

DATE OF ISSUE

DATE RECEIVED

ASSIGNMENT

OCCUPANCY APPLICATION FOR HOWARD PLAZA TOWERS
SMOKING IS NOT PERMITTED INSIDE HOWARD PLAZA TOWERS

Address _____
Occupancy Agreement
Unit No. _____ Mo. Fee \$ _____ Date from _____ To _____
Occupancy Date _____ Type of Unit _____

DO NOT WRITE ABOVE THIS LINE

Application is hereby made to occupy a unit at Howard Plaza Towers. The following information is true and accurate and you may rely thereon. The premises shall be used only as a residence and shall be occupied by the following named persons, each of whom is represented by the Applicant to be either a student, faculty member or staff member of Howard University in good standing: _____ and, in any case,

Names

by not more than _____ persons. Pets will not be permitted.

If this application is approved by the Management the Occupancy Agreement will begin the first day of _____ 20____.

Monthly Fee is \$ _____ shall be payable in advance on the first of each month.

Occupancy Fee commences _____ Move-in Date _____
Month/Day/Year

I hereby agree to sign an Occupancy Agreement for the period of _____ providing for payment of monthly occupancy fees in advance and to observe all provisions of the Occupancy Agreement and such House Rules as may be promulgated to maintain maximum desirability of these units and the surroundings.

A \$50.00 processing fee, which is paid herewith, is not refundable under any circumstances. This fee cannot be waived. The university reserves the right to change occupancy fees and other charges at any time.

Applicants Name: _____ HUID#: _____
(Please Print) Last First Middle

Mailing Address: _____ Telephone#: _____ - _____ - _____

City _____ State _____ Zip Code _____ County _____

Social Security No. _____ Roommate desired _____

Marital Status: (Circle) 1 Married 2. Divorced 3. Single 4. Other Last Name First Name
Gender: Male [] Female []

University Status: (Circle) 1. Undergraduate Single (21 or older - Provide Proof) 2. Graduate/Professional 3. Faculty/Staff
4. Visiting Professor

University Classification (Circle) 1. Freshman 2. Sophomore 3. Junior 4. Senior

Type of Housing desired: (Circle) 1. Efficiency 2. One-Bedroom 3. Double Studio (two single roomns, shared bathroom & Kitchen)
4. Triple Studio (Three single rooms Shared Bathroom & Kitchen) ~ Undergrads Only 5. Two Bedrooms (Grads Only)
6. Three Bedrooms (Seniors or Grads)

Date housing is Desired _____ Estimated period of occupancy _____

Handicapped Y/N _____ Type of Handicap _____

*** Unless notified to the contrary, this application will be considered VOID sixty (60) days after the above housing is desired unless Occupancy Agreement has been signed and all fees required thereunder have been paid.

RESIDENCE

Present Address _____
Present Address From: _____ To _____ Rent _____ Own _____
Monthly Fee of \$ _____ Phone _____
Present Landlord _____ Phone _____
Landlord Address _____
Do you have a lease? Yes _____ No _____ When does it expire? _____
Reason for Moving _____
Previous Address _____ From _____ To _____
Previous Landlord _____ Phone _____
Landlord Address _____

EMPLOYMENT PERSON RESPONSIBLE FOR PAYING OCCUPANCY FEE _____

Social Security Number _____

Applicant Employed By _____

How Long? _____ Phone _____

Business Address _____ Monthly Income \$ _____

Position _____ Supervisor _____ Phone _____

Other Verifiable Income \$ _____ Source _____

\$ _____ Source _____

Previous Employer _____ How Long? _____ Phone _____

Business Address _____

Position _____ Supervisor _____ Salary _____

Spouse or Other Occupant's Employer _____

How Long? _____ Phone _____

Business Address _____ Monthly Income \$ _____

Position _____ Supervisor _____ Phone _____

Other Verifiable Income \$ _____ Source _____

\$ _____ Source _____

Date: _____ Prospective Occupant
Signature _____

Date: _____ Parent/Guardian
Signature _____

Email Address: _____ Cell Phone #: _____

In case of emergency, please notify: _____
Name

Address _____ Phone No. _____

Employees and agents for Howard Plaza Towers are hereby authorized to make such inquiries as they deem necessary to verify the accuracy of the information set forth in this Occupancy Application.

On-Site Manager/Housing
Consultant _____ / _____
Name Signature

THE OCCUPANCY APPLICATION PROVISIONS ATTACHED HERETO ARE MADE A PART OF THE OCCUPANCY AGREEMENT.

MAIL APPLICATION TO: Howard Plaza Towers
2251 Sherman Avenue, NW
Room P-12 - West
Washington, DC 20001-4003

Telephone: (202) 797-7148
Fax #: (202) 483-9501

OCCUPANCY APPLICATION PROVISIONS

1. Application Is hereby made to occupy a unit at Howard Plaza Towers _____

under an Occupancy Agreement for a period of _____ beginning

on the first day of _____ 20_____ and for a

total Occupancy Fee of \$_____ which shall be paid in _____

consecutive equal monthly installments of \$_____ IN ADVANCE, without deduction or demand, ON

THE FIRST OF EACH MONTH. It is understood that the unit is to be used as a residence go be occupied by the

following named person only: _____

and in any case, not more than _____ person.

2. This Application is made by the Applicant subject to approval or disapproval by the Management of Howard Plaza Towers.

3. Upon approval of this Application by the Management, and the execution of the written Occupancy Agreement entered into between the Applicant, as Occupant and Management , on behalf of the Owner of the property, this application becomes a part of the Occupancy Agreement.

4. It is understood and agreed that the information set forth by the Applicant in this Application constitutes a material basis and inducement for the Management to approve the Application and to enter into a written Occupancy Agreement with the Applicant. Therefore, it is understood and agreed that if the Applicant give any untrue, incorrect or incomplete information or omission shall be deemed a breach of the Occupancy Agreement in which event, the Management, on behalf of the Owner of the property, shall have the right , at its option, to cancel the Occupancy Agreement and to repossess the occupied premises in accordance with applicable law.

Date: _____ Prospective Occupant Signature _____

Date: _____ Parent/Guardian Signature: _____

(OFFICE USE)		
Processing Fee _____	Date _____	Check No. _____
Approved _____		Date _____
Rejected _____		Date _____
Applicant Notified _____		Date _____

Polinger, Shannon & Luchs, CO./A & F Management, Inc

Property Management

Dedicated to Service