



**We check credit, references, written employment verification and do a criminal background check. We do a written verification with your current landlord. You will need the following items to complete this application:**

- **\$50 money order made out to Oakes Management**
- **2 current pay check stubs**
- **Picture ID and social security card**
- **Employers fax number**

**Each adult to appear on the occupancy agreement must fill out a SEPARATE application and pay \$50.**

The undersigned applicant(s) hereby make(s) application to rent the premises know as \_\_\_\_\_, for use as a residential dwelling only, under a lease.

The premises are to be occupied only by the following \_\_\_\_\_ persons:

_____	_____
_____	_____
_____	_____

Rent includes the following: Water/Sewer \_\_\_\_ Gas \_\_\_\_ Electricity \_\_\_\_ Other \_\_\_\_ None \_\_\_\_

If none, the undersigned applicant agrees to apply for all utility services before taking occupancy of the premises and agrees to promptly pay all deposits and charges from time to time billed by the utility companies.

**A. ADULT NAMES TO APPEAR ON LEASE:**

	<u>Last Name</u>	<u>First</u>	<u>Initial</u>	<u>Social Security No.</u>	<u>Date of Birth</u>
1.	_____				
2.	_____				
3.	_____				
4.	_____				

DRIVER'S LICENSE IDENTIFICATION IS REQUIRED FROM EACH ADULT APPLICANT. PLEASE PRESENT YOUR LICENSE FOR VERIFICATION.

LICENCE NO: \_\_\_\_\_

Present Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Lived there how long? \_\_\_\_\_ Occupancy from \_\_\_\_\_

To \_\_\_\_\_ Rented? \_\_\_\_\_ Owned Home? \_\_\_\_\_ Monthly Payment? \_\_\_\_\_

Name of Landlord or Mortgage Co.? \_\_\_\_\_

Why are you moving? \_\_\_\_\_

Previous Address: \_\_\_\_\_

Lived there how long? \_\_\_\_\_ Occupancy from \_\_\_\_\_ to \_\_\_\_\_

Rented? \_\_\_\_\_ Owned Home? \_\_\_\_\_ Monthly Payment? \_\_\_\_\_

Name of Landlord or Mortgage Co. \_\_\_\_\_

Phone: \_\_\_\_\_

## **B. EMPLOYMENT:**

MILITARY PERSONNEL: Attach a copy of current transfer orders.

IF SELF-EMPLOYED, ATTACH A COPY (THE LAST YEAR FILED) OF U.S. TAX FORM 1040, PAGE 1 and SCHEDULE C.

1. Current Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_ How Long? \_\_\_\_\_

Business Address \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

2. Previous Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_ How Long? \_\_\_\_\_

Business Address \_\_\_\_\_ Phone: \_\_\_\_\_

Position: \_\_\_\_\_ Salary \$ \_\_\_\_\_ per \_\_\_\_\_

IF EMPLOYER REFUSES TO VERIFY APPLICANT'S EMPLOYMENT INFORMATION BY PHONE, IT SHALL BECOME THE RESPONSIBILITY OF APPLICANT TO PROVIDE IMMEDIATE WRITTEN CONFIRMATION FROM SUCH EMPLOYER OF SUCH INFORMATION.

IF CURRENT EMPLOYMENT IS LESS THAN ONE YEAR, GIVE COMPLETE FORMER EMPLOYMENT INFORMATION.

Additional Income: Amount \$ \_\_\_\_\_ per \_\_\_\_\_ Source of Additional Income: \_\_\_\_\_

If child support or alimony, who can verify? \_\_\_\_\_

Name and address of nearest relative?

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

Have you declared Bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No. Have you ever had any judgments rendered against you (including by Landlord in Tenant Court)? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, explain.

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**AGREEMENTS OF APPLICANT:**

1. **Application Fee.** I agree to pay when I submit this Application an application fee of \$ \_\_\_\_\_ for each adult applicant, including spouse. I AGREE THAT THIS APPLICATION FEE SHALL BE NON-REFUNDABLE, REGARDLESS OF EITHER THIS APPLICATION IS APPROVED OR REJECTED.

2. **Lease and Security Deposit.** (CHECK (a) or (b) AS APPLICABLE.)

