

Center Park Apartments

38 Center Park • Centreville, MD 21617 • (410) 758-3301 • fax (410) 758-4892 • TDD 711

ADDENDUM TO APPLICATION CONSENT FORM

As part of the application for occupancy procedures, I authorize the management of «community» to make an annual investigation of my personal history, criminal background, financial and credit record through any investigative or law enforcement or credit bureau or agency. I also consent for the management to contact my former landlord(s) and release such individuals, organizations and management from all liability for any such claim or damage there from.

Name (type or print): _____

Present address: _____

Previous address: _____

Social Security Number: _____

Social Security Number: _____

Driver's License Number: _____

Driver's License Number: _____

Signature _____ Date: _____

Co-Applicant _____ Date: _____

Application Fee: \$25.00 per person 18 years and older. Due when application is processed. This fee does not apply to HUD properties.

PLEASE INCLUDE A COPY OF BIRTH CERTIFICATES, SOCIAL SECURITY CARDS AND DRIVERS LICENSE OF ALL HOUSEHOLD MEMBERS WITH RETURN OF APPLICATION.



In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, familial status, religion or disability. To file a complaint of discrimination you may file in person with, or write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD)

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call Toll-free (866) 632-9992, Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish) to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



Center Park Apartments

38 Center Park • Centreville, MD 21617 • (410) 758-3301 • fax (410) 758-4892 • TDD 711

APPLICATION FOR RENTAL HOUSING

NAME: _____
Email address: _____

Received Date _____ Time _____
Completed Date _____ Time _____

(Please Check Only One)

- ☐ I would like to apply for rental assistance. (Rent adjusted according to income)
☐ I do not need rental assistance (or those with section 8 assistance)
☐ I would like to apply for both

I am applying for:

	Minimum Person(s)	Maximum Person(s)
<input type="checkbox"/> A one (1) bedroom apartment	1	2
<input type="checkbox"/> A two (2) bedroom apartment	2	4
<input type="checkbox"/> A three (3) bedroom apartment	3	6
<input type="checkbox"/> A four (4) bedroom apartment	4	8

Do you need an accommodation or apartment modification to meet any special housing needs? () Yes () No

If "Yes", please specify: _____

How did you hear about us? _____

Applicant Signature _____

_____ Date

DO NOT WRITE INSIDE THIS BOX – For Rental Office Use Only

Date Received in Office: _____ Time Received: _____

Application was reviewed by _____ on _____

If incomplete, applicant was contacted on _____ by _____

Application Status Notification was completed/ mailed to the applicant on _____ (attach copy of notice to application).



In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, familial status, religion or disability. To file a complaint of discrimination you may file in person with, or write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD)

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call Toll-free (866) 632-9992, Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish) to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



Center Park Apartments

38 Center Park • Centreville, MD 21617 • (410) 758-3301 • fax (410) 758-4892 • TDD 711

RENTAL APPLICATION PLEASE PRINT ALL INFORMATION

A. APPLICANT

NAME: _____ SOCIAL SECURITY NUMBER _____

CURRENT ADDRESS: _____ APT. NO. _____

CITY, STATE, ZIP: _____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____ CURRENT RENT: \$ _____

CURRENT LANDLORD: _____ PHONE NO. (____) _____

CURRENT LANDLORD ADDRESS: _____

DO YOU PAY THE UTILITIES? _____ HOW MUCH PER MONTH (average) _____

HOME PHONE NUMBER: (____) _____ WORK PHONE NUMBER (____) _____

CELL PHONE NUMBER: (____) _____ EMAIL ADDRESS: _____

B. HOUSEHOLD COMPOSITION

(LIST HEAD OF HOUSEHOLD AND ALL OTHER HOUSEHOLD MEMBERS WHICH WILL OCCUPY THE _____ APARTMENT YOU ARE APPLYING FOR)

	<u>MEMBERS FULL NAME</u>	<u>RELATIONSHIP</u>	<u>BIRTH DATE</u>	<u>AGE</u>	<u>SEX</u>	<u>SOCIAL SECURITY NUMBER</u>
1.	_____	(HEAD)	_____	_____	_____	____-____-____
2.	_____	_____	_____	_____	_____	____-____-____
3.	_____	_____	_____	_____	_____	____-____-____
4.	_____	_____	_____	_____	_____	____-____-____

