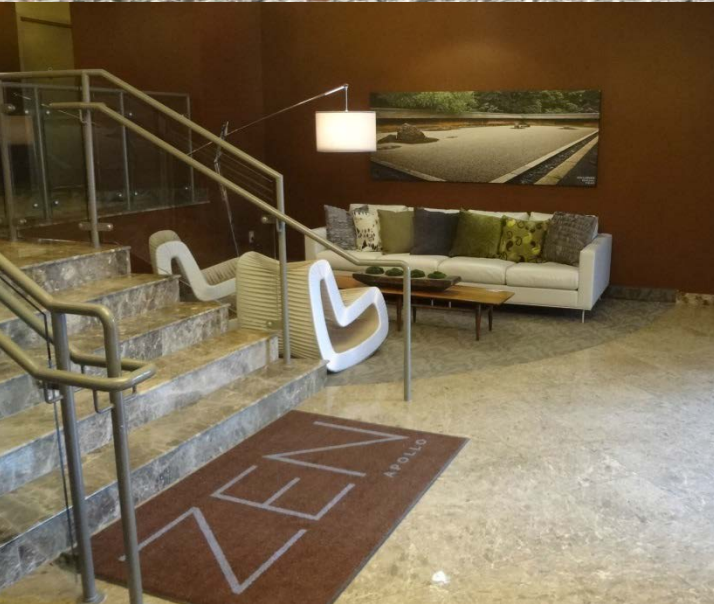




ZEN

APOLLO

1234 Massachusetts Ave., Wash. DC
202-737-4366 - ZenApollo.com





1234 Massachusetts Avenue, NW
Washington, DC 20005
202-347-6695
Leasing@ZenApollo.com

Zen Apollo knows you can love the city, and love being able to escape it, too.

Thank you for your interest in our community, and we are happy you visited. Our studios range in price from \$1,600 to \$1,800 and measure from 470 to 550 square feet. Our one bedrooms range in price from \$1,900 to \$2,200 and measures from 672 to 898 square feet. All utilities are included.

- + We offer six, nine, twelve and thirteen months leases
- + We offer furnished apartments
- + We are a pet friendly community allowing pets of non-aggressive breed and weighing no more than 25lbs. There is a non-refundable deposit of \$300 per pet and \$50 monthly fee per pet.
- + **Package room:** \$20 one-time sign-up fee
- + **Reserved Parking Space:** \$225 monthly; 3 month minimum
- + **Roof top gym:** \$300 for 1 year, \$180 for 6 months and \$90 for 3 months
- + **Clubroom:** \$500 annually but reduced to \$400 if member of Zen Apollo gym

Notes from the tour:

To Apply:

- Completed application per adult
- Driver's license or passport & visa
- (3) Three Consecutive paystubs or a letter of employment
- \$50 application fee per adult in the form of a money order or cashier's check
- \$75 Corporate application fee (see leasing rep. for corporate application)
- A separate \$100 advance deposit in the form of a money order or cashier's check
- Utility bill with current address (if available)
- Income Qualification: Annual salary is equal to 40 times the rent
- We accept guarantors
- Security Deposit is equal to one month's rent

We hope you choose to become a resident at Zen Apollo apartments!

