

MONARCA MANAGEMENT, LLC

WASHINGTON, D.C. - LONG TERM APPLICATION FOR LEASE/RENT AND RENT-2-OWN

MONARCA Management, LLC is authorized as the management company for the processing of this application.

Applicant's Name: _____

Property Address to Lease/rent to own: _____

Monthly Lease: _____ per mos. due the first of each month.

Other Lease costs (Utilities/Cable/Internet/Other): Utility costs typically are **NOT** included in monthly rent and are the tenants responsibility to connect and pay.

Other Options: Fully Furnished Monthly Cleaning Other needs: _____

Security Deposit required: \$_____ Equal to one month's rent (Due upon application acceptance.)

Lease Term: _____ (months)

Requested Move-in Date: _____ Move-out Date: _____ (Either the 1st or 15th)

An application fee of Fifty-Five Dollars (\$55.00) is to be paid to the management company with the clear understanding that this Application, including each prospective occupant/tenant, is subject to approval and acceptance by the owner or his duly authorized agent or property manager. This non-refundable fee shall accompany this application and shall be paid to **Monarca Management, LLC** (memo to read "App. Fee"). If the application is not approved, the application fee will **NOT** be returned to the applicant.

When so approved and accepted, the applicant agrees to execute a lease and to pay the balance due on the security deposit within seven (7) days after being notified of acceptance. The 1st month's rent is due in full before move-in or possession is provided. See last page for cancellation policy.

Occupants/Tenants: The property shall be occupied by the following No. of occupants? Total No. _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Pets: The property shall be occupied by the following No. of pets will occupy the property? Total No. _____

Pet Description: Dog: _____ Weight: _____ Type/Breed: _____

Cat: _____ Type/Breed: _____

Other: _____ Type/Breed: _____

1. An additional deposit is required for a pet of **Five Hundred Dollars (\$500.00)**
2. Dogs are limited in this property to a weight limit of fifty (50) lbs.
3. No "attack" or dangerous animals are permitted on any of our premises.
4. Any damage caused by animals (including, but, not limited to fleas, urine, smell, hair, etc... are the responsibility of the tenants).

Applicant Initials _____

Vehicles Descriptions: (Property may or may not have parking. This will be clarified on the lease)

The number of vehicles that will be located on the property is? Total No. _____

1.) Type/Make: _____ Year: _____ Tag #: _____ State: _____

2.) Type/Make: _____ Year: _____ Tag #: _____ State: _____

Are any of the above vehicles commercial? If yes, which ones? _____

All motor vehicles or trailers shall have current licenses and may be parked ONLY in garages, driveways, if provided, on the street (not in fire lanes or on the lawn), OR AS REQUIRED BY THE CONDOMINIUM OR HOMEOWNER'S ASSOCIATION.

In compliance with federal fair housing regulations, the Property shall be made available to all persons without regard to race, color, religion, national origin, sex, physical or mental handicaps, familial status or any additional protected classes specified by State Maryland, District of Columbia or local jurisdiction law.

Personal Information:

Applicant's Name: _____ Birth Date: _____

Applicant's SS No.: _____

Driver's License # / Gov. Id #: _____ State of Issue: _____

Home Phone: _____ Cell Phone: _____

Local Phone: _____ Work Phone: _____

Current Address: _____

<input type="checkbox"/> Rent <input type="checkbox"/> Own No. of Years: _____ Rent/Mortgage Pmts: \$ _____ Owner/Agent: _____ Phone: _____
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Reason for your short-term stay (check all that apply):

Job Transfer Looking for Perm Housing Business/Work Internship Academics Vacation

Please list all previous addresses for the last five years including length of stay for each residence along with the name and contact number for each owner/agent from whom you rented.

1) Previous Address: _____
Street City State Zip

Owner/Agent Name: _____ Phone: _____

From (Date): _____ To (Date:) _____ Monthly Pmt: \$ _____

2) Previous Address: _____
Street City State Zip

Owner/Agent Name: _____ Phone: _____

Applicant Initials _____

From (Date): _____ To (Date:) _____ Monthly Pmt: \$ _____

3) Previous Address: _____
Street City State Zip

Owner/Agent Name: _____ Phone: _____

From (Date): _____ To (Date:) _____ Monthly Pmt: \$ _____

Employer Information:

Current Employer: _____ Position: _____

Time Employed (Mos./Yrs) _____ Start Date: _____ Gross Salary: \$ _____

Employer Address: _____
Street City State Zip

Supervisor Name: _____ Supervisor Phone: _____

If employed less than one (1) year with current employer, please provide previous employment information below:

Current Gross Annual Income:
Base Pay (Annual): \$ _____
Overtime: \$ _____
Commissions: \$ _____
Dividends: \$ _____
Bonuses: \$ _____
Other: \$ _____
Total: \$ _____

If employer refuses to provide verification of applicant's employment information via phone, it shall become the responsibility of the applicant to provide immediate written confirmation of such information. If applicant is self-employed, attach copies for the last two years of your individual US tax form 1040 and self-employment tax schedule C.

