

APPLICATION FOR HOUSING

Date Received: _____
Time Received: _____
HHID #: _____

This is an application for housing at:	Community: Clinton Manor
	Address: 8500 Mike Shapiro Dr. Clinton, MD 20735
	Phone: 301-877-0444

Applications are placed in order of date and time received. An applicant may be considered only after the receipt of this completed application. In the event that housing has not been provided within 120 days, this application will need to be updated.

How did you hear about us? _____

A. GENERAL INFORMATION				
Applicant Name(s):				
Address:				
Street	Apt.#	City	State	ZIP
Daytime Phone:		e-mail address:		
No. of BR's in current unit:		Evening Phone:		
Amount of current monthly rental or mortgage payment: \$		Do you <input type="checkbox"/> RENT or <input type="checkbox"/> OWN (check one)		
If owned, do you receive monthly rental income from property?		<input type="checkbox"/> Yes <input type="checkbox"/> No (check one)		
Check utilities paid by you:		<input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Other (specify)		
Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$		Bedroom size requested: <input type="checkbox"/> Studio <input type="checkbox"/> 1BR <input type="checkbox"/> 2BR <input type="checkbox"/> 3BR <input type="checkbox"/> 4BR <input type="checkbox"/> Accessible Apt.		
Will any household member require a reasonable accommodation? If yes, describe:				

B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Date of Birth	Age	Marital Status	SS#	Student Y/N
Head		Self					
Co-Head							
3.							
4.							
5.							
6.							
7.							
8.							

Have there been any changes in household composition in the last twelve months? Yes No
If yes, explain:
 Do you anticipate any changes in household composition in the next twelve months? Yes No
If yes, explain:
 Is there someone not listed above who would normally be living with the household? Yes No
If yes, explain:

Will any of the persons in the household be or have been students during five calendar months of this Year **or** plan to be in the next calendar year that is **not listed in Section B**? Yes No

C. INCOME

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Address:	
	Phone:	Fax:
	Supervisor:	Phone:
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Address:	
	Phone:	Fax:
	Supervisor:	Phone:
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Address:	
	Phone:	Fax:
	Supervisor:	Phone:
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Address:	
	Phone:	Fax:
	Supervisor:	Phone:
	Position Held	
	How long employed:	

List ALL sources of income other than Employment. Sources include but are not limited to: Child Support,

Alimony, Social Security, SSI, Pension, Veteran's Benefits, Unemployment Compensation, Government Assistance, Household Contributions, Financial Aid, Scheduled payments from Investments any unearned income from household members under age 18.

Household Member Name	Source of Income	Gross Monthly Amount
		\$
		\$
		\$
		\$
		\$

TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts in Section Cx12) \$

TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR \$

Do you anticipate any changes in this income in the next 12 months? Yes No

Is any type of rental assistance or voucher expected to be received for this household? Yes No

Is any member of the household likely to receive income or assistance (*monetary or not*) from someone who is not a member of the household as listed on Page 1 etc)? Yes No

If yes to any of the above, explain:

D. ASSETS
 If your assets are too numerous to list here, please request an additional form.
 If a section doesn't apply, simply cross it out. Do Not leave blank.

Account Type	Household Member Name	Account # Last 4 digits	Financial Institution Name	Current Balance \$
Checking/Savings -		#		\$
Checking/Savings -		#		\$
Checking/Savings -		#		\$
Checking/Savings -		#		\$
Certificates of Deposit		#		\$
		#		\$
Life Insurance (Whole or Universal only)		#		Cash Value \$
Other Assets: Direct Express Debit Card:	#	Type	Bank	\$
	#	Type	Bank	\$

Do you own any property? Yes No

If yes, Type of property

Location of property

Current Market Value \$

Mortgage or outstanding loans balance due \$

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2? Yes No

If yes, describe:

Do they have access to the asset(s)? Yes No

Have you sold/disposed of any property or other assets in the last 2 years? Yes No

If yes, What type:

Current value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction:	
Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:	

F. REFERENCE INFORMATION

Current Landlord (36 months)	Name:	
	Address:	
	Phone:	
	How Long?	
Prior Landlord (if less than 36 months above)	Name:	
	Address:	
	Phone:	
	How Long?	

In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned.

Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pets?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, describe:

<p>Are you or any member of the household subject to a Lifetime Sex Offender Registration in any state?</p> <p align="center"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please list all states where you or any members of the household have resided:</p> <p>_____</p>

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

_____ (Signature of Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date
_____ (Signature of Co-Tenant)	_____ Date

Following page must be used as part of Lease Application

Processing Fee: \$ _____

Security Deposit: \$ _____

Total payment with Application: \$ _____

Check () Money Order ()

Upon execution of Lease first month's rent due.

1. It is understood that the sums deposited herewith as Processing Fee are not refundable.
2. The sums deposited herewith as Security Deposit are refundable if this Application is not approved by the owners of the apartment community.
3. If the owners of the apartment community accept this Application, either orally or in writing, Applicant(s) agree that within five (5) days of having been mailed notice of the approval of this Application, to enter into a Lease in conformity with this Application on the owner's standard form of Lease Agreement (a copy of which has been made available for Applicant(s) to review).
4. If the owners of the apartment community accept this Application, and Applicant(s) do not enter into a Lease as aforesaid, Applicant(s) shall remain liable for all damages, including lost rental, incurred by the owners as a result thereof, and the entire sum paid as a Security Deposit may be applied by the owners to such damages and losses, if any. In the event of no losses or damages, the Security Deposit shall be returned.
5. If a Landlord requires from a prospective tenant any fees other than a Security Deposit as defined by Section 8-203(a) of the Real Property Article of the Annotated Code of Maryland, and these fees exceed \$25.00, then the Landlord shall return the fees, subject to the exceptions below, or be liable for twice the amount of the fees in damage. The return shall be made no later than fifteen (15) days following the date of occupancy or the written communication, by either party to the other, of a decision that no tenancy shall occur.
6. The Landlord may retain only that portion of the fees actually expended for a credit check or other expenses out of the Application, and shall return that portion of the fees not actually expended on behalf of the tenant making application.
7. Items 5 and 6 of this Lease Application, aforesaid, do not apply to a Landlord who offers four (4) or less dwelling units for rent on one (1) parcel of property or at one (1) location, or to seasonal or condominium rentals.
8. The Landlord agrees to lease to the Applicant(s) the above specified apartment so long as Applicant(s) qualify for tenancy under the criteria established by the owners of the apartment community.
9. It is understood that the Security Deposit, or any portion thereof, may be withheld for unpaid rent, damage due to breach of this Lease or for damage by Tenant or the Tenant's family, agents, employees, guests or invitees in excess of ordinary wear and tear to the Premises, common areas, major appliances and furnishings owned by the Landlord.
10. The Tenant shall have the right to be present when the Landlord, or the Landlord's agent, inspects the Premises in order to determine if any damage was done to the Premises, if the Tenant notifies the Landlord by certified mail of the Tenant's intention to move, the date of moving, and the Tenant's new address. The notice to be furnished by the Tenant shall be mailed to the Landlord at least fifteen (15) days prior to the date of moving. Upon receipt of the notice, the Landlord shall notify the Tenant by certified mail of the time and date when the Premises is to be inspected. The date of inspection shall occur within five (5) days before or five (5) days after the date of moving as designated in the Tenant's notice.
11. Upon written request of Tenant, within fifteen (15) days of occupancy, Tenant shall have the right to have the Premises inspected by the Landlord, in the Tenant's presence, for the purpose of making a written list of damages that exist at the commencement of the tenancy.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my Application unfavorably. As an inducement to enter into the Lease, I authorize you to secure from a consumer reporting agency an investigative consumer report. This report may contain, but would not be limited to, a consumer credit report, a criminal history records investigation, a rental history and verification of my residences, employment and income. I further authorize you and the consumer reporting agency to verify any and all information contained in this Application and to inquire into my character, general reputation, personal characteristics and mode of living, and I release all concerned from any liability in connection with the information they give. I have also been advised that I have the right, under the federal Fair Credit Reporting Act, Section 606(B) to make a written request of you and the consumer reporting agency, within a reasonable time, for a complete and accurate disclosure of the nature and scope of the investigation. I also consent to, and authorize the use of, any subsequent consumer report(s) under this authorization in connection with the collection of any debt associated with the rental of a residence for which application was made. Finally, I acknowledge receipt of the summary of consumer rights required by Section 609 of the Fair Credit Reporting Act entitled "A Summary of Your Rights Under the Fair Credit Reporting Act".

I/We have fully read and understand all of the provisions of this Application and acknowledge receipt of a completed copy of same.

APPLICANT _____



RENTAL AGENT _____

APPROVED/REJECTED

DATE