

Thank you for your interest in UHOP Properties. In order to apply for residency, please follow the directions below and submit all application materials to F. Sidney Wiggins.

- 1. Download and complete Lease Application and Tenancy Verification forms.
- 2. Print and sign completed forms.
- 3. Attach a copy of your two most recent pay stubs to verify employment status.
- 4. Provide a driver's license or other government-issued photo identification.

You may scan and email all required information to: uhopproperties@tuhop.org

Or send a hard copy version to: UHOP Properties 628 M Street NW Washington, DC 20001 c/o F. Sidney Wiggins



EACH ADULT TO APPEAR ON THE LEASE MUST FILL OUT A SEPARATE APPLICATION UNLESS ASSETS AND LIABILITIES ARE JOINTLY HELD.

INCOMPLETE OR ILLEGIBLE INFORMATION WILL DELAY PROCESS. APPLICATION FEE: \$35.00

PLEASE PRINT CLEARLY.

CONTACT INFORMATION

	Last Name	First Name	Initial	Maiden Name	Social Security Number	Date of Birth	Email Address
Applicant							
Co-Applicant							
				Relationship			
Other Occupants							
			PRE	ESENT RESIDENCE			
	Street Address		Apt. #	City		State	Zip
Address							
	Resided From	То	Montly	Rent	Lease Ends		
Dates							
	Name		Contac	t Phone #	Reason for Leavir	ng	
Landlord							
	PDEMOUS PESIDENCE						
	Street Address		PREVIOUS RESIDENCE Apt. # City			State	Zip
Address							
	Resided From	То	Montly Rent Lease Ends				
Dates							
	Namo	I	Contos	t Phone #	Pageon for Leggie		
Landlord	Name		Contac	t Phone #	Reason for Leavin	<u>'5</u>	



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EMPLOYMENT HISTORY

IF EMPLOYER REFUSED TO VERIFY APPLICANT'S EMPLOYMENT BY PHONE, IT SHALL BECOME THE RESPONSIBILITY OF APPLICANT TO PROVIDE IMMEDIATE WRITTEN CONFIRMATION OF SUCH INFORMATION.

MILITARY: Attach copy of latest Leave & Earnings statement and/or Transfer Orders – SELF-EMPLOYED. Attach a copy of past year (1 year) U.S. Tax Form 1040 & Schedule C. HOURLY/WEEKLY EMPLOYEES: Attach copies of last year Form W-2 Applicant(s) shall provide, if necessary, a salary key or authorization code if verification is to be obtained via an automated employment and salary verification service.

	Employed By	Business Address		City	State, Zip	Phone
Present Employer						
	Position	Supervisor Name an	d Title	Supervisor Contact #	Employed Since	Salary
				(If Military)		
	Rank/Rate		Branch		Length of Service	
	Employed By	Business Address		City	State, Zip	Phone
Previous Employer						
	Position	Supervisor Name an	d Title	Supervisor Contact #	Employed Since	Salary
				(If Military)		
	Rank/Rate		Branch		Length of Service	
	Employed By	Business Address		City	State, Zip	Phone
Co-Applicant Present Employer						
	Position	Supervisor Name and	d Title	Supervisor Contact #	Employed Since	Salary
				(If Military)		
	Rank/Rate		Branch		Length of Service	
			•		•	



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FINANCIAL HISTORY

APPLICANT NEED NOT DISCLOSE ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME OR ITS SOURCE, UNLESS APPLICANT WISHES IT TO BE CONSIDERED FOR THE PURPOSE OF THE APPLICATION FOR TENANCY.

		Account Type		Account No.		Current Balance				
Bank Name										
Monthly	То	For					Balance	Monthly Payment		
Payments										
			Yes	No	Where Fi	led	Date Filed	Date Granted		
Bankruptcy	Has applicant or co-applicant ever filed bankruptcy?									
	If applicant answered "Yes" to any of the above questions, explain here or attach explanation.									
Additional Questions	Are there any outstanding judgments against applicant/co-applicant?									
	Has applicant had property foreclosed upon or given title or deed in lieu thereof in the past seven years?									
	Is applicant part to a lawsuit?									
	Is applicant obligated to pay a support or separate maintena									
	Is applicant a co-maker or end									
	Is applicant a co-maker or endorser on a note?									
	ADDITIONAL INFORMATION									
	Make	Model		Year		Color	State	License Number		
Vehicle										
Emergency	Name	Address		City		State	Phone	Relationship		
Contact										
				*	This applicat	ion may not be pr	ocessed until continge	ncies are agreed to or removed.)		
Contingencies*										



APPLICANT'S SIGNATURE

By signing below, I/We acknowledge that the above information is correct and complete and hereby authorize Landlord to obtain information it deems desirable in connection with this application and in connection with any updates, renewals or extensions, including credit reports, civil or criminal actions, rental history, employment/salary detail, police and vehicle records, and any other relevant information. If I rent the unit, I understand my/our rental history including lease violations and information I/We provide on this application may be reported to and maintained by National Tenant Network for up to seven (7) years after I vacate the premises.

Name/Address of Interested Property						
Co-Applicant Signature						
Co-Applicant Name						
Contact Number						
Date						
ste	Co-Applicant Signature Co-Applicant Name Contact Number					

IF ACCEPTED, THIS APPLICATION BECOMES A PART OF THE LEASE.

FALSE OR INCOMPLETE INFORMATION WILL DISQUALIFY APPLICANT(S).

THIS APPLICATION SHALL REMAIN ON FILE FOR 12 MONTHS FROM THE DATE OF RECEIPT. AFTER THIS DURATION HAS EXPIRED, THE APPLICATION WILL AUTOMATICALLY BE DISCARDED AND WILL NO LONGER BE CONSIDERED UNLESS THE APPLICATION HAS BEEN UPDATED PRIOR TO THE EXPIRATION DATE.



The following are a series of questions that will help UHOP Properties conduct our pre-rental screening. During the screening process we are asking for your cooperation so that we may determine past and present history of lease obligations, including but not limited to financial obligations.

Please keep in mind that time is of the essence and we would appreciate a return of this information. Thank you for your prompt attention to this inquiry.

NAME OF APPLICANT:									
(Please print clearly)									
QUESTI	ONS:								
1.	Move In D	ate: _							
2.	2. Lease Expiration Date:								
3.	Move Out	Date:							
4.	Monthly F	Rent Am	ount:						
5.	Yes	No	Was rent paid on time?						
6.	Yes	No	Were eviction proceedings ever sta	rted due to nonpayment reasons?					
7.	Yes	No	Did the applicant or any guest dam	age the unit beyond ordinary wear & tear?					
8.	Yes	No	Did applicant ever have anyone oth	ner than those named on the lease living in the unit?					
9.	Yes	No	Did the applicant have pet(s).	Were the pets authorized? Yes No					
10.	Yes	No	Did the applicant ever give false in	formation?					
11.	Yes	No	Was proper move out notice given?						
12.	Yes	No	Would you rent to this applicant ag	ain?					
			IF NO, why not:						
13.	Yes	No	Does the applicant currently owe for any rent or damages?						
			IF YES, how much \$	IF YES, how much \$					
14.	Yes	No	Did you keep any of the applicant's	security deposit?					
			IF YES, how much \$						
	And why:								
			,						
COMME	ENTS:								
Signatu	ıre		Date prepared	Manager / Landlord					
Please print your name and title			d title	Phone number and extension					
RELEAS	RELEASE STATEMENT: I AUTHORIZE YOU TO GIVE INFORMATION ABOUT MY TENANCY TO THE INQUIRING LANDLORD.								
Potenti	al Tenant's S	Signatu	re:						