Previous Employer: _____ Position: _____

Time Employed (Yrs) _____ From (Date): _____ To: _____ Gross Salary: _____

Employer Address: _____
Street City State Zip

Supervisor Name: _____ Supervisor Phone: _____

Previous Employer: _____ Position: _____

Time Employed (Yrs) _____ From (Date): _____ To: _____ Gross Salary: _____

Employer Address: _____
Street City State Zip

Supervisor Name: _____ Supervisor Phone: _____

Applicant Initials _____

Financial Information:

Assets:

Savings Acct: \$ _____ Bank: _____ Acct: _____
 Checking Acct: \$ _____ Bank: _____ Acct: _____
 Other Sav./Invest. Acct: \$ _____ Bank: _____ Acct: _____
 Other Sav./Invest. Acct: \$ _____ Bank: _____ Acct: _____
 Other Assets : \$ _____ Specify: _____
 Other Assets : \$ _____ Specify: _____

Liabilities: (Mortgages, Auto Loans, Credit Cards, Bank Loans, Installment Loans, Student Loans, etc...)

Creditor:	Total Balance Outstanding:	Monthly Payment:
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total:	\$ _____	\$ _____

Other Personal Information:

Have you ever filed Bankruptcy? No Yes Date: _____ Explain: _____
 Have you ever been evicted? No Yes Date: _____ Explain: _____
 Do you have suite for any judgments against you? No Yes Explain: _____
 Have you ever been committed of a crime? No Yes Explain: _____
 Have you ever been committed of a sexual crime? No Yes Explain: _____

Foreign Citizens:

Citizen of (Country): _____ Passport No. _____
 Emergency Contact: _____ Phone No. _____
 Relationship: _____ Address: _____

References: (Provide at least 1 local)

1.) Name: _____ Phone No. _____
 Relationship: _____ Address: _____
 2.) Name: _____ Phone No. _____
 Relationship: _____ Address: _____

Applicant Initials _____

Applicant Authorization:

Applicant Name: _____

Property Address to Lease/rent: _____ (____ Bedroom(s))

The applicant/tenant authorizes the owner/management company to obtain and order a credit/consumer report and/or background check. I hereby authorize the owner/or owner’s agent to whom this application is being 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 and owner’s agent the results of the references herein listed, statement and other data obtained from me or from any other person pertaining to my credit, employment, rent history and financial responsibility. The applicant hereby releases the owner/owner’s agent from any liability whatever for rejection of this application due to credit information or for any other reason.

Upon request made by owner/owner’s agent, at any time during the applicant’s tenancy or thereafter, owner/owner’s agent is hereby authorized to release any information contained in this application to any consumer reporting agency, credit bureau, or other investigative agencies.

The truth of the information provided herein is essential, and if the owner/owner’s agent determines that any answer or statement contained herein is false or misleading, any lease granted by virtue of this application may be cancelled at the option of the owner/owner’s agent. This application shall become part of any lease agreement executed between the owner/owner’s agent and the applicant, and ANY FALSE OR MISLEADING statement shall be considered a SUBSTANTIAL breach of said lease. After this application has been processed, and information verified the owner/owner’s agent will make the final approval. Applicant will be contacted when approval has been obtained or denied.

Applicant Initials: _____

EARNEST MONEY DEPOSIT AND CANCELLATION POLICY

A **written lease will be prepared** if my application is approved for signature and should be accompanied by full payment of the security deposit within 7 days of application approval. **If cancellation of the unit is performed within 30 days of the commitment date,** the entire security deposit will serve as liquidated damages. I further understand that **the lease must be signed by both the owner/owner’s agent and myself in order to be valid.**

Applicant Initials: _____

The undersigned applicant affirms under the penalties of perjury that I have read and understand pages 1 through 4 of this application and that my answers to the questions on this application are true and correct to the best of my personal knowledge, information and belief and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

Applicant’s Signature: _____ **Date:** _____

Application/Reservation Fee: Cash Wire PayPal Check No. _____ **Amount:** \$ _____

Person Receiving Funds: _____ **Initials:** _____ **Date** _____
Print Name

Please fax application to: 703-852-3948. If faxed, application will not be processed without a non-refundable application fee.

MONARCA Management, LLC
P.O.BOX 26342
Washington, D.C. 20001
703-852-3948 (voice mail)
703-852-3948 (fax)

Applicant Initials _____