ZENAPOLLO.COM



Phone: (202) 737-4366
leasing@zenapollo.com
Fax: (202) 347-5133

Things You Need to Know Before Filling Out an Application

1. When submitting your application, you must have a money order or certified check in the amount of \$50 per person or married couple for an application fee.
2. When submitting your application, you must provide an advance rental deposit in the form of a separate \$100 money order or certified check to hold an apartment for you. If your application is not approved you will receive your deposit back by mail within a reasonable timeframe.
3. Before submitting your application, make sure you complete ALL blank spaces that apply to you or you will be asked to come back to fill out any information that is missing.
4. You must provide us with three consecutive pay stubs. If you do not have a pay stub, we will need a letter from your employer on company letterhead providing us with your salary information, job description and length of employment. We will call your employer for verification of the information provided. If you are self-employed, previous three year's tax returns are required to verify income.
5. If child support is being considered as part of the salary requirements, you must provide a copy of a court document or a notarized statement from the parent paying the child support.
6. You must present proof that you reside at the current address you list on your application. You may provide that proof in the form of a driver's license or other valid state or federal issued photo identification. If you do not have a valid driver's license or other approved identification, you may provide a utility bill addressed to you at your current address as proof of address. The address listed on your application must match the address listed on the proof of address you provide. If it does not, you must furnish a United States Postal Service official change of address card. If you cannot provide valid proof of address, your application will not be approved.
7. If you have never rented an apartment before, you must provide a notarized letter from the person(s) that you are living with, stating that you do, in fact, live at this address. If you state that you have never lived anywhere other than at home or with relatives, no other address should appear on your credit report. If you are renting in a private residence, you must bring a copy of a lease and the last three cancelled checks or money receipts showing payment of rent. Any misrepresentations on your application will result in an immediate disapproval.
8. We will not accept any application if negative information is received from the credit bureau, previous landlords or your employer.
9. We comply with Equal Opportunity Regulations. Equal access to all types of housing is not only a right, but it is the law and policy of the government. It is illegal for any person to discriminate in housing on the basis of race, color, religion, national origin, sex, handicap, or family status.
10. You have forty-eight (48) hours after approval to cancel your application. If you intend to cancel your application and fail to within 48 hours, you will forfeit your \$100 advance rental deposit.

Tenant Name: _____

Apartment #: _____ Parking Space #: _____

Parking Start Date: _____ Sign and Date: _____

Parking End Date: _____ Sign and Date: _____

Note: This sheet is not properly completed unless signed and dated by relevant tenant.

Zen Apollo

Application for Lease

Date: _____ Phone #: _____ Email: _____ Apt. Applied For: _____
Applicant: _____ DOB: _____ Age: _____ SS#: _____
Marital Status: _____ ID#: _____ State: _____
Name of Spouse: _____ Age: _____ SS#: _____
ID#: _____ State: _____ Applicant Citizenship: _____ Spouse: _____
to Occupy Premises: _____ Adults: _____ Children: _____ Children Ages: _____ Sex: _____
Apt. to be used: For Residence: _____ For Business: _____
Present Address: Apt #: _____ Street Address: _____
City: _____ State: _____ Zip: _____
Own: _____ Rent: _____ Living with friend/relative: _____ Board: _____ Other: _____
How Long?: _____ Present Rent/Mortgage: _____ Land Lord: _____
Phone #: _____ Address: _____
Has lease expired?: _____ Have you given notice?: _____ Reason for leaving?: _____
Prev. Address: Apt #: _____ Street Address: _____
City: _____ State: _____ Zip: _____
Own: _____ Rent: _____ Living with friend/relative: _____ Board: _____ Other: _____
How Long?: _____ Present Rent/Mortgage: _____ Land Lord: _____
Phone #: _____ Address: _____
Reason for Leaving?: _____
Applicant Employer: _____ Position: _____
Address: _____ Annual Salary: \$ _____
Supervisor: _____ How Long?: _____ Business Phone: _____
Prev. Employment, if at present job less than one year: _____ Position: _____
Address: _____ Annual Salary: \$ _____
Supervisor: _____ How Long?: _____ Business Phone: _____
Spouse Employer: _____ Position: _____
Address: _____ Annual Salary: \$ _____
Supervisor: _____ How Long?: _____ Business Phone: _____
Prev. Employment, if at present job less than one year: _____ Position: _____
Address: _____ Annual Salary: \$ _____
Supervisor: _____ How Long?: _____ Business Phone: _____
Other Income Source: _____ Amount: \$ _____
Bank Reference: _____ Checking Acct: _____
Savings Acct: _____
Credit References: _____ Account #: _____
Account #: _____
Account #: _____
Emergency Contact: _____
Address: _____ Phone #: _____
Applicant Signature: _____
Spouse Signature: _____

Deposit is made herewith on account of the first month's rent, said deposit to be held by Peter N. G. Schwartz Management Co. subject to acceptance and approval of this application. Within five (5) days after being notified of acceptance, applicant agrees to (1) execute a lease before possession of the premises is given; (2) pay any balance due on the first month's rent; and (3) pay any required security deposit; or the deposit will be forfeited as liquidated damages. If this application is not approved and accepted, the deposit will be refunded.



