

GLEBE HOUSE

25 West Glebe Road
Alexandria, Virginia 22305

info@glebehouse.net

www.glebehouse.net

Furnished & Unfurnished Apartments

This apartment community is ideally located for easy autoless access to Washington. A three-line Metro bus stop one block away, puts the Pentagon, Reagan National Airport, Crystal City, and downtown Washington mere minutes from Glebe House. In addition, several shopping areas are within a mile of the community.

FEATURES: FREE utilities; FREE off-street parking; FREE cable television with HBO; FREE 3-month YMCA membership; Central Heat / Air Conditioning; Laundry facilities in each building; WIFI in the Community Room.

Large Studio Apts. from \$1299*

Furnished Studio Apts. from \$1379*

*some restrictions apply

Short Term Leases Available

Furnished Apartments Available

Amenities Packages Available

FREE WIFI in the Community Room

Cats Welcome*

DIRECTIONS: From D.C., take I-395 south, exit Glebe Road South. Left onto South Glebe Road. At light bear right onto West Glebe Road. Go through 3 traffic lights (or 1.1 miles) to Glebe House on left.

Rental Office: 25 West Glebe Road, Alexandria, Virginia

Managed By: Potomac Management Company

CALL TODAY!

(703) 549-7300

EQUAL HOUSING OPPORTUNITY

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STUDIO FURNISHED

3-Mo Lease	\$1479/mo
6-Mo Lease	\$1429/mo
12-Mo Lease	\$1379/mo

Furnished apartments include but are not limited to queen size bed, end tables, lamps, chair/love seat, kitchen table

STUDIO UNFURNISHED

6-Mo Lease	\$ 1349/mo
12-Mo Lease	\$ 1299/mo

CAT RENT: \$10 Per Month Per Cat. Limit two cats.

\$125 non-refundable deflea fee (due at move in)

SECURITY DEPOSIT: ~~\$250~~ due at lease signing - Special \$0

~~\$30~~ \$0 APPLICATION FEE and ~~\$100~~ \$0 HOLDING FEE due upon submission of application

POTOMAC MANAGEMENT COMPANY
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Complete all attached forms and return to the Glebe House Rental Office.
Fax: (703) 549-1766 or E-mail: info@glebehouse.net

Each person is to complete an application and release form.

Canadian Release form available upon request.

Name (s): _____

Number of Occupants: _____

Please Circle Which Type Of Apartment You Are Interested In:

Furnished Studio

Unfurnished Studio

Move In Date: _____

Length of Lease: _____

Email address in case of questions? _____

Will you have a cat and if so, how many? _____

Name of Cat(s): _____

Description of Cat(s): _____

Emergency Contact for Cat(s): _____

Upon submission of an application, an apartment will be taken off the market for 10 days.

DO NOT SUBMIT AN APPLICATION UNLESS YOU ARE PLANNING TO MOVE IN.

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It is important for faster processing that all of the following information be printed and supplied in full.

1. Applicant's Name _____
(Last) (First) (Middle) (Suffix)
Social Security No. _____ Date of Birth _____
Home phone no. _____ Work phone no. _____ Cell phone no. _____
Phone No. where you can be reached prior to lease term _____

2. Present employment _____ How long? _____
Address of employment _____
Street City State Zip
Position _____ Salary _____ per _____
Supervisor's name _____ Title _____
Where and when can employment be verified? _____

3. Other verifiable income (if necessary to qualify) _____

4. Previous employment _____ How long? _____
Address of employment _____
Street City State Zip
Position _____ Salary _____ per _____
Supervisor's name _____ Title _____
Where and when can employment be verified? _____

5. Current/Last permanent residence _____
Street City State Zip
Name of Apt. complex/Landlord _____ Dates occupied _____
Phone No. _____ Rent/Mortgage _____

6. Previous residence _____
Street City State Zip
Name of Apt. complex/Landlord _____ Dates occupied _____
Phone no. _____ Rent/Mortgage _____

7. Spouse's Name (if applicable) _____
(Last) (First) (Middle) (Suffix)

8. Automobile: Make _____ Model _____ Year _____
Color _____ State _____ License Plate No. _____

9. Bank _____
Name City and State Branch

10. In case of emergency, notify: Name _____ Relationship _____
Residence _____ Phone No. _____

Applicant's Signature

Date

E-mail address in case of questions: _____

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AUTHORIZATION FOR RELEASE OF INFORMATION

FOR PROPER PROCESSING THIS FORM MUST BE FILLED OUT
BY THE APPLICANT OR HIS AGENT COMPLETELY

LAST NAME: _____ FIRST NAME: _____

MIDDLE INITIAL: _____ DOB: _____

SOCIAL SECURITY NUMBER: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

I do hereby make application for a Glebe House apartment and certify that all of the information stated in my application is true and correct. I do hereby authorize a review and full disclosure of all records or any part thereof, concerning myself by/to any authorized personnel of Potomac Management Company. I do hereby authorize Potomac Management Company to contact my current/previous employer, my current/previous landlord, and Equifax Credit Information Services. I agree to indemnify and hold harmless Potomac Management Company, its agents and employees, and the person to whom this request is presented, and its agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorneys fees arising out of or by reason of complying with this request.

DATE: _____

SIGNATURE: _____