APT STORAGE
Leasing Checklist
Call APT Storage at 571-261-4240 with any questions

RESIDENT CAN GO INTO STORAGE UNIT UPON COMPLETION OF THE FOLLOWING: RESIDENT MUST FILL OUT APPLICATION, INTERIM OCCUPANCY AGREEMENT, AND APT-PC AGREEMENT. RESIDENT MUST PAY APPLICATION FEE, APT-PC COVERAGE, AND ONE MONTH'S FULL RENT BY CHECK OR CREDIT CARD UPON SIGNING APPLICATION.

Tenant must be in Good Standing with Property

All forms are available on-line at https://aptstorage.website.storedge.com/client-login

1) ☐ **Resident** completes and signs **Customer Application/Reservation Form (Section I)** PLUS
☐ **Interim Occupancy Agreement** (**do not** fill out sample lease agreement).
☐ **APT-Protection Coverage (APT-PC).**

1a) ☐ If Resident is Active Military, they must fill out the Military Addendum

1b) ☐ Resident completes and signs Motorcycle Addendum ONLY IF Resident will store a motorcycle. Motorcycle Addendum can be found in the SOP Manual or on our website at https://aptstorage.website.storedge.com/client-login ***THIS ONLY APPLIES TO PROPERTIES PERMITTED TO ALLOW STORED MOTORCYLES***

2) ☐ Resident completes Credit Card Payment Form if any of the following will be paid by credit card: application fee; first full month's rent + APT-PC plan; recurring monthly rent. APT Storage charges a $2.95 processing fee on all credit card transactions

3) ☐ **Leasing Agent** fills out **Section II of the Customer Application/Reservation Form** assigning storage unit; indicating storage unit move in date; rental amount; unit size; and their first and last name.

4) ☐ **Leasing Agent collects the Application Fee and First Full Month's Rent** (including sales tax) and APC-PT plan by check, money order, or credit card. Checks/money orders should be made payable to APT Storage. APT Storage will run credit cards.

5) ☐ Leasing Agent emails all completed forms plus a copy of the check or money order (if not paying by credit card) to APT Storage at accounts@aptstorage.com

6) ☐ **Leasing Agent mails original paperwork plus payment by check or money order** to APT Storage, PO Box 767, Haymarket, VA 20168.

7) ☐ **Leasing Agent gives the Resident a complimentary padlock set** to secure their storage unit **and unlock the deadbolt** to the storage unit. (deadbolt keys are for office use only)

8) ☐ **APT Storage will prepare a Leasing Packet** that will contain two copies of their Lease Agreement **and will send it to the Resident**.

Do not give deadbolt keys and/or gold locks to Residents under any circumstance!
CARDBOARD BOXES ARE PROHIBITED IN DC PROPERTIES AND HIGH-RISE APARTMENTS PER FIRE MARSHAL!

APT Storage
CUSTOMER APPLICATION/RESERVATION FORM

SECTION I - TO BE COMPLETED BY OCCUPANT

NAME: First	Middle	Last
ADDRESS (at apartment community)		
CITY	STATE	ZIP

HOME PHONE ( )	CELL PHONE ( )
SOCIAL SECURITY NO.	EMAIL ADDRESS
PLACE OF EMPLOYMENT	ARE YOU ACTIVE MILITARY ☐ Yes ☐ No
WORK PHONE NUMBER ( )	**If YES, a Military Addendum must be completed.**

RENTAL PAYMENT TERMS: MUST check only ONE option below:

☐ OPTION A – Credit Card (Complete Credit Card Payment Form)
There is a $2.95 credit card processing fee for every transaction.

☐ OPTION B – Check or Money Order
Make Payable to APT Storage

APT-Protection Coverage (APT-PC) plans – plans monthly charges are not pro-rated
TENANT IS REQUIRED TO SELECT ONE OPTION
If no option is selected then resident will automatically be enrolled in the lowest coverage

Coverage	Monthly Cost
☐ $500	$7.00
☐ $1,000	$8.00
☐ $1,500	$9.00
☐ $2,000	$10.00

NO DEDUCTABLE FOR ANY PLAN

ARE YOU STORING:
☐ Household Goods ☐ Business Goods ☐ Motorcycle* (if permitted to store on property) ☐ Other _____
***Indicates additional information required on Motorcycle Addendum**

