



RENTAL APPLICATION (For Use in Washington, DC)

Applicant's Name: Michael N. Lang and, if applicable
Co-Applicant's Name: Gina A. Valo ("the Applicant")
Application is made to lease property located at 1009 V.st N.w Washington, Dc 20001 for monthly rental of \$3,800.00/month
Lease Term: 18 months Move-in Date: appx. 1/5/19 Move-out Date: appx. June 2020
A deposit in the amount of \$\frac{3,800.00}{\text{(the "Deposit")}}\$ is to be held by Landlord/Agent with the clear understanding that this Application, including each prospective occupant, is subject to approval and acceptance by owner or his duly authorized property manager. The Applicant has no leasehold interests in the rental property until there is a fully executed lease. In the case of payment by check, the words " Deposit " shall be placed on the check.
Additionally, an Application fee of \$ 40.00 P/Adult ("the Application Fee") is to be used by the Landlord/Agent for the credit/consumer check and processing the application with the understanding that this application, including each prospective occupant is subject to Landlord's approval and acceptance. Should the actual cost expended for a credit check or other expenses arising out the Application exceed the amount of the Application fee, a portion of the Deposit shall be applied to pay such excess cost. When so approved and accepted, Applicant agrees to execute a lease and to pay any balance due on the security deposit and/or the first month's rent (as required by Landlord) within three (3) business days after being notified of acceptance and before possession is given.
SPECIAL LEASE REQUIREMENTS: Military/Diplomatic Clause: Yes X No Contingencies/Special Equipment:
OCCUPANTS: The premises are to be occupied only by the following # of occupants: Total Number of Occupants:
AUTOMOBILES, MOTORCYCLES, TRUCKS, BOATS, AND TRAILERS:
Total Number of Vehicles: 2
The Arthur Ford Edge II 2007 m # E62EE60 gr II
Type/Make: Volvo S40 Year: 2002 Tag #: DU0814 State: DC
Type/Make: Volvo S40 Year: 2002 Tag #: DU0814 State: DC Are any of the above commercial vehicles? If so, which ones? N/A
All motor vehicles or trailers shall have current licenses and may be parked ONLY in garages, driveways, if provided, on the street (not in fire lanes or on the lawn), OR AS REQUIRED BY THE CONDOMINIUM OR HOMEOWNER'S ASSOCIATION. In compliance with federal fair housing regulations, the Property shall be made available to all persons without regard to race, color, religion, national origin, sex, physical or mental handicaps, familial status or any additional protected classes specified by State of Maryland, District of Columbia or local jurisdiction law.
For Office Use Only: DateApplication Received by Agent/Broker:

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Please Print Legibly:			
Applicant's Name: Michael N. Lar Birth Date: 06/22/1980	ng	257521401	
Birth Date: 06/22/1980	#:SS#:	257531401	
Driver's License # or Government-Issued ID	#:2821294	State	: <u>DC</u>
Home Phone: (202) 213-1043	Temporary	Local # (if applicable):	
Office Phone: (202) 616-0381	Mobile Pho	one: (202) 213-1043	
E-mail Address: michaelnlang@gma	il.com E-mail Add	ress: <u>michaelnlang@</u>	gmail.com
Current Address: 1135 Fairmont St	. NW, Apt. 3, Washington,	D.C. 20009	
Street	City		State Zip
	•	3 600/mar	n+h
Own Rent Years: 1.5 years	Rent/Mortgage Payn	nents: \$	(646) 245 4257
Own Rent Years: 1.5 years Present Landlord/Agent: Andrea Go	oldbarg	Phone:	(646) 345-4257
Reason for moving: Looking for more	e space closer to O St. corri	101	
Have you ever paid late? Yes X No If	yes, Explain		
Have you ever been evicted? Yes X No	If yes, Explain		
List all previous addresses for the last five	vears including period of stay	in each and the name and	telephone number of Landlord/
Agent from whom you rented. (Use additional			
rigoni nom whom you remout (est addition	,		
Previous Address: 1301 M St. N	W. Apt. 313, Washington, I	D.C. 20005	
Street	City		State Zip
Landlord/Agent's Name:U	IDR Corp (management co	ompany) Phone:	(202) 335-7348
From (Date): January 2013	To: June 2017	Monthly Rent: \$	2,800/month
From (Date): January 2015	10. <u>Julie 2017</u>	1410111111111111111111111111111111	
2800 Woodl	ey Rd. NW, Apt. 208, Wasl	nington, D.C. 20008	1
Previous Address: 2800 Woods Street	City	8-0,	State Zip
Landlord/Agent's Name: William	C. Smith (management co	mpany) Phone:	(202) 667-6900
From (Date): June 2005	Tax January 2016	Monthly Pent: \$	1 350/month
From (Date): June 2005	16: <u>January 2016</u>	Monthly Rent. \$	1,550/11101111
TImited States D	longetment of Justice		
Current Employer: United States D	repartment of justice	How Long:	December 2010 to present
Position: Assistant Deputy Chief	NICONE MI ALLES	How Long: 1	recember 2010 to present
Address: 2 Constitution Square, 145	N St. NE, Washington, D.C	State	Zip
Street	City		
Supervisor: Arthur Wyatt		Supervisor's Pho	one: (202) 307-2382
		~	
CURRENT GROSS ANNUAL INCOME:		Commissions: \$	
Base Pay: \$ 161,746.00			
Overtime: \$		Other: \$	7.46.00
Bonuses: \$		TOTAL: \$ <u>161</u> ,	746.00
If employed less than one year with current e	employer give previous emplo	ovment information:	
if employed less than one year with current c	imployer, give previous empir	Symone miorination.	
Previous Employer:			φ.
Position:	How Long:	Gross Inc	ome: \$
Address:Street		O+-4	Zip
Street	City	State	
Supervisor:		Supervisor's Ph	one:
			ilie Cale annii aant ta marrid

