

# WALDEN COMMONS APARTMENTS

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Tel: 202-829-3620

1336 Missouri Avenue NW  
Washington DC 20011

Fax 202-898-1549

Dear Prospective Resident,

Thank you for your interest in Walden Commons Apartments! We look forward to your visit here. For your convenience, we have attached an Application to Lease.

You may complete the attached Application for Lease prior to coming to the community. Each adult who will reside in the apartment is required to complete a separate application. Completing this application prior to your visit will save you time. When filling out the application, please thoroughly complete all requested information. In addition to the completed application, you will be required to provide the following documentation:

- Valid, Government Issued Photo identification
- Two most recent pay stubs, an offer letter from the employer on company letterhead identifying start dates and salary \*
- A \$45.00 application fee, per adult applicant in a credit card or money order.

Upon visiting the community, you will be greeted by our leasing consultant or property manager. You will be asked to complete a Guest Card, which will help us identify your desires for your future apartment home. Our team will be happy to assist you by reviewing our community features, and show you a representative apartment for the community.

After you have selected an apartment home and submit the required above documentation our team will work with you to finalize any additional paperwork, provide the details of your move, and review our policies and procedures as related to your move to the community.

Again, thank you for your interest in Walden Commons Apartments! We look forward to meeting you in the near future, and should you have any questions, please do not hesitate to call us at 202-829-3620.

Thank You,

The Management Team for  
Walden Commons Apartments

\* Note: Additional items may be accepted for proof of income. Please contact a Leasing Agent for details.



# APPLICATION FOR LEASE

## APPLICANT INFORMATION:

Full Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Proof of Identification: Type \_\_\_\_\_ Identification Number \_\_\_\_\_  
Official Government / State Issue ID, such as Drivers License, Passport, State Identification Card, Etc.

## Additional Resident Information:

Name of Co-Applicant(s): \_\_\_\_\_  
(Co-Applicants must fill out individual applications)

Name of Minor Occupant: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of Minor Occupant: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of Minor Occupant: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Total Number of Occupants to Live in the Apartment: \_\_\_\_\_

Do you have a pet? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, type of pet? \_\_\_\_\_

Would a Visual Smoke Detector be required due to a severe hearing loss? YES \_\_\_\_\_ NO \_\_\_\_\_

## RESIDENCY INFORMATION: (Please provide a two year history)

Current Address: \_\_\_\_\_ Move In Date: \_\_\_\_\_

(Street) (Unit) (City, State, Zip)  
Do you own or rent your current residence? OWN / RENT (circle one)

Name of Landlord or Community: \_\_\_\_\_

Landlord's Daytime Phone Number: \_\_\_\_\_

Monthly Rent Paid: \_\_\_\_\_ Was lease in your name? YES / NO (circle one)

Previous Address: \_\_\_\_\_ Move In Date: \_\_\_\_\_

(Street) (Unit) (City, State, Zip)  
Did you own or rent your previous residence? OWN / RENT (circle one)

Name of Landlord or Community: \_\_\_\_\_

Landlord's Daytime Phone Number: \_\_\_\_\_

Monthly Rent Paid: \_\_\_\_\_ Was lease in your name? YES / NO (circle one)

## EMPLOYMENT INFORMATION:

### Employer:

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street) (City, State, Zip)

Dates of Employment: From \_\_\_\_\_ / \_\_\_\_\_ to present.

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

Income: \$ \_\_\_\_\_ Weekly / Bi-Weekly / Yearly

Human Resources Telephone Number: \_\_\_\_\_

### Part Time Employer (if applicable):

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
(Street) (City, State, Zip)

Dates of Employment: From \_\_\_\_\_ / \_\_\_\_\_ to present.