Emergency/Alternate Notice Contact (at address other than Occupant) - Required

NAME: First	MI	Last		Relationship
ADDRESS				
CITY		STATE	ZIP	

BEST CONTACT PHONE NUMBER ( )	EMAIL

SECTION II – TO BE COMPLETED BY APARTMENT PERSONNEL

STORAGE UNIT MOVE IN DATE	UNIT SIZE : ☐ 4x4 ☐ 4x8 ☐ 8x8 ☐ Other _____
STORAGE UNIT NUMBER ASSIGNED	MONTHLY RENTAL RATE + applicable sales tax
APARTMENT COMMUNITY	NAME OF LEASING AGENT
WHERE TO MAIL LEASE FOR SIGNATURE: Lease agreements are sent directly to resident. Circle "Leasing Office" to have lease sent to leasing agent. ☐ LEASING OFC	RESIDENT STATUS ☐ New Resident ☐ Existing Resident

ACKNOWLEDGEMENT: The undersigned acknowledges they have reviewed and will accept all terms and conditions of the APT Storage Lease Agreement and that a Lease Agreement will be prepared, signed by Occupant, and returned to APT Storage. Occupant will pay a non-refundable $33.00 application/reservation fee, APT-PC plan, plus the first full month's rent, including state sales tax if applicable, which is attached by check or credit card form. This application fee includes a complimentary lock. This payment will hold the assigned storage unit until the lease commencement date.

OCCUPANT SIGNATURE_____ DATE _____

CARDBOARD BOXES ARE PROHIBITED IN DC PROPERTIES AND HIGH-RISE APARTMENTS PER FIRE MARSHAL!

Scan and email completed forms, with payment, to APT Storage at accounts@aptstorage.com for lease preparation.

Revised 7-10-26

APT STORAGE
INTERIM OCCUPANCY AGREEMENT
Every Occupant must complete and sign

1. The undersigned ("Prospective Occupant") is submitting a Customer Application/Reservation form to APT Storage, in order to lease storage space designated as Unit #_____.

2. Based on necessity, Prospective Occupant wants to gain immediate access to the storage space prior to execution of the actual Self-Storage Lease Agreement. A sample copy of the Lease Agreement has been given to Prospective Occupant. Prospective Occupant agrees to immediately sign, execute, and return to APT Storage the actual Lease Agreement which shall be sent to Prospective Occupant within 10 days of receipt of the Customer Application form.

3. In consideration for being given immediate access, Prospective Occupant agrees as follows:

    a. Prospective Occupant is under a current lease with the apartment community.

    b. To complete in full, sign, and return the Self-Storage Lease Agreement to APT Storage, PO Box 767, Haymarket, VA 20168, within 30 days of occupancy of the unit.

    c. To pay for the application fee and the first full month's rent, plus state sales tax, by check, money order, or credit card (completing the Credit Card Payment Form).

    d. To vacate within 31 days of date of occupancy if a Self-Storage Lease Agreement is not fully executed by that time. Thereafter, Prospective Occupant shall have no right to occupy the storage space.

    e. Prospective Occupant's temporary occupancy is subject to:

        (1) Paragraphs 1 through 32, (1 through 33 for PA rentals) inclusive, of the Self-Storage Lease Agreement.

        (2) The Self-Storage Act of the State in which the self-storage unit is located.

        (3) If Prospective Occupant has not returned a signed Self-Storage Lease Agreement, or has not vacated, as of the 30th day as required above, a $10.00 per day No Lease Returned fee shall accrue.

4. **NOTICE OF OWNER'S LIEN**: OWNER HAS A LIEN ON ALL PERSONAL PROPERTY STORED WITHIN THE SPACE ARISING FROM THE SELF-SERVICE STORAGE ACT, SET FORTH IN THE STATE WHERE THE STORAGE UNIT IS LOCATED, FOR RENT LABOR OR OTHER CHARGES, AND FOR EXPENSES REASONABLY INCURRED IN ITS SALE. THE LIEN PROVIDED HEREUNDER ATTACHES AS OF THE DATE THAT THE PERSONAL PROPERTY IS BROUGHT TO THE PREMISES OF THE STORAGE FACILITY. IN ADDITION TO ALL OTHER REMEDIES AVAILABLE AT LAW OR IN EQUITY, OWNER MAY ENFORCE ITS LIEN BY SELLING OR OTHERWISE DISPOSING OF THE PERSONAL PROPERTY STORED IN THIS SPACE. IN NO EVENT SHALL THE OWNER'S LIABILITY EXCEED THE PROCEEDS OF THE SALE. THIS LIEN COVERS ANY PERSONAL PROPERTY WHICH THE OCCUPANT HAS STORED IN THE SPACE, EVEN IF IT IS OWNED BY SOMEONE ELSE**.**

OCCUPANT:

_____ _____

Signature Date

_____

Printed Name

APT Storage

Credit Card Payment Form

Occupant Name: _____ Storage Unit #: _____

Credit Card Billing Address: _____

_____

Occupant Daytime Phone: _____

Occupant Email: _____

There is a $2.95 credit card processing fee charged for every credit card transaction.