Employment Verification

TO: (Name & address of employer)

Date: _____

Employer Phone Number: _____ Employer Email or Fax#: _____

RE (Applicant/Tenant Name & Unit#): _____

I hereby authorize release of my employment information

Signature of Applicant/Tenant Date

Note to Applicant/Tenant: You do not have to sign this form if either the requesting organization supplying the information is left blank. The individual named directly above is an applicant of a housing program that requires verification income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

Project Owner/Management Agent

Return form to:

Zen Apollo
Peter NG Schwartz Management Company
1234 Massachusetts House
Washington, DC 20005
Phone (202) 347-6695
Fax (202) 347-5133
Email: leasing@zenapollo.com

-----**Note** Section below to be completed by employer. -----

Employee Name: _____ Job Title: _____

Presently Employed: Yes _____ Start Date: _____ No _____ Last Day of Employment _____

Current Gross Wages/Salary \$ _____ (Circle One) hourly weekly bi-weekly semi-monthly monthly yearly other: _____

Average # of regular hours per week: _____

Number of weeks per year: _____

Overtime Rate: \$ _____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$ _____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other \$ _____ circle one: hourly weekly bi-weekly semi-monthly yearly other: _____

List any anticipated change in the employee's rate of pay within the next 12 months: _____ Effective date: _____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Additional Remarks: _____

Employer's Signature _____ Employer's Printed Name and Title _____ Date _____

Company/Employer Name & Address: _____



Email: leasing@zenapollo.com
Phone: (202) 347-6695
Fax: (202) 347-5133

Date: _____

Current/Previous Landlord: _____

Phone #: _____

Email or Fax #: _____

Release of Resident History Information:

I, _____, of Apt# _____ authorize the release of all information on this Landlord Verification Form. I understand it will be used only to determine my eligibility to this housing program.

Signature of Applicant/Tenant

Date

To Whom It May Concern:

The person whose name appears above has applied for housing at our property and has given your name as a current or former landlord. Our tenant selection policy requires us to verify certain information about all members of families applying for admission to our apartment community. Please complete this form and return to us by faxing it to (202) 347-5133 or via email to leasing@zenapollo.com. Final action on this applicant will be deferred until we receive your reply. Information will be used only to determine applicant's eligibility.

Thank you for your assistance.

Current/Previous Address: _____

Landlord's Name: _____

___ Current ___ Previous ___ Other: _____

Relationship to Applicant:

___ Relative ___ Friend ___ Other: _____

Tenancy from _____ to _____

1) Rental Payments

- A. Applicant's Rent: _____
- B. Did applicant pay rent on time? Yes No
- C. Did you ever begin eviction proceedings for nonpayment or any other reason? Yes No
- D. Does the applicant owe you any money? Yes No
- E. Did the applicant have a lease? Yes No

2) Care of Rental Unit

- A. Did the applicant keep the rental unit clean, safe and sanitary? Yes No
- B. Did the applicant, and/or the applicant's family/guest(s) damage the rental unit? Yes No
 - (if yes) 1. Did applicant pay for damages? Yes No
 - 2. Was it necessary to make deductions from the security deposit? Yes No
- C. Did the applicant, and/or the applicant's family/guest(s) engage in careless or unsafe smoking habits? Yes No



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3) General

- A. Did the applicant have any unauthorized person(s) residing in the rental unit? Yes No
- B. Did the applicant and/or applicant's family/guest(s) engage in any unlawful acts or any unlawful use of the rental unit? Yes No
- C. Did the applicant and/or applicant's family/guest(s) create any disruptive, noisy or otherwise offensive use of premises? Yes No
- D. Did the applicant keep any unauthorized pets in the rental unit? Yes No
- E. Why did the applicant move out of your rental unit? _____

- F. Would you re-admit this applicant to your property? Yes No
- G. Additional Comments: _____

Signature of Housing Provider/Agent Providing Information: _____

ZEN Neighborhood Map

