

Truman House Apartments

1435 N Street, NW, Washington, DC 20005

Phone: 703-798-8308 or 202-465-4690

Fax: 202-318-6338

Email: brian@thetruman.com

RENTAL APPLICATION AND CREDIT REPORT FEE PROCESSING INSTRUCTIONS:

This form is used for the private purpose of processing rental applications and securing a credit report on each applicant. Before we can accept any tenant applicant, we require that a completed rental application and \$45 credit check processing fee be submitted. Please call us at the number above to confirm availability and to reserve a unit. If you wish to apply for an apartment at the Truman, please do so in person or online in the following way:

1. Fax or email a completed copy of this application including electronic signature to 202-318-6338 or brian@thetruman.com.
2. On the web, go to www.Paypal.com to make an online \$45.00 processing fee payment for the credit check. It's easy and secure (Paypal services e-bay's transactions). If you do not have a Paypal account, the application is quick and easy. (Please make certain that you use the same name & email address as you use on your separately emailed application form).
 - a. Once you have Logged-in, click on "SEND MONEY".
 - 1st. In the "Recipient's Email " box, type: deposits@thetruman.com.
 - 2nd. In the "Amount" box, type \$45.
 - 3rd. In the "Category of Purchase" select "SERVICE".
 - 4th. In the "Email" box, type the same email address as you used to send in your application.
 - 5th. In the "Note" box, type your NAME, CONTACT INFO, REASON FOR DEPOSIT, APARTMENT NUMBER AND/OR TYPE.
 - 6th. Click "CONTINUE" and follow any further directions.

We will contact you within 24 hours of receiving your application and fee to confirm receipt and to initiate approval. PLEASE NOTE: Once received, the credit-check processing fee is non-refundable.

PLEASE NOTE THAT WE CHECK ALL REFERENCES IN ORDER TO MAINTAIN AND PROTECT THE QUALITY OF THE RENTAL EXPERIENCE FOR ALL OUR TENANTS. Accordingly, Management reserves the right to accept or refuse any prospective renter as a tenant based upon the financial information that we gather. The Truman House and it's management welcome people of all nationalities, gender, faiths, creed, physical condition, and sexual orientation and we do not discriminate for any reason on the basis of race, gender, faith, creed, physical handicap, or sexual orientation.

The Truman House and its management protect your privacy and the confidentiality of this information by securely controlling this information. The information that you provide and the information that we receive from your credit check is kept confidential and will not be provided to any other business or individual for any reason whatsoever. At any time during your rent period you may request a copy of your complete renting file including this financial information.

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Email: brian@thetruman.com or

manager@urbanerresults.com

Desired APT.
NUMBER:

Desired MOVE-IN
DATE:

RENTAL APPLICATION

\$45 APPLICATION FEE PAYABLE BY PAYPAL, CHECK, OR CASH DUE BEFORE PROCESSING

ALL HOUSEHOLD MEMBERS OVER THE AGE OF 18 MUST BE LISTED AS APPLICANTS.

APPLICATION FOR: (check one)

ADDITIONAL OPTIONS:

\$1195 EFFICIENCY

FURNISHED EFFICIENCY

WITH \$45/MO. PET
(subject to approval)

\$1295 STUDIO

FURNISHED STUDIO

WITH \$195/MO. PARKING

\$1395 LARGE STUDIO

FURNISHED STUDIO

WITH \$35/MO. STORAGE

\$1495 CORNER STUDIO

LARGE CORNER STUDIO

WITH \$10/MO. BIKE STOR.

\$1595 1-BR APT

1-BR FURNISHED APARTMENT

TERM:

12 MONTHS

OTHER: _____

6 MONTHS

OTHER: _____

MONTHLY

APPLICANT #1: _____

APPLICANT #2: _____

SS#: _____ DOB: _____

SS#: _____ DOB: _____

CURRENT ADDRESS: _____

CURRENT ADDRESS: _____

CITY/STATE/ZIP: _____

CITY/STATE/ZIP: _____

REASON FOR MOVE: _____

REASON FOR MOVE: _____

PREVIOUS ADDRESS: _____

PREVIOUS ADDRESS: _____

CITY/STATE/ZIP: _____

CITY/STATE/ZIP: _____

CELL PHONE: (_____) _____

CELL PHONE: (_____) _____

EMAIL: _____

EMAIL: _____

HOME PHONE: (_____) _____

HOME PHONE: (_____) _____

WORK PHONE: (_____) _____

WORK PHONE: (_____) _____

EMPLOY/PROGRAM: _____

EMPLOY/PROGRAM: _____

ADDRESS: _____

ADDRESS: _____

TIME IN POSITION: _____

TIME IN POSITION: _____

NET MONTHLY INCOME: _____

NET MONTHLY INCOME: _____

ADDITIONAL INCOME : _____

ADDITIONAL INCOME : _____

DEPENDENTS (under age 18):
NAME (if additional, list on bottom) AGE SEX

DO YOU HAVE ANY PETS? YES / NO
HOW MANY PETS/TYPE: _____
1) _____
2) _____
3) _____

EMPLOYER'S NAME: _____ EMPLOYER'S PHONE: (_____) _____

PREVIOUS EMPLOYER'S NAME: _____ PHONE: (_____) _____

LANDLORD'S NAME: _____ LANDLORD'S PHONE: (_____) _____

ADDRESS: _____

EMERGENCY CONTACT: _____ PHONE: (_____) _____

EMAIL: _____

I certify that all the information herein is true and correct, and I hereby authorize The Truman Condominium to verify any and all of the information provided by any means including obtaining a credit and FICO report using my SSN.

SIGNATURE / APPLICANT #1 DATE

SIGNATURE / TRUMAN REPRESENTATIVE

SIGNATURE / APPLICANT #2 DATE

DATE

For Office Use