

WASHINGTON, D.C. - SHORT-TERM LEASE/RENT APPLICATION

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

Applicant's Name: _____

Property Address to Lease/rent: _____

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

Other Lease costs (Utilities/Cable/Internet/Other): Utility costs are typically included in monthly rent.

Other Options: Fully Furnished Gas/Electric/Water Internet Cable Linens (___ no.)

Monthly Cleaning Addt'l TVs: (___ no.)

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)

A reservation deposit in the amount of five hundred dollars (\$ 500.00) ("Earnest Money Deposit") is to be held by 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 deposit shall accompany this application and will be used to reserve this property for the time frame above. This deposit amount, once application is approved, will be credited towards the full security deposit. If deposit is made by check the memo shall read "Earnest Money Deposit". If the application is not approved, the deposit will be returned to the applicant, less the application fee (\$55.00).

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. **Applicant Initials:** _____

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.

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: _____
--

Reason for your short-term stay (check all that apply):

- Job Transfer Looking for Perm Housing Business/Work Internship Academics Vacation
- Other: _____

Please list all previous addresses for the last two years.

1) Previous Address: _____
Street City State Zip

Owner/Agent Name: _____ Phone: _____

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

2) Previous Address: _____

(If less 2 yrs) Street City State Zip

Owner/Agent Name: _____ Phone: _____

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

Applicant Initials _____

References: (Provide at least 1 local reference if possible)

Name: _____ Phone No. _____

Relationship: _____ Address: _____

Name: _____ Phone No. _____

Relationship: _____ Address: _____

Employer Information:

Current Employer: _____ Position: _____

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

Employer Address: _____
Street City State Zip

Supervisor Name: _____ Supervisor Phone: _____

Previous Employer: _____ Position: _____

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

Employer Address: _____
Street City State Zip

Supervisor Name: _____ Supervisor Phone: _____

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: _____

Local References: (Provide at least 2)

Name: _____ Phone No. _____

Relationship: _____ Address: _____

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. 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

I understand that this **application constitutes a commitment** to reserve a unit for rent and that the accompanying \$500.00 earnest money deposit will serve as liquidated damages if a **cancellation is made between 45-30 days of the move-in date**. Additionally, **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: _____

Earnest Money Deposit will be credited toward the full security deposit once received.

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 _____