

# SWANSEN APARTMENTS

1800 N. 16th Street  
Arlington, VA 22209  
703-527-7300

**Please return completed application to:**

mark@swansenapartments.com or fax# 703-528-2634

## Rental Application

Unit \_\_\_\_\_ Term of Lease \_\_\_\_\_ Sec. Deposit \_\_\_\_\_  
Rent \_\_\_\_\_ per month plus electric. Tenant must occupy by \_\_\_\_\_

NO DOGS OR WATERBEDS. MAXIMUM OF 2 OCCUPANTS. ONLY 1 AUTO ON PREMISES PER APARTMENT.

Application fee: \$50.00. Applicants are approved based on the following criteria:

1. Income. In all cases, monthly rent cannot exceed 35% of monthly earnings.
2. Previous Rental References.
3. Credit References.

Name \_\_\_\_\_ Age \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Current Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Rent \_\_\_\_\_

How long there? \_\_\_\_\_ Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Is your name on the lease? \_\_\_\_\_ Why leaving? \_\_\_\_\_

When can you occupy this apartment? \_\_\_\_\_ Is this move-in date flexible? \_\_\_\_\_

Email Address \_\_\_\_\_

Current Employer \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Income \_\_\_\_\_

Supervisor \_\_\_\_\_ How long employed there? \_\_\_\_\_

Additional Income \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Income \_\_\_\_\_

Supervisor \_\_\_\_\_ How long employed there? \_\_\_\_\_

Bank: \_\_\_\_\_

Auto: Make and Model \_\_\_\_\_ Year \_\_\_\_\_ License \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_

### Statements by Applicant

- I certify that the above information is true to the best of my knowledge.
- I understand that this application will be made part of any lease agreement.
- I certify that only the persons named in this application will occupy the premises.
- I authorize the owner or agent to check any credit, employment, or other information given in this form or obtained from sources named in it.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please refer to additional page for Co-Applicant/Spouse information*

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## Rental Application Spouse / Co-Applicant page 2/2

### Spouse or Co-Applicant

Name \_\_\_\_\_ Age \_\_\_\_\_ Soc.Sec.# \_\_\_\_\_

Current Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Rent \_\_\_\_\_

How long there? \_\_\_\_\_ Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Is your name on the lease? \_\_\_\_\_ Why leaving? \_\_\_\_\_

Email Address \_\_\_\_\_

Current Employer \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Income \_\_\_\_\_

Supervisor \_\_\_\_\_ How long employed there? \_\_\_\_\_

Additional Income \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Position \_\_\_\_\_ Income \_\_\_\_\_

Supervisor \_\_\_\_\_ How long employed there? \_\_\_\_\_

Bank \_\_\_\_\_

Auto: Make and Model \_\_\_\_\_ Year \_\_\_\_\_ License \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_

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- I authorize the owner or agent to check any credit, employment, or other information given in this form or obtained from sources named in it.

Co-Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_