

Carillon House LP
DBA
Carillon House Apartments

2500 Wisconsin Avenue, NW
Washington, DC 20007
Telephone: 202-337-4400
Facsimile: 202-337-1631

Applicant Rental History Verification

To be completed by the Applicant

Name: _____

Name of Community/Landlord to be verified: _____

Address to be verified: _____

Move In Date: _____ Move Out Date: _____

The Monthly Amount of Rent Paid Is/Was: Applicant represents that all of the above statements are true and complete and hereby authorizes verification of above information, references and credit records. Applicant acknowledges that false information contained herein constitutes grounds for rejection of this Application if discovered before move-in. Applicant acknowledges that management may not be able to complete a comprehensive evaluation of this Agreement before move-in; however, management reserves the right to verify Application information after move-in and at Carillon House Apartments discretion may terminate or convert the proposed Rental Agreement to a month-to-month term if false or misleading information is contained in this Application.

Applicant Signature Date Carillon House Apartments, LP
Landlord

Applicant Signature Date Landlord's Agent Signature Date

To be completed by the Apartment Community Verifying the Applicant's Rental History

- Is the rental amount correct? Yes No If no, please enter the correct amount _____
- Is the length of occupancy correct? Yes No If no, please enter the correct length _____
- Did the resident give proper notice? Yes No
- Was the security deposit fully refunded? Yes No If no, how much was deducted? _____
- Does the resident have a balance due? Yes No If yes, how much? _____
- Would you re-rent to this resident? Yes No
- Were there any complaints regarding this resident Yes No
- Was the condition of the apartment acceptable at move out? Yes No If no, why not? _____
- Does/did the resident make timely payments? Yes No
- Number of Legal Notices Sent _____ Number of Late Notices Sent _____ Number of NSF's _____

Upon completion, please fax back to Carillon House Apartments at 202-337-1631. If you have Questions, please feel free to give us a call.

Carillon House Apartments Use Only
Received By _____ Date _____
(Write in full name)

Notated on Application Verification Worksheet
Comments: _____



CARILLON HOUSE APARTMENTS

2500 WISCONSIN AVENUE, NW
WASHINGTON, DC 20007
202-337-4400 - FAX 202-337-1631

ADDENDUM TO LEASE

CO-SIGNER REQUIREMENTS

APT.NO. _____ AT 2500 WISCONSIN AVENUE, NW., WASHINGTON, DC. 20007

CO-SIGNER NAME: _____

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____

PRESENT ADDRESS _____
CITY STATE ZIP CODE

HOME PHONE # _____ WORK PHONE # _____

EMPLOYED BY _____ HOW LONG _____

EMPLOYER ADDRESS _____
CITY STATE ZIP CODE

OCCUPATION _____ SALARY _____

NAME OF SUPERVISOR _____ PHONE # _____

IN LIEU OF EMPLOYMENT, ANY SELF EMPLOYED CO-SIGNER MUST PROVIDE A
FINANCIAL STATEMENT AND/OR PREVIOUS YEAR TAX RETURN. (EXPLAIN).

UPON APPROVAL OF APPLICATION, I ACCEPT THE FULL TERMS FOR THE LEASE ON
APARTMENT # _____.

SIGNATURE _____ DATE _____

PLEASE MAKE CHECK PAYABLE TO: CARILLON HOUSE

NOTARIZED



Carillon House Apartments



APPLICATION FOR RENTAL

Notice: All adult applicants (18 years or older) must complete a separate application for rental.

The undersigned hereby makes application to rent _____, located at **CARILLON HOUSE APTS** beginning on _____, at a monthly rate of \$ _____.