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

Income: \$ \_\_\_\_\_ Weekly / Bi-Weekly / Yearly

Human Resources Telephone Number: \_\_\_\_\_

### Other Income Sources: (Savings, Retirement, Verifiable Child Support, etc.)

Source: \_\_\_\_\_

Verifiable Income: \$ \_\_\_\_\_ Weekly / Bi-Weekly / Yearly

### Bank Information:

Name of Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Savings Account #: \_\_\_\_\_



**RELATIVE OR FRIENDS TO NOTIFY IN CASE OF AN EMERGENCY**

1. Full Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
 Address: \_\_\_\_\_  
(Street) (Unit) (City, State, Zip)  
 Home Phone Number: (\_\_\_\_) - \_\_\_\_\_ Work Phone Number: (\_\_\_\_) - \_\_\_\_\_  
 Cell Phone Number: (\_\_\_\_) - \_\_\_\_\_ Email: \_\_\_\_\_

2. Full Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_  
 Address: \_\_\_\_\_  
(Street) (Unit) (City, State, Zip)  
 Home Phone Number: (\_\_\_\_) - \_\_\_\_\_ Work Phone Number: (\_\_\_\_) - \_\_\_\_\_  
 Cell Phone Number: (\_\_\_\_) - \_\_\_\_\_ Email: \_\_\_\_\_

**QUESTIONNAIRE (Any unanswered "yes" or "no" question shall result in cancellation of your application.)**

1. Are you or is any member of your household currently involved in eviction proceedings? Yes: \_\_\_\_\_ No: \_\_\_\_\_

2. Has a Landlord issued you a Notice to Vacate due to lease violations in the past 7 years? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If yes- Date: \_\_\_\_\_ Explain: \_\_\_\_\_

3. Have you or any member of your household ever been convicted of or pled guilty or "no contest" to any felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If yes- Date: \_\_\_\_\_ Explain: \_\_\_\_\_

4. Have you or any member of your household ever been convicted of or pled guilty or "no contest" to a sex crime? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If yes- Date: \_\_\_\_\_ Explain: \_\_\_\_\_

5. Are you or is any member of your household listed on a registry of sexual offenders? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If yes- Explain: \_\_\_\_\_

6. Have you or any member of your household ever been convicted of or pled guilty or "no contest" to illegal distribution or manufacture of a controlled substance? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 If yes- Date: \_\_\_\_\_ Explain: \_\_\_\_\_

7. Are you or is any member of your household an illegal user of a controlled substance? Yes: \_\_\_\_\_ No: \_\_\_\_\_

8. Have you or has any member of your household ever been or currently is a member of a gang? Yes: \_\_\_\_\_ No: \_\_\_\_\_

I have read the foregoing and certify that the information herein is TRUE and CORRECT and that this application is submitted for the purpose of inducing approval of this application on my behalf. Any false statement on the application may lead to the rejection of my application or immediate termination of my lease. Further, if I subsequently am involved in conduct which would result in a "yes" response to any of the questions set forth above (even after I sign the lease and take possession of the apartment home), I understand that Landlord may terminate the Lease.

I agree to lease the premises and hereby tender a non-refundable application fee. I understand that occupancy is subject to possession being delivered by present occupant. The application fee(s) per applicant have been deposited by Landlord, with the clear understanding that this application, along with each prospective occupant, is subject to approval by Landlord in its sole discretion. The applicant understands that he/she must provide the required verification documents within 48 hours of the application date or this application will be automatically cancelled by management. The applicant also understands that upon approval of this application he/she is required to sign a "Commitment to Lease" agreement and pay \$200.00 "prepaid rent" by money order/certified funds within 48 hours of approval notification or the application will be automatically cancelled by management.

**Authorized Verification Release**

Applicant authorizes prospective landlord to verify the accuracy of all statements in this application through criminal background checks, credit reporting agencies, both present and previous employers and landlords, and other sources, as Landlord deems necessary. I release Landlord, its employees and agents, and anyone providing verification information from all liability for any damage whatsoever incurred in obtaining and furnishing such information.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Civil Rights Act of 1968, as amended by the Fair Housing Act Amendments of 1988, prohibits discrimination in housing based on race, color, national origin, religion, sex, handicap, or familial status. The management of this property is committed to complying with the letter and spirit of the laws which provide an equal housing opportunity to all. The federal agency which administers compliance with the fair housing laws is the United States Department of Housing and Urban Development.



