BERNSTEIN BROTHERS MANAGEMENT

1215 N. Fort Myer Drive, #101: Arlington, Virginia 22209 . 703-528-6877 . FAX: 703-841-9793

			OFFICE	USE ON	ILY		. 700.020					=
Application for pren Security Deposit	nises at	Paid on				e	Paid on		Apt. # Occ	cupancy D	ate	
						ON FOR L						
Please	answer a	ll questions	completely	(50,000,000,000			EASE) may cause del	ays in	the process	ing of you	r applicatio	1.
					Apr	olicant's Na	ıme					
Mr/Mrs/Ms First	3	Last		N	/Iiddle Initi	alSoci	al Security #		Date	of Birth		
Mr/Mrs/Ms First		Last		N		ouse's Nar al Soc			Date o	of Birth		
			erson an	io.	Pr	esent Addr	ess		78	-		
Street ##()	Name	of Landlord	Apt. # l	C1t	y Phone # ()	StateFax #	()		Zıp		Home Phone
From To)	DATE	S MUST B	E FILL	E D IN Mo	onthly Rent	R	eason	for Moving_			
Previous Address	Street#_	PO MILIOT I		N TNI MA	and law Dane	Apt. #_	City_ Reason for M	f:	-	_ State	Zip	From
10	DATI	es musi i	e eirtei	J IIN IVIO	пшпу кеп		Reason for N	/IOVIII§	3			-
Charact Francisco			A 44	<u>Ap</u> j	plicant's E	mploymen	t Information	114		Ct.t.	7:	
Current Employer Occupation/Title			Address Name of	SS Supervis	SOT		C Phone # ()	ту		State Fax # (Zīb	Date
Employment Began _			Yearly I	Income			_1110110 " ()			_1 ax // (1	Bute
Previous Employme	nt:		Ad	ddress			(3 (3) (3) (4)	State	Zip	7.8
Length of time at prev	vious job:				Name of S	Supervisor		Pl	none# ()			
							nformation					
Current Employer Title_	A Total		Addres	ss	DI.			City_	E#()	State_	Zip	Occupation
Began					Pno	one # ()			_Fax#()_		Date	Employment
Previous Employme							(City		State	Zip	
Length of time at prev						Supervisor		Pl	none# ()			
					Ado	litional Inc	ome					
Do you or your spous					N.	3-11-2-11-3-2-3-310-XI-3-3-30-X						
What is the source? I	Please pro	vide names	and telepho	ne numb	ers that ma	ay expedite	our verification:					•
List of all people who	o will be l	iving in the	apartment	t. (Please	e note that	anyone no	t listed will not i	receiv	e any privileg	es of bein	g a tenant).	
Name				Date o	f Rivth	Social S	curity Number	21	Relationshi			
Ivame				Dute) Du iii	Social Se	ecuruy rumber		Retationsni	μ		
				20								3.
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. 1' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	re veresease and			G		icles Owne					C.	Security Security
Applicant's Driver's I Vehicle #1 M	License #_ Iake		Mod	State lel		- DAGA-CHARLANDERS DE SER	Driver's License Colo		Tag		Sī	ate
#			11100			1 our		*	1u5			
	ſake		Mod	lel		Year_	Colo	r	Tag			
#	State_											
					Ba	nk Referen	ces					201
Name/Branch/Con	tact/Teler	ohone Num	ber	\Box	hecking A	ccount Nu	nber		Savings A	ccount N	ımber	
				Į.		*3 = 2	*					· ·
<u>s</u>				24	<u>Cre</u>	dit Informa	<u>ition</u>					
Creditor, Name, A	ddress, T	elephone N	<u>umber</u>		Account	Number		<u>B</u> :	<u>alance</u>		Credit Lin	<u>nit</u>
					(1) (1)			100 100 100 100 100 100 100 100 100 100				
55				576	edit.			Seyes			Я	
I understand that I ac make a security depo- damaged in excess of accept this unit, after My rent is due and p late fee until the 15 th checks. NO PETS	osit of \$_ f ordinary a three doayable or of the mo	wear and to ay wait peri the first (1) onth. After	Said of ear, if I fail od, the fee st) of the m the 15 th of the	deposit we to give the for any onth. I at	vill be forf nirty (30) o lost rent an m given a h, the late	eited if I vad lays notice ad advertisin five day gr charge will	cate the apartm from the first (1 ng of this unit w	ent be st) or ill be o	efore the expi the fifteenth (deducted fron	ration of t (15th) of t n the secu	he lease, if t he month or rity deposit t	he apartment is if I decide not to hat I have placed.
◆ I understand that Drivers's License an information is true to in this form or obtain	ıd/or vali o be best c	d state ID. of my knowl	♦ I certify ledge. ♦ I	that onl	y the pers	ons named	in this applicat	tion w	ill occupy the	premises	s. 🔷 I certify	y that the above
Applicant					Applicant					Date		

 $REFUNDABLE.\ IF\ APPLICATION\ IS\ DENIED,\ THE\ SECURITY\ DEPOSIT\ IS\ FULLY\ REFUNDABLE.$