RENTAL DEPOSIT		LEASE TERM		REFERRED BY	
\$ 500.00					
APPLICANT INFORMATION					
LAST NAME, FIRST NAME, MI			SSN		DRIVERS LICENSE #
BIRTH DATE	CELL PHONE	HOME PHONE	WORK PHONE		EMAIL
CURRENT ADDRESS					
STREET ADDRESS			CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME		LANDLORD PHONE	
MONTHLY RENT \$		REASON FOR LEAVING			
PREVIOUS ADDRESS					
STREET ADDRESS			CITY	STATE	ZIP
DATE IN	DATE OUT	LANDLORD NAME		LANDLORD PHONE	
MONTHLY RENT \$		REASON FOR LEAVING			
OTHER OCCUPANTS					
LIST NAMES AND BIRTH DATES OF ALL ADDITIONAL OCCUPANTS 18 YEARS OR OLDER					
LIST NAMES AND BIRTH DATES OF ALL DEPENDANTS 18 YEARS OR YOUNGER					
PETS					
PETS?		WHAT KIND?			
EMPLOYMENT & INCOME INFORMATION					
1. OCCUPATION	EMPLOYER NAME	SUPERVISOR NAME	SUPERVISOR PHONE	MONTHLY SALARY \$	
2. OCCUPATION	EMPLOYER NAME	SUPERVISOR NAME	SUPERVISOR PHONE	MONTHLY SALARY \$	
1. OTHER INCOME DESCRIPTION			MONTHLY INCOME \$		
2. OTHER INCOME DESCRIPTION			MONTHLY INCOME \$		
EMERGENCY CONTACT					
NAME		ADDRESS	PHONE	RELATIONSHIP	
PERSONAL REFERENCES					
1. NAME		ADDRESS	PHONE	RELATIONSHIP	
2. NAME		ADDRESS	PHONE	RELATIONSHIP	
BACKGROUND INFORMATION					
HAVE YOU EVER?	Filed for bankruptcy?		Willfully or intentionally refused to pay rent when due?		
	Been evicted from tenancy?		Been convicted of a crime? If yes, when?		
VEHICLE INFORMATION					

Carillon House Apartments

1. MAKE & MODEL	YEAR	LICENSE NO. & STATE	COLOR
2. MAKE & MODEL	YEAR	LICENSE NO. & STATE	COLOR
OTHER INFORMATION			
ARE YOU A SMOKER?		DO YOU HAVE WATER BEDS?	
PLEASE INCLUDE ANY OTHER INFORMATION YOU BELIEVE WOULD HELP TO EVALUATE THIS APPLICATION			
<p>RELEASE: I understand that I acquire no rights in an apartment until I sign this agreement and submit a deposit fee in the amount of \$500. Upon approval of tenancy and the signing of an apartment rental agreement, this fee will be credited against my deposit and/or my first month's rent. In consideration for landlord holding said apartment at Carillon House Apartments, I hereby waive all rights to the return of said holding fee and fee shall be retained as liquidated damages in the event I do not choose to enter into the agreement applied for herein. In the event said application for tenancy is not accepted, Deposit fee shall be returned to applicant. A NSF of \$35, in addition to the full amount already owed, will be charged for a check returned from applicant's bank for insufficient or unavailable funds.</p> <p style="text-align: center;">NON-REFUNDABLE APPLICATION FEE \$75</p> <p>Pursuant to State and Federal Fair Credit Reporting Acts, this is to inform you that an investigation involving the statements made on your rental application at the above-mentioned apartment community, as well as inquiries regarding public criminal records, your character, general reputation, personal characteristics and mode of living may be initiated. You have the right to dispute the information reported. Upon written request, you are entitled to a complete and accurate disclosure of the investigation's nature and scope as well as a written summary of your rights and remedies under the Fair Credit Reporting Act. I/We certify that, to the best of my/our knowledge, all statements are true and complete. False, fraudulent, or misleading information may be grounds for denial of tenancy or subsequent eviction. I/We authorize Carillon House Apartments LP to obtain all reports, and verifications necessary to verify all information put forth in the above application.</p>			
_____ (Signed/Applicant)		_____ (Agent)	
Date		Date	
_____ (On-Site Business Manager or Licensed Agent)			
Date			
		 	

Carillon House Apartments LP

Applicant's Consent to the Release of Information

Organization requesting release of information: Carillon House Apartments, L.P.

Your signature on this form authorizes the above named agency to obtain any information that is pertinent to eligibility, according to the Federal Laws for residency at: Carillon House Apartments to which you have applied, An individual *of the* organization may be asked to release information.

Inquiries including, but not limited to, the following information may be made:

- | | |
|---|----------------------------------|
| Employment Income | Social Security Income |
| Self Employment Income | Disability Income |
| Pension Income | Other Sources of Income |
| <i>Assets of Any Kind</i> | Medical/Pharmaceutical. Expenses |
| Family Composition | Childcare Expenses |
| Federal, State, Tribal & Local Benefits | Handicap Apparatus Expense |
| Marital Status | Other Qualifying Expenses |
| Student Status | Landlord References |
| Credit Report | Person el References |
| Internal Revenue Services (Taxes) | |
| Criminal Report | |

Photocopies of this Authorization may be used for the purpose indicated above. The original is retained by Carillon House Apartments I understand *that* failure to consent to the release of this information will render me ineligible for housing at Carillon House Apartments to which I have applied.

Printed Name	Signature	Soc. Sec. No.	Date
Printed Name	Signature	Soc. Sec. No,	Date
Printed Name	Signature	Soc. Sec. No.	Date

