



EXCELLENCE IN LEASING & MANAGEMENT, EST. 1980

Gates Hudson & Associates, Inc.
 3020 Hamaker Court, Suite #301 Fairfax, VA 22031
 P: (703) 876-9590 Fax: (703) 876-0548

Apartment Application

This Application and the contents hereof are considered a part of the lease agreement for the aforescribed premises and the undersigned applicant hereby represents the following to be true and correct.

Property _____
 Address _____ Apt No. _____ Apt Size _____
 Application Date _____ Application Time _____
 Lease Term _____ Move-in Date _____ Effective Date _____
 Annual Rent _____ Prorate _____ Monthly Rent _____
 Agent Code _____ Source Code _____ App # _____
Type of Lease
 New _____ Military Set Aside _____
 Lease Renewal _____ Lease Assignment _____
 Name Change _____ Other _____
Approval Completion Dates
 Credit Complete _____ L & T History _____
 Job Verification _____ Rental History _____
 Initials PD _____ PM _____

Applicant's Name (print)

First _____ Middle _____ Last _____
 Social Security Number _____ Home Phone _____
 Current Address _____
 Street _____ City _____ State _____ Zip _____
 Driver's License Number _____ State _____ Date of Birth _____

Previous Address (if at current address less than 3 years)

Street _____ City _____ State _____ Zip _____

Income / Employment (print)

Applicant's Employer

Employer's Address: _____
 Street _____ City _____ State _____ Zip _____
 Supervisor _____ Business Phone _____ Length of Employment _____ Current Income \$ _____

Previous Employer (if employed less than 1 year)

Employer's Address: _____
 Street _____ City _____ State _____ Zip _____
 Supervisor _____ Business Phone _____ Length of Employment _____

Applicant's 2nd Employer

Employer's Address: _____
 Street _____ City _____ State _____ Zip _____
 Supervisor _____ Business Phone _____ Length of Employment _____ Current Income \$ _____

Occupants	Name	Date of Birth	Sex	Relationship
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____
(4)	_____	_____	_____	_____
(5)	_____	_____	_____	_____
(6)	_____	_____	_____	_____

Do you have a pet? _____ If yes, see Pet Addendum. In case of emergency notify: Name _____ Day Phone _____
 Address _____ Night Phone _____

References

Present Landlord	Name of Property	Phone Number	Management Company	Length of Tenancy
_____	Street	City	State Zip	Monthly Payment
Previous Landlord	Name of Property	Phone Number	Management Company	Length of Tenancy
_____	Street	City	State Zip	Monthly Payment
Bank	Name	City	State	Account Number
_____	_____	_____	_____	_____

- Applicant hereby tenders, in addition to all other deposits and fees described below, payment in the amount of \$ _____ as a NON-REFUNDABLE application fee.
- Applicant agrees to rent the apartment and hereby tenders payment in the amount of \$ _____ as a reservation fee to be applied towards rent. Unless this application is withdrawn by the applicant, in writing, by the close of the next business day, Landlord shall be entitled to off set its claims for lost rent against the reservation fee and applicant may be additionally liable for up to one month's rent.
- Applicant agrees to rent the apartment and hereby tenders payment in the amount of \$ _____ to be applied as a security deposit and/or to be applied to any actual expenses and damages suffered by Gates, Hudson & Associates, Inc., and/or its principal, due by reason of Applicant's failure or refusal to pay rent for the subject apartment. Applicant must sign a lease within five (5) days of notification of acceptance or move-in, whichever occurs first. If the scheduled move-in date is two weeks or less from the Date of Application, all deposits and payments must be in the form of certified funds. If this Application is cancelled by the applicant, in writing, by the close of the next business day then the entire security deposit shall be refunded within 10 days.
- Applicant agrees to tender upon move-in, in addition to all other deposits and fees, a non-refundable move-in fee.
- This Application is taken subject to approval of Gates, Hudson & Associates, Inc., and/or its principal. If this Application is not approved, any deposit(s)/fee(s), with the exception of the application fee, shall be refunded to Applicant(s) without liability on the part of Gates, Hudson & Associates, Inc., and/or its principal.
- If it is determined that any information provided on this Application is false, any Lease Agreement entered into in reliance on this Application may, at the option of Gates, Hudson & Associates, Inc., and/or its principal, be terminated at any time.
- Applicant agrees to notify Gates, Hudson & Associates, Inc., and/or its principal, of any material change in the information provided on this Application.
- Applicant authorizes Gates, Hudson & Associates, Inc., and/or its principal, and any credit bureau or other investigative agency acting on their behalf, to investigate and verify the information provided on this Application at any time in connection with this Lease Agreement.
- Applicant and Co-Applicants agree to be jointly and severally liable for all obligations contained in this Application and the Lease Agreement.

Fee(s) Collected:	Deposit(s) Collected:	Signature of Applicant _____ date _____	Signature of Co- Applicant _____ date _____
Application _____	Security Deposit _____	Signature of Co- Applicant _____ date _____	Signature of Co- Applicant _____ date _____
Reservation _____	Utility Deposit _____	Signature of Co- Applicant _____ date _____	Signature of Co- Applicant _____ date _____
Pet _____	Other _____	Signature of Co- Applicant _____ date _____	Signature of Co- Applicant _____ date _____
Admin Fee _____		Signature of Guarantor _____ date _____	
Other _____			
Total Collected \$ _____	Method of Payment _____		