IF EMPLOYER REFUSES to verify applicant's employment by phone, it shall become the responsibility of the applicant to provide immediate written confirmation of such information. If applicant is self-employed, attach copies for past two years of individual US tax form 1040 and self- employment US tax schedule C.

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Please Print Legibly:				
Co-Applicant's Name: Gina A. Valo (wite)			
Birth Date: 7/17/1983	SS#:	347-72-7356		
Driver's License # or Government-Issued ID #:	3676515	State	:D,C	
Home Phone: (734) 330-4146	Temporary Loca	l # (if applicable):	the state of the s	
Office Phone:	Mobile Phone:	(734) 330-4146		
Office Phone:valo.gina@gmail.com	E-mail Address:			
Current Address: 1135 Fairmont St. NW, A	Apt. 3, Washington, D.C.	. 20009		
Street	City		State	Zip
□ o ▼	Daut/Mouton on Dovements	. ¢ 2 600/mor	yth.	
Own X Rent Years: 1.5 years	Kent/Mortgage Payments	; \$	(646) 345.	.4257
Present Landlord/Agent: Andrea Goldb	arg (same)	Phone:	(0-10) 5 15	1237
Reason for moving: Reasons stated above				
Have you ever paid late? Yes No If yes, Exp	olain			
Have you ever been evicted? Yes X No If yes,	Explain			
List all previous addresses for the last five years in Agent from whom you rented. (Use additional sheet i	f needed).		elephone number	r of Landlord/
Previous Address: Previously stated Street	1 (1301 M St. NW addre	ss)	State	Zip
				•
Landlord/Agent's Name:		Phone:		
From (Date): To:	-	_ Monthly Rent: \$		
		,		
Previous Address: Street	·		State	Zip
Street	City			-
Landlord/Agent's Name:		Phone:		
Landlord/Agent's Name: To: To:		_ Monthly Rent: \$		
Current Employer: Virtru Corp.				
Position: Vice President, Customer Success		_ How Long:	April 2017	
Address: 1130 Connecticut Ave. NW, Wa	shington, D.C. 20036		7:	
Street	City	State	Zip	Litell.
Supervisor: John Ackerly		Supervisor's Pho	ne: [139/330	1-4140
CURRENT GROSS ANNUAL INCOME:		ommissions: \$		
Base Pay: \$ <u>185,000.00</u>				
Overtime: \$		ther: \$		
Bonuses: \$	T	OTAL: \$ 185,0	00.00	
•				
If employed less than one year with current employer	r, give previous employme	ent information:		
- · · · ·				
Previous Employer:	TT T	C I		
Position:	How Long:	Gross Inc	ome: \$	
Position:	How Long:			
Position:	How Long: City	State Supervisor's Pho	Zip	

IF EMPLOYER REFUSES to verify applicant's employment by phone, it shall become the responsibility of the applicant to provide immediate written confirmation of such information. If applicant is self-employed, attach copies for past two years of individual US tax form 1040 and self-employment US tax schedule C.