☐ **Recurring Monthly Charge + APT-PC plan**

☐ **Charge Application Fee** ☐ **Charge 1st Full Month's Rent + APT-PC plan**

☐ Visa ☐ MasterCard ☐ Discover

Person's Name on Card: _____ CVV #: _____

Credit Card No: _____ Exp. Date: _____

I hereby authorize APT Storage to automatically debit my credit card account number for charges incurred in connection with the storage unit noted above. I understand there is a $2.95 credit card processing fee which will be charged with each credit card transaction. I agree that by setting up this recurring credit charge, I authorize APT Storage to charge the credit card at any time in order to pay all outstanding charges. I also agree to hold APT Storage harmless from liability as a result of its activities in connection with such transactions.

Signature: _____ Date: _____

Recurring credit card rental payments for storage units will be charged on the first business day of each month for as long as the lease is in effect. Authorization can be terminated at any time with verbal or written authorization.

Note: If approval of your credit card is declined, APT Storage will attempt to contact you prior to the 7th of the month. Occupant will be liable for any applicable late fees or other delinquency charges, as described in your lease agreement, until payment is rendered.

APT Storage
571-261-4242
EMAIL: accounts@aptstorage.com

Revised 7-10-26

APT Storage – Property Coverage (APT-PC) Addendum

All APT Storage tenants are required to select a property coverage plan as offered below.

Property Coverage extends to the contents stored in the storage unit as outlined under the storage lease agreement.

Coverage includes fire, smoke, burglary, lightning, windstorm, hail, water damage through roof (flooding, mold and mildew not included), earthquake, building collapse, explosion, vandalism, rodent/vermin damage (some exclusions apply).

Coverage takes effect upon receipt of payment and remains in effect throughout the duration of the tenant's lease agreement provided they are a tenant in good standing with both the community as well as current on their payments to APT Storage.

Coverage Details:

Select One	Protection Limit	Monthly Fee
☐	$500	$7.00
☐	$1,000	$8.00
☐	$1,500	$9.00
☐	$2,000	$10.00

NO TENANT DEDUCTABLE

Customer Signature: _____

Date: _____ Storage Unit Number: _____

☐ I decline to select coverage offered through the APT Storage Protection Coverage. Below is a proof of my coverage via another plan. By selecting this option, I agree to hold harmless the owner/operator (APT Storage) from any damage caused to my contents due to any of the causes as outlined above.

Proof of Insurance

Policy # :_____

Insurance Company:_____

Policy Coverage Dates:_____

Deductible: _____

Claim Contact

Call 1-800-217-4280

Refer to Terms and Conditions for APT -PC

Received with Welcome Packet

APT Storage

Military Addendum

Storage unit #_____

Name: _____

Rank: _____

Stationed: _____

Unit: _____

Commanding Officer: _____

Phone Number: _____

Email: _____

Alternate Contacts (two required; one must be relative):

Name and relationship: _____

_____

Address: _____

Daytime Phone Number: _____

Email: _____

Name and relationship: _____

_____

Address: _____

Daytime Phone Number: _____

Email: _____

_____ _____

Signature of Occupant Date

_____

Printed Name of Occupant

Revised 7-10-26

APT Storage
Motorcycle Addendum
Storage Unit #_____

In accordance with Paragraph 6 of the Lease Agreement dated _____, between the parties listed below, motor vehicles including motorcycles are prohibited unless authorized by Owner.

This addendum will grant Occupant permission to store one motorcycle under the following terms and conditions:

1. Occupant will not store any gasoline or other flammable materials in the occupied space at any time unless materials are in an approved fire marshal container. Occupant will assure that, while stored, the motorcycle fuel and oil system is not leaking any fluids.

2. Occupant certifies the following: (Check One)

   ☐ Occupant certifies there are no lien holders securing title to the motorcycle.

   OR

   ☐ Occupant certifies the following individual or bank/lender has security interest in title to the vehicle:

Name of Lender _____ Loan # _____

Address _____

City _____ ST _____ Zip _____

Phone Number _____

Motorcycle Information:

Manufacturer _____

Year _____

Type _____

VIN # _____

_____
Occupant Signature

_____
Printed Name

_____
Date