IS THERE ANY MEMBER 18 OR OLDER THAT IS A FULL TIME STUDENT? _____ YES _____ NO
IF YES, WHO? _____

SCHOOL ATTENDING _____

DOES ANYONE LIVE WITH YOU NOW THAT IS NOT LISTED ABOVE? _____ YES _____ NO
IS YES, EXPLAIN _____

DO YOU PLAN TO HAVE ANYONE LIVING WITH YOU IN THE FUTURE THAT ARE NOT LISTED ABOVE?
_____ YES _____ NO
IF YES, EXPLAIN _____

DO YOU OR ANY HOUSEHOLD MEMBER REQUIRE SPECIAL HOUSING NEEDS? _____ YES _____ NO
IF YES, EXPLAIN _____



In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, familial status, religion or disability. To file a complaint of discrimination you may file in person with, or write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD)

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call Toll-free (866) 632-9992, Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish) to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



Center Park Apartments

38 Center Park • Centreville, MD 21617 • (410) 758-3301 • fax (410) 758-4892 • TDD 711

(DOES APPLICANT REQUIRE EITHER A DISABILITY ADJUSTMENT TO INCOME OR A SPECIAL DESIGN ACCESSIBLE UNIT OR BOTH?)

DISABILITY ADJUSTMENT

YES _____ NO _____

SPECIAL DESIGN/ACCESSIBLE UNIT

YES _____ NO _____

BOTH

YES _____ NO _____

HOW MANY PEOPLE LIVE IN YOUR HOME? _____ HOW MANY BEDROOMS IN YOUR HOME? _____

WHY DO YOU WISH TO MOVE? _____

ARE YOU BEING EVICTED? _____ IF YES, WHY? _____

WHEN MUST YOU BE OUT OF YOUR HOME? _____

HAVE YOU EVER BEEN EVICTED IN THE PAST? _____ IF SO, FROM WHERE AND WHEN? _____

HAVE YOU LIVED IN SUBSIDIZED HOUSING BEFORE? _____ IF SO, LIST PROPERTY NAME AND ADDRESS: _____

HAS ASSISTANCE EVER BEEN TERMINATED FOR FRAUD? _____, NON-PAYMENT OF RENT? _____ OR FAILURE TO COOPERATE WITH RECERTIFICATION PROCEDURES? _____

FORMER LANDLORD: NAME _____ TELEPHONE NO: _____

ADDRESS: _____

FROM: _____ TO _____ AMOUNT OF RENTAL PAYMENTS \$ _____

DO YOU OWN A CAR(S)? _____ MAKE _____ MODEL _____ YEAR _____

DRIVERS LICENSE #: _____ STATE: _____ EXPIRATION DATE: _____

C. SOURCE (S) OF INCOME

LIST ALL INCOME SOURCES FOR ALL HOUSEHOLD MEMBERS WHO WILL OCCUPY THE APARTMENT. THIS INCLUDES, BUT IS NOT LIMITED TO, FULL AND/OR PART-TIME EMPLOYMENT, ALL INCOME FROM WELFARE AGENCIES, SOCIAL SECURITY, PENSION, SSI, DISABILITY, ARMED FORCES RESERVES, UNEMPLOYMENT COMPENSATION, CHILD CARE, ALIMONY, CHILD SUPPORT, DIVIDENDS, ANNUITIES, AND REGULAR CONTRIBUTIONS FROM PEOPLE NOT RESIDING WITH YOU.

PLEASE CHECK THE APPLICABLE INCOME SOURCE(S) AND INDICATE NAME, ADDRESS AND TELEPHONE NUMBER:

____ EMPLOYMENT: NAME _____ TELEPHONE NO. (____) _____

ADDRESS _____



In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, familial status, religion or disability. To file a complaint of discrimination you may file in person with, or write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD)

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call Toll-free (866) 632-9992, Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish) to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



Center Park Apartments

38 Center Park • Centreville, MD 21617 • (410) 758-3301 • fax (410) 758-4892 • TDD 711

ANNUAL GROSS INCOME _____

____ EMPLOYMENT: NAME _____ TELEPHONE NO. (____) _____

ADDRESS _____

ANNUAL GROSS INCOME _____

____ MILITARY: NAME _____ TELEPHONE NO. (____) _____

ADDRESS _____

ANNUAL GROSS INCOME _____

____ PENSION NAME _____ TELEPHONE NO. (____) _____

ADDRESS _____

ANNUAL GROSS INCOME _____

____ UNEMPLOYMENT: NAME _____ TELEPHONE NO. (____) _____
BENEFITS

ADDRESS _____

ANNUAL GROSS INCOME _____

____ VETERANS NAME _____ TELEPHONE NO. (____) _____

ADDRESS _____

ANNUAL GROSS INCOME _____

____ SOCIAL NAME _____ TELEPHONE NO. (____) _____
SECURITY

ADDRESS _____

ANNUAL GROSS INCOME _____

____ CHILD NAME _____ TELEPHONE NO. (____) _____
SUPPORT

ADDRESS _____

ANNUAL GROSS INCOME _____

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, familial status, religion or disability. To file a complaint of discrimination you may file in person with, or write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD)

