



2413 Benning Rd. NE
Washington, DC 20002
Phone: 202-584-0190
Fax: 202-584-0192

RENTAL APPLICATION Equal Housing Opportunity

The undersigned hereby makes an application to rent unit # _____ located at:

A non-refundable processing fee of \$35.00 per person (cash or money order only), is due in order to process this application. If approved, a security deposit of first month rent is needed to hold the property.

Anticipated lease start date of _____ at a monthly rent of \$ _____ and security deposit of \$ _____.

PLEASE TELL US ABOUT YOURSELF

Full Name _____ Home Phone () _____
Cell Phone () _____ Work Phone () _____
Date of Birth _____ Social Security # _____
Email Address: _____
Other Phone () _____
Co-Applicant Name _____
Co-Applicant Date of Birth _____ Social Security # _____
Name of Dependents _____ Date Of Birth: _____
Name of Dependents _____ Date Of Birth: _____
Name of Dependents _____ Date Of Birth: _____
Name of Dependents _____ Date Of Birth: _____
List All Pets _____

PLEASE GIVE RESIDENTIAL HISTORY (LAST 3 YEARS)

Current Address _____ Apt# _____
City _____ State _____ Zip _____
Month/Year Moved In _____
Reasons for Leaving _____
Rent \$ _____
Owner/Agent _____
Phone () _____
Previous Address #1 (last 3 Years) _____
Owner/Agent _____
Phone () _____
Previous Address #2 (last 3 Years) _____
Owner/Agent _____
Phone () _____

PLEASE DESCRIBE YOUR CREDIT HISTORY

Have you declared bankruptcy in the past seven (7) years? Yes _____ No _____
Have you ever been evicted from a rental residence? Yes _____ No _____
Have you had two or more late rental payments in the past year? Yes _____ No _____
Have you ever willfully or intentionally refused to pay rent when due? Yes _____ No _____