\_\_\_\_ (a)

I agree to sign a Lease. In the form used by the owner or owner's agent, when I submit this Application, but I agree that this Application and the Lease shall be subject to approval by the owner or owner's agent. I also agree that when I submit this Application and sign the Lease I will pay the first month's rent (\$ \_\_\_\_\_) and deposit with \_\_\_\_\_ (owner, owner's agent) A SECURITY DEPOSIT in the amount of \$ \_\_\_\_\_ (not more than one month's rent). I AGREE THAT IF THIS APPLICATION IS APPROVED AND I THEREAFTER FAIL TO OCCUPY THE PREMISES, WHEN THEY ARE MADE AVAILABLE TO ME OR NOTIFY THE OWNER OR OWNER'S AGENT THAT I WISH TO CANCEL THE LEASE, THEN (1) THE FIRST MONTH'S RENT SHALL BE APPLIED TO LOSS OF RENT, IF ANY, INCURRED BY THE OWNER OR OWNER'S AGENT FOR THE PREMISES, WITHOUT LIMITING THE RIGHTS THE RIGHTS OF THE OWNER OR OWNER'S AGENT UNDER THE LEASE OR THEIR RIGHTS TO CLAIM FURTHER DAMAGES AGAINST ME, AND (2) THE SECURITY DEPOSIT SHALL BE APPLIED AS PROVIDED IN THE LEASE. If this Application is rejected by the owner or owner's agent, the first month's rent and Security Deposit which I have paid with this Application will be returned to me.

\_\_\_\_ (b)

I agree that, within \_\_\_\_\_ days after I am notified orally or in writing by the owner or the owner's agent that this Application has been approved, I will sign a Lease in the form used by the owner or owner's agent. When I sign the Lease, I will pay the first month's rent in the amount of \$ \_\_\_\_\_ and I will deposit with \_\_\_\_\_ (owner, owner's agent) A SECURITY DEPOSIT in the amount of \$ \_\_\_\_\_ (not more than one month's rent). I AGREE THAT, AFTER I SIGN THE LEASE, IF I FAIL TO OCCUPY THE PREMISES WHEN THEY ARE MADE AVAILABLE TO ME OR NOTIFY THE OWNER OR OWNER'S AGENT THAT I WISH TO CANCEL THE LEASE, THEN (1) THE FIRST MONTH'S RENT SHALL BE APPLIED TO LOSS OF RENT, IF ANY, INCURRED BY THE OWNER OR OWNER'S AGENT FOR THE PREMISES, WITHOUT LIMITING THE RIGHTS OF THE OWNER OR OWNER'S AGENT UNDER THE LEASE OR THEIR RIGHTS TO CLAIM FURTHER DAMAGES AGAINST ME, AND (2) THE SECURITY DEPOSIT SHALL BE APPLIED AS PROVIDED IN THE LEASE.

3. **No Pets.** I agree that no pets or animals of any kind may be kept in or about the premises, unless the owner consents in the Lease.
4. **Credit Report Fee and Credit Investigation.** I/We hereby authorize the owner or owner's agent to whom this Application is made and any credit bureau or other investigative agency used by such owner or owner's agent to investigate and to report and disclose to the owner or the owner's agent the results of the references herein listed, statements and other data obtained from me or from any other person pertaining to my credit, employment, rent history and financial responsibility.
5. **Applicant's Certification.** I CERTIFY THAT I HAVE READ THIS ENTIRE APPLICATION, THAT THE INFORMATION SET FORTH IN THIS APPLICATION IS TRUE AND CORRECT, AND THAT I HAVE NOT WITHHELD ANY INFORMATION WHICH IF DISCLOSED WOULD AFFECT THIS APPLICATION UNFAVORABLY. THIS APPLICATION AND THE CONTENTS HEREOF ARE PART OF MY LEASE. THE TRUTH OF THE INFORMATION CONTAINED HEREIN IS ESSENTIAL, AND IF THE OWNER OR OWNER'S AGENT DETERMINES ANY ANSWER OF STATEMENT HEREIN TO BE FALSE OR MISLEADING, I AGREE THAT ANY LEASE GRANTED BY VIRTURE OF THIS APPLICATION MAY BE CANCELLED BY THE OWNER'S OR OWNER'S AGENT AT ANY TIME.