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call Toll-free (866) 632-9992, Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish) to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov



Center Park Apartments

38 Center Park • Centreville, MD 21617 • (410) 758-3301 • fax (410) 758-4892 • TDD 711

____ OTHER: NAME _____ TELEPHONE NO. (____) _____

ADDRESS _____

ANNUAL GROSS INCOME _____

____ OTHER: NAME _____ TELEPHONE NO. (____) _____

ADDRESS _____

ANNUAL GROSS INCOME _____

PLEASE ANSWER EACH OF THE FOLLOWING QUESTIONS.

		YES	NO
1.	DOES ANY MEMBER OF YOUR FAMILY WORK FOR SOMEONE WHO PAYS THEM IN CASH?	_____	_____
2.	IS ANY MEMBER OF YOUR HOUSEHOLD ON A LEAVE OF ABSENCE FROM WORK DUE TO LAY-OFF, MEDICAL, MATERNITY, OR MILITARY LEAVE?	_____	_____
3.	IS ANY MEMBER OF YOUR HOUSEHOLD, RESIDING, OR NOT RESIDING IN YOUR HOUSEHOLD NOW RECEIVING MILITARY PAY AND/OR ALLOWANCES?	_____	_____
4.	DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE CHILD SUPPORT?	_____	_____
5.	IS ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO CHILD SUPPORT THAT HE/SHE IS NOT NOW RECEIVING?	_____	_____
6.	DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE ALIMONY?	_____	_____
7.	IS ANY MEMBER OF YOUR HOUSEHOLD ENTITLED TO ALIMONY PAYMENTS THAT HE/SHE IS NOT NOW RECEIVING?	_____	_____
8.	DOES ANY MEMBER OF YOUR FAMILY/HOUSEHOLD RECEIVE OR EXPECT TO RECEIVE INCOME FROM A PENSION OR ANNUITY?	_____	_____
9.	DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE REGULAR CASH CONTRIBUTIONS FROM INDIVIDUALS NOT LIVING IN THE UNIT, OR FROM AGENCIES?	_____	_____
10.	DOES ANY MEMBER OF YOUR HOUSEHOLD RECEIVE WHOLE LIFE INSURANCE BENEFITS?	_____	_____

D. NET FAMILY ASSETS

____ CHECKING ACCOUNT: NAME OF BANK _____

ADDRESS _____

ACCOUNT NUMBER: _____ IS ACCOUNT INTEREST BEARING? _____

CURRENT BALANCE: _____



In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, familial status, religion or disability. To file a complaint of discrimination you may file in person with, or write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD)

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call Toll-free (866) 632-9992, Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish) to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



Center Park Apartments

38 Center Park • Centreville, MD 21617 • (410) 758-3301 • fax (410) 758-4892 • TDD 711

SAVINGS ACCOUNT:

NAME OF BANK

ADDRESS

ACCOUNT NUMBER: IS ACCOUNT INTEREST BEARING?

CURRENT BALANCE:

WILL PART OF THIS CURRENT BALANCE BE USED FOR YOUR SECURITY DEPOSIT? YES NO

IF YES, PLEASE INDICATE AMOUNT \$

STOCKS: NAME:

TYPE:

CURRENT MARKET VALUE \$

YEARLY INCOME GENERATED \$

BONDS: NAME:

TYPE:

CURRENT MARKET VALUE \$

YEARLY INCOME GENERATED \$

REAL ESTATE:

TYPE:

CURRENT MARKET VALUE \$

AMOUNT OF EXISTING MORTGAGE \$

YEARLY INCOME GENERATED \$

DO YOU OWN A HOME OR OTHER REAL PROPERTY: YES NO

CASH ON HAND \$

HAVE YOU SOLD OR GIVEN AWAY REAL PROPERTY OR OTHER ASSETS WITHIN THE LAST TWO YEARS:

YES NO

IF YES, EXPLAIN

WHAT WAS THE MARKET VALUE? \$ AMOUNT ASSET WAS SOLD FOR \$

LIST OTHER ASSETS:

