RLWSCC

ROBERT L. WALLS SENIOR CITIZENS CENTER
A Ministry Partner of
The New Macedonia Baptist Church

4339 Bowen Road, Southeast • Washington, DC 20019 • Phone 202-581-7360 • Fax 202-581-7138 • E-mail RLWSCC@comcast.net

RENTAL APPLICATION

PERSONAL INFORMATION

Applicant Name _____ Phone _____ DOB _____

Social Security # _____ Drivers License # _____ State _____ Exp. ___

Current Address _____ City _____ State _____ Zip _____

Current Landlord Name _____ Landlords Phone _____

How long at this address _____ Reason for leaving _____

Previous Address _____ City _____ State _____ Zip _____

Previous Landlords Name _____ Phone # _____

How long at this address _____ Reason for leaving _____

Auto Yr _____ Make _____ Model _____ State/License Plate # _____

INCOME

Present Employer _____ Position _____ Mo. Income _____

Phone # _____ How long at job _____

Other income/source _____

Have you ever been party to an eviction? [ ] Yes [ ] No

Name of Bank _____ Branch _____ Type of Account _____

Name of Bank _____ Branch _____ Type of Account _____

REFERENCES

Name _____ Yrs. Known ___ Relationship _____ Phone # _____

Name _____ Yrs. Known ___ Relationship _____ Phone # _____

Name _____ Yrs. Known ___ Relationship _____ Phone # _____

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____ City/State/Zip _____

Phone #_____ Alternate Phone # _____

I CERTIFY that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for tenant screening as may be necessary in arriving at a tenant decision, I understand that the landlord may terminate any rental agreement entered into for any misrepresentations made above.

Signature_____Date_____

For Office Use Only:

Application Date: _____

Background Screenings

Criminal Completed: _____ **Credit Completed:** _____ **Sex Offender Completed:** _____

Application Accepted: _____

Apartment #: _____ **Security Deposit: $** _____

Monthly Contract Rent: _____ Tenant Portion: _____ DCHA Portion: _____

Lease-Up Date: _____ **Move In Date:** _____

Application Rejected: _____

Comments: _____

_____

_____

Management Signature: _____ **Date:** _____

Consent to Verify Credit and Other Information

I am making this Application voluntarily for the purpose of obtaining approval to rent an apartment community shown above. I acknowledge receiving the Notice to Applicant regarding Investigative Consumer Reports and explicitly authorize The Robert L. Walls Senior Citizen Center, Inc, Owner, and their respective employees and agents (collectively RLWSCC Parties) to verify the credit and other information provided by me in this Application and to obtain credit reports, investigative consumer reports, and other reports from credit reporting agencies, tenant screening service companies, banks (including electronic funds verification), employers and other persons or entities with information relating to this Application. I also authorize the RLWSCC Parties to provide information contained in this Application to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies. I understand that if I lease this apartment the RLWSCC Parties shall have a continuing right to review my credit information, payment history, occupancy history and other information in this Application for purposes related to my Lease and/or for account review both during and after the term of my Lease.

I hereby release and hold harmless the RLWSCC Parties and all their respective officers, employees and agents, from any and all liability, legal proceedings and costs, including attorney's fees, arising out of the verification and/or use of the information contained in this Application, including the release of such information to other parties.

I warrant that, to the best of my knowledge, all of the information, provided in this Application (including but not limited to the statement of my financial condition) is true, accurate, complete and correct as of the date oft his Application. If any information provided by me is determined to be false, such false statement will be grounds for disapproval of my Application or termination of my Lease with Owner. I agree to notify RLWSCC if any of the information provided in this Application changes during the Application process or during my tenancy. I also understand that RLWSCC will retain this Application, along with any other information provided by me, whether or not this Application is approved.

A non-refundable Application Screening Fee of $25.00 is required from each Applicant to process this Application and to check the information provided. A separate Application to Rent must be signed by each Applicant who will occupy the apartment before this Application will be considered by RLWSCC.

_____

Applicant's Signature **Date**

RECEIPT FOR APPLICATION SCREENING FEE

On the date below, RLWSCC received $25 from the undersigned Applicant in connection with Applicant's Application to rent an apartment from Owner.

Applicant authorizes verification of information supplied by Applicant on this Application through credit reporting agencies, personal reference checks and other information sources.

_____

Applicant's Signature **Date**

The Robert L. Walls Senior Citizens Center, Inc.

_____

Representative **Date**