Applicant's  
Signature

\_\_\_\_\_ (Seal) Received by:

\_\_\_\_\_ (Seal) \_\_\_\_\_

(CHECK ONE) Owner \_\_\_\_\_

Owner's Agent \_\_\_\_\_



4274 East Capitol Street, NE # 1  
Washington, DC 20019  
Phone: 202-388-3900 • Fax: 202-396-4277

### Landlord Verification Form

Name of Applicant #1: \_\_\_\_\_  
Name of Applicant #2: \_\_\_\_\_  
Address of Residence: \_\_\_\_\_  
Type of Residence: ☐ Apartment ☐ Home ☐ Other  
Landlord's Name/Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Type of Landlord: ☐ Management Co. ☐ Real Estate Co. ☐ Private Owner

I hereby authorize, Oakes Management to verify any and all information necessary for the sole purpose of determining eligibility for occupancy.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Dates of Residency: \_\_\_\_\_ To: \_\_\_\_\_

Amount of Monthly Rent: \_\_\_\_\_

No. of Occupants: \_\_\_\_\_

No. of Late Payments: \_\_\_\_\_

No. of Returned Checks/NSF: \_\_\_\_\_

No. of Disturbance Complaints: \_\_\_\_\_

No. of Times Police Called: \_\_\_\_\_

	YES	NO
1. Were there any damages during lease or move out of the apartment or property?	<input type="checkbox"/>	<input type="checkbox"/>
2. Did the resident(s) pay for the damages, if any?	<input type="checkbox"/>	<input type="checkbox"/>
3. Did the resident(s) violate any of your house rules in any way?	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the resident(s) violate the lease agreement in any way?	<input type="checkbox"/>	<input type="checkbox"/>
5. Did the resident(s) give the proper notice for vacating the unit?	<input type="checkbox"/>	<input type="checkbox"/>
6. Would you re-rent to this individual(s)?	<input type="checkbox"/>	<input type="checkbox"/>
7. Did the resident(s) have any pets?	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_ Contact No: \_\_\_\_\_

### Oakes Management Office Use Only

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_

Apt. Community Applied for: \_\_\_\_\_



"Total Quality Property Management"

4274 East Capitol Street, NE # 1  
Washington, DC 20019  
Phone: 202-388-3900 • Fax: 202-396-4277

### VERIFICATION OF EMPLOYMENT/INCOME

TO: \_\_\_\_\_  
(Name of Employer)

DATE: \_\_\_\_\_

: \_\_\_\_\_  
(Address)

RE: \_\_\_\_\_

\_\_\_\_\_  
(City, State and Zip Code)

Oakes Management Inc., is processing a rental application for \_\_\_\_\_. This applicant indicated that he/she is currently, employed by you. Consequently, this is a request for you to furnish an employment verification history as indicated below, at your earliest convenience, without delay. Thank you.

Sincerely,  
Oakes Management

I hereby authorize the above management to make inquiries regarding my employment for the purpose of determining my eligibility for occupancy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### **THE FOLLOWING IS TO BE COMPLETED BY THE EMPLOYER ONLY:**

Employee Name: \_\_\_\_\_

Title: \_\_\_\_\_

Presently Employed: Yes: \_\_\_\_\_

Date Employed: \_\_\_\_\_

No: \_\_\_\_\_

Date Terminated: \_\_\_\_\_

Employed: Full-Time ( ) Part-Time ( ) Other ( ) Explain: \_\_\_\_\_

Annual Base Pay: \$ \_\_\_\_\_ **OR**

(If not salary, indicate hourly rate & hours worked): \$ \_\_\_\_\_ p/hr, \_\_\_\_\_ hours per \_\_\_\_\_

Overtime: \$ \_\_\_\_\_ p/hr, \_\_\_\_\_ hours weekly

Commissions/Bonus(es)/Tips: \$ \_\_\_\_\_

Comments or remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contact Number

### **Oakes Management Office Use Only**

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_ Apt. Applied for: \_\_\_\_\_