASSOCIATED WITH OBTAINING A CREDIT REPORT AND PROCESSING THIS APPLICATION. A DEPOSIT OF \$500 AGAINST THE FIRST MONTH'S RENT IS ALSO REQUIRED HERewith. **THE DEPOSIT WILL BE REFUNDED ONLY IF APPLICANT IS NOT APPROVED. IF APPLICANT IS APPROVED BUT FAILS TO EXECUTE A LEASE, THE DEPOSIT SHALL BE FORFEITED AS LIQUIDATED DAMAGES TO OWNER IN CONSIDERATION OF ITS HAVING RESERVED THE APARTMENT FOR APPLICANT.** APPLICANT SPECIFICALLY UNDERSTANDS AND AGREES, HOWEVER, THAT ACCEPTANCE OF SAID APPLICATION FEE AND DEPOSIT IN NO WAY OBLIGATES THE OWNER TO OFFER A LEASE TO APPLICANT, AND APPLICANT'S RIGHT TO A LEASE IS EXPRESSLY CONTINGENT UPON THE OWNER'S ACCEPTANCE AND APPROVAL OF THIS APPLICATION.

UPON NOTICE TO APPLICANT OF OWNER'S ACCEPTANCE AND APPROVAL OF THE APPLICATION, APPLICANT AGREES TO IMMEDIATELY EXECUTE A LEASE FOR THE APARTMENT AND TO PAY ANY BALANCE DUE FOR THE FIRST MONTH'S RENT, PLUS A SECURITY DEPOSIT OF \$ _____ PRIOR TO TAKING POSSESSION THEREOF. IN THE EVENT APPLICANT FAILS TO EXECUTE A LEASE AGREEMENT WITHIN THREE(3) CALENDAR DAYS AFTER NOTIFICATION OF OWNER'S ACCEPTANCE AND APPROVAL OF THIS APPLICATION AND PAY SAID FEES, THE APPLICATION SHALL AUTOMATICALLY BE DEEMED WITHDRAWN AND THE OWNER SHALL BE FREE TO RENT THE APARTMENT TO ANOTHER PARTY WITHOUT ANY LIABILITY WHATSOEVER TO APPLICANT, AND THE DEPOSIT SHALL BE FORFEITED AS LIQUIDATED DAMAGES TO DEFRAID LOST RENTS, EXPENSES AND OTHER DAMAGES INCURRED AS A RESULT OF APPLICANT'S FAILURE TO LEASE THE APARTMENT.

I FURTHER AUTHORIZE THE PERSON OR FIRM TO WHOM THIS APPLICATION IS MADE, OR ANY CREDIT BUREAU OR OTHER INVESTIGATIVE AGENCY EMPLOYED BY SUCH PERSON, TO INVESTIGATE THE REFERENCES HEREIN LISTED OR STATEMENTS OR OTHER DATA OBTAINED FROM ME OR FROM ANY OTHER PERSON PERTAINING TO MY CREDIT AND FINANCIAL AND PERSONAL RESPONSIBILITY.

I HEREBY CERTIFY THAT THE ATTACHED INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Date Applicant's Signature Applicant's Name

Proposed Property _____ Rent _____ Deposit Against Rent Rec'd _____ Application Fee Received _____

Lease Commencement Date _____ Tenant Is responsible for Gas, Heat, Hot Water, Electric, None, Other _____ Approved Yes No by _____

