

6416 Edsall Road, Suite 201
 Alexandria, VA 22312
 Office 703 354-5876 Fax 703 354-6407



RENTAL APPLICATION

Size Apartment: 1 Bedroom or 2 Bedroom

Date Apartment Desired: _____

APPLICANT'S FULL NAME: _____	
Date of Birth: _____	Social Security Number: _____
Current Address including zip code: _____	
Home Telephone Number: _____	Current Landlord: _____
Current Telephone Number: _____	Previous Address: _____
Previous Landlord: _____	Previous Landlord Telephone Number: _____
EMPLOYMENT: _____ Employer Address: _____	
Position: _____	Salary: _____ How Long: _____ Work Telephone: _____
CO-APPLICANT'S FULL NAME: _____	
Date of Birth: _____	Social Security Number: _____
Current Address including zip code: _____	
Home Telephone Number: _____	Landlord: _____
Previous Address: _____	Landlord: _____
EMPLOYMENT: _____ Employer Address: _____	
Position: _____	Salary: _____ How Long: _____ Work Telephone: _____
3rd APPLICANT'S FULL NAME: _____	
Date of Birth: _____	Social Security Number: _____
Current Address including zip code: _____	
Home Telephone Number: _____	Landlord: _____
Previous Address: _____	Landlord: _____
EMPLOYMENT: _____ Employer Address: _____	
Position: _____	Salary: _____ How Long: _____ Work Telephone: _____
1. Child's Name: _____	DOB: _____ Social Security Number: _____
2. Child's Name: _____	DOB: _____ Social Security Number: _____
3. Child's Name: _____	DOB: _____ Social Security Number: _____
Automobile: _____	Year: _____ Color: _____ Tag No: _____ State: _____
Automobile: _____	Year: _____ Color: _____ Tag No: _____ State: _____
In Case of Personal Emergency, Notify: _____ Relationship: _____	
Address: _____ Telephone: _____	

IMPORTANT TO APPLICANT: A RESERVATION FEE WILL BE ACCEPTED AFTER APPROVAL OF YOUR APPLICATION. This fee will be applied to your security deposit at the beginning of your tenancy. In addition, a non-refundable application fee of \$20 is hereby accepted to cover the expenses incurred in verifying the information furnished by applicant on this application. Upon the signing of this application, and subsequent approval of applicant by landlord, applicant requests that the type of rental unit described be removed from those units available for rent. Applicant understands that this application for rental, if approved, becomes part of the lease agreement, even in the event a lease is not signed. I/we certify that I/we are above legal age and the above information is true and correct to the best of my/our knowledge. I/we hereby authorize owner or agent of Edsall Garden Apartments to verify all information as may be deemed necessary for approval or rejection of this application. I understand that such information may be included, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary detail, vehicle records, licensing record, and any other information.

Applicant Signature: _____ Co-Applicant: _____

3rd Applicant: _____ Date: _____

PLEASE INCLUDE PAY STUBS, DRIVERS LICENSE AND SOCIAL SECURITY CARD FOR EACH ADULT WITH APPLICATION.