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APPLICANT / CO-APPLICANT:

HOUSING ASSISTANCE PROGRAM:		
Are you participating in a Housing Assistance Program? Yes X No	If yes, please complete info below	w:
Jurisdiction:/Amount: \$/		
Amount: \$/		
Attach appropriate documentation.		
ASSETS:		T-1-4 Cl - 1-1-1 - A4
Checking Account: \$ 26,000.00 /	Bank: Sun Frust	/ Joint Checking Acct.
Savings Account: \$	Bank:	/
Credit Union: \$	Name:	/
Other Assets: \$	(Specify)	
TOTAL: \$/		
LIABILITIES: (Auto Loans, Mortgages, Credit Cards, Bank Loans, Ins.	tallment Loans, Student Loans, C	hild Support, Alimony etc.)
CreditorTotal DueNelNet/ Firstmark\$ 84,339.94 (total)/ Student	1 200 (variable	nthly Terms Nonth
NelNet / Firstmark \$ 84,339.94 (total) / Student	Loans 3 1,200 (variable	/ IVIOIIIII
\$	φ	
3		
\$	φ	
	\$	
TOTAL: \$ 84,339.94 /	ΨΨ	1.
101AL. \$\\ \text{04}\text{337.74}\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Ψ	
Have you ever filed for bankruptcy? Yes No If yes, Dischar Do you have a suit for judgments against you? Yes No Are you obligated to pay or receive child support or pay or If so, indicate monthly payment: \$ N/A	receive alimony?	
APPLICANT: Citizen of (Country):United States	Passport #:460	813132
Emergency Contact:Christian Lang	Relationshin Brothe	r
Address 166 Second Ave. Apt. 7E, New York, NY 10003	Phone:	(917) 699-7739
Address Too Second Ave. Apr. 71, New Tork 111 10005		
CO-APPLICANT: Citizen of (Country): United States	Passport #:	
	Dalatianskin, Sistem	
Emergency Contact: Christina Piedlow	Relationship: Sister	(323) 356-1331
Address 521 Amherst Dr., Burbank, CA 91504	rhone,	(323) 330-1331
LOCAL REFERENCES:		The state of the s
Name: Emily Cohen	Relationship: <u>Friend/Colle</u>	ague
Address: 2125 14th St. NW, Apt. 719, Washington, D.C. 20009		(617) 448-6267
Name: Steve Burns	Relationship: Friend/Class	
Address: 1400 W. Laburnum Ave., Richmond, VA 23219	Phone:	(703) 310-9774

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THE FOLLOWING DISCLOSURES ARE REQUIRED BY THE DISTRICT OF COLUMBIA:

