

JOHNSON ASSOCIATES, INC.

4619 Let Highway. Arlington, Virginia 22207
Tel: 703-524-8858 Fax: 703-524-6428

To create a nonsmoking environment in all our apartment buildings, we request all new applicants to be non-smokers or refrain from smoking anywhere inside our properties. Thanks for working towards this goal with us. -- Johnson Associates

Rental Application

FOR OFFICE USE ONLY

DATE _____
PROPERTY _____
APT. NO. _____ RENT \$ _____
AGENT _____

Please complete all requested information on the front and back of this form. Thank you for your interest in our apartments.

Date of Application _____ Desired Date of Occupancy _____

Type and Size of Apartment Wanted (No. of Bedrooms, etc.) _____

PERSONAL INFORMATION

APPLICANT'S FULL NAME _____ Date of Birth _____

Social Security No. _____ Driver's Lic. No./State _____ E-mail _____

Home Phone _____ Work Phone _____ Cell Phone _____

CO-APPLICANT'S FULL NAME _____ Date of Birth _____

Social Security No. _____ Driver's Lic. No./State _____ Relationship _____

E-mail _____ Home Phone _____ Cell Phone _____

Full Names of All Other Residents:	Relationship to You	Date of Birth

How Many Pets Do You or Other Occupants Own? _____

Kind of Pet? Breed? Weight and Age? _____

How Old You Hear About Our Property? _____

RESIDENCE HISTORY

PRESENT ADDRESS _____

Present Telephone _____ Dates From _____ To _____

Present Landlord or Mortgage Co. _____ Telephone _____

Monthly Payment \$ _____ Reason for Moving _____

PREVIOUS ADDRESS _____

Dates From _____ To _____

Previous Landlord or Mortgage Co. _____ Telephone _____

Monthly Payment \$ _____ Reason for Moving _____

EMPLOYMENT INFORMATION

PRESENT EMPLOYER _____ Dates From _____ To _____

Employer's Address _____ Telephone _____

Position _____ Supervisor _____ Gross Monthly Salary \$ _____

PREVIOUS EMPLOYER _____ Dates From _____ To _____

Employer's Address _____ Telephone _____

Position _____ Supervisor _____

CO-APPLICANT'S EMPLOYER _____ Dates From _____ To _____

Employer's Address _____ Telephone _____

Position _____ Supervisor _____ Gross Monthly Salary \$ _____

BANKING AND CREDIT REFERENCES

BANK NAME & BRANCH _____ Telephone _____
 Checking Acct. Savings Acct. Loan Acct. - Monthly Payment \$ _____
 CREDIT REFERENCE _____ Telephone _____
 Address _____
 CREDIT REFERENCE _____ Telephone _____
 Address _____
 OTHER REFERENCE _____ Address _____

OTHER INFORMATION

TOTAL NUMBER OF VEHICLES (Including Company Vehicles) _____
 Make/Model _____ Year _____ Color _____ Tag No./State _____
 Make/Model _____ Year _____ Color _____ Tag No./State _____
 Total Gross Monthly Household Income \$ _____

If there are other sources of income you would like us to consider, please list income, source and person (Banker, Employer, etc.) who we could contact for confirmation. You do NOT have to reveal alimony, child support or spouse's annual income unless you want us to consider it in this application.

Amount \$ _____ Per _____ Source _____ Telephone _____
 Comments: _____

HAVE YOU OR CO-APPLICANT EVER: Been sued for non-payment of rent? Yes No

Been evicted or asked to move out? Yes No

Broken a Rental Agreement or Lease? Yes No

No Been sued for damage to rental property? Yes No

Declared Bankruptcy? Yes No

In Case of Personal Emergency, Notify _____ Relationship _____
 Address _____ Home Phone _____ Work Phone _____

I hereby make application for an apartment and certify that this information is correct. I authorize you to contact any references that I have listed. I also authorize you to obtain my consumer credit report from your credit reporting agency, which will appear as an inquiry on my file.

APPLICANT'S SIGNATURE _____
 CO-APPLICANT _____
 DATE SIGNED _____

FOR OFFICE USE ONLY - DO NOT WRITE BELOW

Date Application Received _____ Received By _____

REFERENCE VERIFICATION	REMARKS
<input type="checkbox"/> Present Landlord	
<input type="checkbox"/> Previous Landlord	
<input type="checkbox"/> Employment	
<input type="checkbox"/> Previous Employ.	
<input type="checkbox"/> Co-Applicant Employ.	
<input type="checkbox"/> Bank	
<input type="checkbox"/> Credit (1)	
<input type="checkbox"/> Credit (2)	
<input type="checkbox"/> Credit (3)	
<input type="checkbox"/> Other	

RECORD OF PAYMENTS RECEIVED		
Date	Description	Amount

THIS APPLICATION Approved Not Approved
 Date _____
 By _____
 Assigned to Apt. No. _____
 Rent \$ _____
 Apartment Address _____
 Applicant Notified By _____
 Anticipated Move-In Date _____