

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, L.P.
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

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

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.

NON-REFUNDABLE APPLICATION FEE \$75

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.

(Signed/Applicant)

Date

(Agent)

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	Personal 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