1.	The housing accommodation is rent-controlled exempt from rent control.		
2.	A copy of the current business license is attached.		
3.	The undersigned acknowledge(s) having been shown the Registration/Claim of Exemption form and having been offered a		
	copy of the form for the undersigned.		
4.	The housing accommodation is registered as - (check as applicable) _ condominium _ cooperative _ is converting		
	to a condominium or cooperative or non-housing use.		
5.	The owner of the housing accommodation is		
6.	The amount of the non-refundable application fee is \$ 40/person . The amount of the initial security deposit is \$. The amount of the security deposit cannot exceed the first full-month of rent. For any tenancy of twelve months or longer, interest on the security deposit shall accrue at the passbook rate prevailing in the DC financial institution in which the funds are held, which rate is re-set every six months (1st of January and 1st of July). Within forty five days after the termination of the tenancy, the housing provider will either (a) return the security deposit plus any interest to the tenant or (b) notify the tenant of the intent to withhold the deposit for defraying expenses incurred pursuant to the lease. If the housing provider intends to withhold the deposit, then within thirty days after notice to that effect the housing provider will give the tenant an itemized statement of the expenses to which the deposit was applied and refund		
_	any remaining balance to the tenant.		
7.	The applicable rent for the unit at the date of this disclosure is \$		
8.	The undersigned acknowledge(s) having been shown all Housing Violation Notices issued by the Department of Consumer and Regulatory Affairs within the last twelve months and any Notices issued earlier but still outstanding, and having been offered copies.		
9.	The following petitions or proceedings are pending that could affect the rental unit, whether the rent charged, the services and facilities provided or other matters: Case Number Type of Petition/Proceeding		
10.	The following surcharges (rent increases that will subsequently be rescinded) are in effect for the rental unit: Case Number Type of Surcharge Amount of Surcharge Date of Rescission		
11.	Except for a rent increase upon vacancy, the rent charged a rental unit under rent control may be increased no more frequently than once every twelve months.		
12.	The undersigned acknowledge(s) having been shown the most recent Notice of Change Form filed pursuant to section 205(g)(1)(C) of the Act, relating to change of ownership, management, or services and facilities, and having been offered a		
13.	copy. The undersigned acknowledge(s) receipt of a pamphlet published by the Rent Administrator explaining the Act and any regulations under the Act as they relate to implementation of rent increases and petitions permitted to be filed by housing		
14.	providers and tenants. DC's Fair Criminal Record Screening for Housing Act of 2016 prevents unlawful screening of a housing applicant's criminal background. All information on requirements, including model forms, available at		
	https://ohr.dc.gov/page/returningcitizens/housing.		
Adı und hav	e undersigned acknowledge(s) receipt of this disclosure form, the attachment and the pamphlet published by the Rent ministrator (http://newsroom.dc.gov/file.aspx/release/9439/Rent%20Control%20Pamphlet%208.04.06.pdf). The dersigned acknowledge(s) having been shown the other documents, having been offered copies of those documents and ring received any copies of documents requested by the undersigned as set forth above.		
Init	Initials: 12/5/18		
11mmm			
LEC'	TRONIC SIGNATURES: In accordance with the Uniform Electronic Transactions Act (UETA) and the Electronic		

ELECTRONIC SIGNATURES: In accordance with the Uniform Electronic Transactions Act (UETA) and the Electronic Signatures in Global and National Commerce Act, or E-Sign (the Act), and other applicable local or state legislation regarding Electronic Signatures and Transactions, the applicant(s) do hereby expressly authorize and agree to the use of electronic signatures as an additional method of signing and/or initialing this application and/or any future contracts or addenda. The applicants hereby agree that either party may sign electronically by utilizing a digital signature service.

Applicant: 12/5/18 Co-applicant:

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AUTHORIZATION TO RELEASE INFORMATION:

The undersigned applicant affirms under the penalties of perjury that I have read and understand pages 1 through 6 of this application and that my answers to the questions on this application are true and correct to the best of my personal knowledge, information and belief and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably.

Upon demand made by Listing Broker/Landlord, at any time during the applicant's tenancy or thereafter, Listing Broker/Landlord is hereby authorized to release any information contained in this application to any consumer reporting agency, credit bureau, or other investigative agencies.

The Applicant hereby authorizes Listing Broker/Landlord to order and obtain a credit/consumer report. I hereby authorize the owner or owner's agent to whom this Application is made and any credit bureau or other investigative agency used by such owner or owner's agent to investigate and to report and disclose to the owner and the owner's agent the results of the references herein listed, statements and other data obtained from me or from any other person pertaining to my credit, employment, rent history and financial responsibility. In the event the Listing Broker is acting on behalf of the Landlord, another broker or other party directly or indirectly affected by said transaction, the applicant hereby authorizes the Listing Broker to forward and disclose all or any portion of the information contained in the credit/consumer report to the Landlord, another Broker or other party directly or indirectly involved. The applicant hereby releases Listing Broker/Landlord from any liability whatever for rejection of this application due to credit information or any other reason. After this application has been processed, the Landlord/Owner may be contacted for final approval. Applicant will be contacted when approval is received or denied.

I understand that this APPLICATION DOES NOT CONSTITUTE A COMMITMENT to lease or rent and that a WRITTEN LEASE WILL BE PREPARED if my application is approved. I further understand that the lease MUST BE SIGNED BY BOTH THE LANDLORD AND/OR ITS AGENT AND MYSELF TO BE VALID.

PRINT NAME:	Michael N. Lang	
	TURE: Michael h Jenz	Date: 12/5/2018
PRINT NAME:	Gina A. Valo	
CO-APPLICANT SIG	GNATURE:	Date: 12/5/2018
Date: 12/5/2018	Check: \$	Cash: \$ 80 via CASH APP
Lagging Broker	·	Broker Code:
Address:		Phone:
Leasing Agent:		Phone:
License #/State:		

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