

SCF Management LLC

1433 T St., NW Suite T10 Washington, DC 20009

phone 202-232-0330 fax 202-506-7253

www.scfmanagement.com

RENTAL APPLICATION

PLEASE PRINT CLEARLY ALL ENTRIES. ALL ITEMS MUST BE COMPLETED Date: _____

Address applying for _____ Apt# _____

_____ Bedroom Apartment at a rental of \$ _____ per month in advance.

PERSON TO BE NAMED ON LEASE/RENTAL AGREEMENT (Must provide ORIGINAL Photo ID with Application)

Name: _____

(Last)

(First)

(Initial)

SS# _____ Date of Birth _____

Identification# _____ Phone: _____

(Home)

(Work)

Email: _____

Present Address: _____

(Proof Required) _____

City

State

Zip Code

How long are you living there? _____

CURRENT HOUSING PROVIDER/LANDLORD (To Whom do you pay rent?)

Real Estate Company: _____ Phone: _____

Other Landlord: _____ Phone: _____

Is the Unit in your name? Yes ___ No ___ If no list named tenant of Unit _____

If you submit your Rental Application without the required documents, you have 24hrs to submit them by fax, email at scfmanagement_customerservice@hotmail.com or personally. Failure to do it, will cause the TERMINATION of your Rental Application without the refund of the paid fee.

IF AT PRESENT ADDRESS LESS THAN ONE(1) YEAR

Former Address: _____

Previous Housing Provider / Landlord _____

Phone No. _____

EMPLOYMENT AND INCOME

(Each Applicant must provide ORIGINAL current pay stub or other ORIGINAL proof of Income)

Employed by: _____

Address: _____

City

State

Zip

Phone: _____ Occupation: _____

Supervisor Name: _____

Gross Income: \$ _____ Weekly Bi-Weekly Monthly **(circle one)**

Length of time with Present Employer _____ If less than one year, list former employer _____ Phone No. _____

OTHER INCOME/EMPLOYMENT

List all "OTHER" Income including Phone Numbers (ORIGINAL proof of other income must be provided)

1. _____

2. _____

If you move-in any day after the 1st Day of the Month, your rent will be pro-rated and the calculated amount will have to be paid on the 2nd Month of your tenancy.

MOVE-OUTS POLICY - AFTER THE EXPIRATION OF THE INITIAL LEASE TERM, if tenant(s) desires to give up said premises, he/she shall give to the Landlord/Agent at least (30) days written notice of any intention to move from said premises, said notice must to be given on or prior to the rent due date, and said notice will be effective since the 1st Day of the following month. **SCF MANAGEMENT, LLC WILL NOT PRO-RATE MOVE-OUTS RENTS.** ei. If your Lease expires on June 30th, your 30-Day Notice must to be given by or before May 31st but not later than July 1st, and you will be able to move-out by July 31st.

Printed Name _____

Signature _____

NUMBER OF PERSONS (INCLUDING YOURSELF TO LIVE IN UNIT) _____

NAME OF PERSONS AND DATE OF BIRTH (INCLUDING YOURSELF TO LIVE IN UNIT) :

1 _____ DOB: _____ 2 _____ DOB: _____

3 _____ DOB: _____ 4 _____ DOB: _____

5 _____ DOB: _____ 6 _____ DOB: _____

Name & Phone Number(s) of person to contact in case of emergency:

NAME: _____ Phone No. _____

CREDIT REFERENCES

1. Name of Institution _____

2. Name of Institution _____

HOW DID YOU LEARN OF THIS VACANCY?

Newspaper _____ Building Sign _____ Friend _____ Other _____

All factors equal, providing all requested data having been furnished by applicant, applications are processed on a "first come, first served" basis and fees paid. If the vacant apartment you applied for is rented to another applicant, this application will be held for a three-month period and another fee will not be required. If you are assisted by the DCHA Voucher Program, please talk to a Rental Specialist for instructions.

PROSPECTIVE TENANTS MUST PROVIDE A TENANT'S PROPERTY INSURANCE BEFORE TO SIGN THE LEASE AGREEMENT

Printed Name _____

Signature _____

A NON-REFUNDABLE PROCESSING FEE MUST BE PAID BY EACH APPLICANT. LISTING OF FALSE INFORMATION WILL CAUSE AUTOMATIC DENIAL OF YOUR APPLICATION.

The Undersigned Applicant hereby declares that the representations of fact contained in the foregoing application are true correct. The Applicant authorizes the Housing Provider/Agent to verify all information contained in this application and to obtain a credit check with a credit reporting company. The Applicant releases all concerned from any liabilities in connection with any information they give. In the event the application is approved, the Applicant agrees to execute a standard form written lease agreement with the Housing Provider and to pay a Security Deposit, if applicable.

Printed Name _____

Signature _____

EQUAL OPPORTUNITY HOUSING

SCF Management LLC does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities (particularly the number of or whether a person has children), physical handicap, matriculation, political affiliation, source of income or place of residence or business of any person applying to rent an apartment.

It is Unlawful under the Federal Fair Housing Act to discriminate against any individual for the reasons just mentioned.

No person associated with SCF Management LLC is permitted to make any comment or statement, verbally or in writing which refers to a preference, limitation, or discrimination on account of a person’s race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, family responsibilities, physical handicap, matriculation, political affiliation, source of income or place of residence or business.

Date

Applicant’s Signature

****PLEASE BE ADVISED THAT THERE WILL BE AN \$5.00 PRINTING FEE FOR APPLICATIONS SUBMITTED BY EMAIL.**

*****IT IS SCF MANAGEMENT, LLC POLICY THAT PROSPECTIVE TENANTS SEE THE UNIT PHYSICALLY BEFORE THEY SUBMIT A RENTAL APPLICATION.**

THIS RENTAL APPLICATION MAY CONSTITUTES AS A LEGAL PART OF YOUR FUTURE LEASE AGREEMENT AND IT WILL BE ATTACHED TO IT.

SCF MANAGEMENT, LLC IS AN EQUAL HOUSING OPPORTUNITY PROVIDER

