



**E & G G R O U P**

**APPLICATION FOR PAYMENT PLAN**

Due to the pandemic of COVID-19 and the Public Health Emergency declared by the Mayor in Washington, DC we are offering residents the opportunity to apply for a payment plans as required by recent legislation. This application may be changed at anytime to be in accordance with any legislative updates to this new regulation.

To be an eligible tenant you must notify your landlord in writing of your inability to pay all or part of your rent due to the public health emergency. You must demonstrate to us evidence of a financial hardship directly or indirectly from the public health emergency (a) that is in addition to any delinquent rent or future inability to make rental payments in existence prior to the start of the public health emergency; and (b) that would cause you (tenant) to be unable to qualify to rent the apartment based on utilization of the same qualification criteria that were applied to the you (tenant) at the time you were approved to rent the apartment. You (tenant) must agree in writing to make payments in accordance with the approved payment plan.

In order to qualify for this payment plan program, you must provide this completed application and written documentation demonstrating financial hardship resulting directly or indirectly from the public health emergency. This payment plan policy is in effect up until one year after the Mayor declares the expiration date.

**PERSONAL INFORMATION**

**(please print clearly)**

Name: \_\_\_\_\_  
Last First

Property: \_\_\_\_\_

Present Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Present Employer including contact information: \_\_\_\_\_

Previous Employer including contact information: \_\_\_\_\_



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Please provide explanation of evidence of a financial hardship directly or indirectly from the public health emergency below. Several examples (but not all) include: job loss due to public health emergency, reduction of hours, etc. Please attach evidence of financial hardship with this application.

I \_\_\_\_\_ agree that all information provided is accurate and complies with the payment plan policy in accordance with DC Law and Regulations.

\_\_\_\_\_  
Tenant Signature

\_\_\_\_\_  
Date

Please mail, email, or drop off to rent drop box this signed application and we will respond as quickly as possible.