



APPLICATION FOR REFERRAL LISTING

**HOWARD UNIVERSITY
OFFICE OF RESIDENCE LIFE
OFF-CAMPUS HOUSING DEPARTMENT
2401 FOURTH STREET, NW
WASHINGTON DC 20059**

Please note: Applications must be re-submitted every month

Date of Availability: _____

Received by: _____

Name: _____

Date Received: _____

Address: _____

Phone (____) _____

Type of Housing			
H	Entire House	A	Apartment
HS	House to Share	AS	Apartment to Share
G	Group (Rooms Only)	AB	Basement Apartment
P	Private (Renter lives on premises)		
Number of Bedrooms: _____			

Rent: _____

Security Deposit: _____

Utilities Included: YES NO PART

Furnished : YES NO PART

- Amenities
- 1) Air Conditioning
 - 2) Heat
 - 3) Carpeting
 - 4) Private Bath
 - 5) Cooking Facilities

- 6) Dishwasher
- 7) Garbage Disposal
- 8) Washer and Dryer
- 9) Metro Accessible
- 10) Cable

Distance from Campus (Blocks, Miles, Walking): _____

Addition Comments: _____