# WALDEN COMMONS APARTMENTS

1336 Missouri Avenue N.W, Washington DC 20011

Phone (202) 829-3620 Fax: (202) 829-7191

## EMPLOYMENT VERIFICATION WORKSHEET

To: \_\_\_\_\_

**Employer**

**Attention: Human Resources / Payroll / Personnel Department**

Your employee has placed an application with Walden Commons Apartments. Your assistance in verification of the following employment information is appreciated. Once completed, **please fax this page back to the number above.**

Thank you ! Walden Commons Leasing Staff.

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### Applicant Statement of Release

I, \_\_\_\_\_ give permission to release the Employment information below.

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

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EmployeeName: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Dates of Employment – Start \_\_\_\_\_ to \_\_\_\_\_

Position: \_\_\_\_\_

Full or Part Time (circle one)      Hours per Week : \_\_\_\_\_

Payment Schedule : Weekly: \_\_\_\_\_ Bi-Weekly: \_\_\_\_\_

Monthly: \_\_\_\_\_ Other: \_\_\_\_\_

Salary or Hourly Wage: \_\_\_\_\_

Verified By: \_\_\_\_\_

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

Telephone: \_\_\_\_\_



# WALDEN COMMONS APARTMENTS

OFFICE: 202-829-3620

FAX: 202-829-7191

## RESIDENCY VERIFICATION

LANDLORD: CURRENT \_\_\_\_\_ PREVIOUS: \_\_\_\_\_

NAME OF LANDLORD: \_\_\_\_\_

NAME OF APPLICANT(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I authorize my Landlord named above to furnish the information requested by Walden Commons Apartments. I also release Walden Commons, its LLC managers and members, officers, directors, agents, employees, heirs and assigns from any and all liability which may arise by reason of compliance with the above request.

\_\_\_\_\_  
Applicant's Signature

LANDLORD: PLEASE FAX COMPLETED FORM TO NUMBER LISTED ABOVE.

1. How long did applicant reside at above address? From \_\_\_\_\_ To \_\_\_\_\_
2. What was the monthly rent paid by applicant? \$ \_\_\_\_\_
3. Was rent paid as agreed? \_\_\_\_\_
4. How many times was rent paid late but before the 15th of the month? \_\_\_\_\_
5. How many times was rent paid late, after 15th of the month? \_\_\_\_\_
6. What is the outstanding balance, if any, on their account? \_\_\_\_\_
7. After move-out, what was the condition of the apartment? \_\_\_\_\_
8. Were there any complaints relating to noise, housekeeping, over-occupancy, etc? \_\_\_\_\_  
If Yes, please Explain: \_\_\_\_\_
9. Was a Management Notice issued? \_\_\_\_\_
10. Did they give proper notice? \_\_\_\_\_
11. Would you rent to this person again? YES / NO If no, please explain. \_\_\_\_\_

Verified by: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone#: \_\_\_\_\_



# WALDEN COMMONS

Apartment Homes

1336 Missouri Avenue NW  
Washington, DC 20011

Telephone: 202-829-3620  
Fax: 202-829-7191

[www.waldencommons.com](http://www.waldencommons.com)

## CREDIT CARD AUTHORIZATION

I \_\_\_\_\_ authorize Walden Commons Apartments to charge my

\_\_\_\_\_ Visa      \_\_\_\_\_ Mastercard      \_\_\_\_\_ Expiration Date

Card Number \_\_\_\_\_ V-Code \_\_\_\_\_

for the amount of \$ \_\_\_\_\_ for Application Fee

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