1. TYPE: CURRENT MARKET VALUE: \$

YEARLY INCOME GENERATED \$

2. TYPE: CURRENT MARKET VALUE: \$

YEARLY INCOME GENERATED \$



In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, familial status, religion or disability. To file a complaint of discrimination you may file in person with, or write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD)

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call Toll-free (866) 632-9992, Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish) to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



Center Park Apartments

38 Center Park • Centreville, MD 21617 • (410) 758-3301 • fax (410) 758-4892 • TDD 711

D. CHILD CARE EXPENSES (TO BE COMPLETED FOR CHILDREN 12 YEARS OF AGE OR YOUNGER)

DO YOU PAY FOR CHILDCARE DUE TO EMPLOYMENT? _____ AMOUNT OF WEEKLY EXPENSE \$ _____

DO YOU PAY FOR CHILDCARE DUE TO ATTENDING SCHOOL? _____ AMOUNT OF WEEKLY EXPENSE \$ _____

LIST NAME(S) AND AGE(S) OF CHILD(REN) FOR WHICH YOU PAY CHILD CARE EXPENSES:

NAME _____ AGE _____

NAME _____ AGE _____

NAME _____ AGE _____

INSTITUTION OR INDIVIDUAL PROVIDING CHILDCARE

NAME _____

ADDRESS _____

IS CHILDCARE COST COVERED BY AFDC OR ANY OTHER SOURCE: _____

E. DISABILITY ASSISTANCE EXPENSES (TO BE COMPLETED ONLY IF THE DISABILITY EXPENSE ALLOWS THE DISABLED INDIVIDUAL OR ANOTHER HOUSEHOLD MEMBER TO WORK.)

AMOUNT OF WEEKLY EXPENSE \$ _____

INDICATE THE NAME AND AGE OF THE INDIVIDUAL FOR WHICH YOU PAY HANDICAPPED ASSISTANCE:

NAME _____ AGE _____

LIST THE NAME AND ADDRESS OF THE INDIVIDUAL PROVIDING THE HANDICAPPED ASSISTANCE:

NAME _____

ADDRESS _____

F. MEDICAL EXPENSES (TO BE COMPLETED ONLY IF HEAD OR HOUSEHOLD OR SPOUSE IS 62 OR OLDER OR DISABLED)

DO YOU HAVE MEDICARE? _____ DO YOU HAVE OTHER MEDICAL INSURANCE? _____ IF YES, INDICATE NAME _____
POLICY NUMBER _____

DOES MEDICAL ASSISTANCE PAY YOUR DOCTOR AND DRUG BILLS? _____

ARE YOU RECEIVING MEDICAL ASSISTANCE THROUGH WELFARE? _____

DO YOU PAY ANY PORTION OF THE MEDICAL/DRUG COSTS. YOU SHOULD SUPPLY US WITH THE BILLS AND THE RECORDS OF WHAT EXPENSES YOU HAVE INCURRED.



In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, familial status, religion or disability. To file a complaint of discrimination you may file in person with, or write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD)

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call Toll-free (866) 632-9992, Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish) to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program_intake@usda.gov



Center Park Apartments

38 Center Park • Centreville, MD 21617 • (410) 758-3301 • fax (410) 758-4892 • TDD 711

IF YOUR MEDICAL CONDITION IS PERMANENT AND YOU WILL ROUTINELY HAVE MEDICAL EXPENSES THAT ARE NOT COVERED BY MEDICAL INSURANCE, PLEASE INDICATE THE TYPE OF MEDICAL EXPENSE, THE FREQUENCY OF THE EXPENSE, AND THE AMOUNT OF THE EXPENSE:

TYPE _____ FREQUENCY _____ AMOUNT _____

TYPE _____ FREQUENCY _____ AMOUNT _____

TYPE _____ FREQUENCY _____ AMOUNT _____

TYPE _____ FREQUENCY _____ AMOUNT _____

DO YOU UNDERSTAND THAT ALL INCOME, ASSETS AND EXPENSES MUST BE VERIFIED? _____ YES _____ NO

DO YOU UNDERSTAND THAT YOU ARE RESPONSIBLE TO REPORT ALL HOUSEHOLD INCOME? _____ YES _____ NO

DO YOU UNDERSTAND THAT YOU ARE TO REPORT ANY CHANGES IN INCOME OR EXPENSES TO THE RENTAL OFFICE AS SOON AS THEY OCCUR? _____ YES _____ NO

G. PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME _____ PHONE (____) _____

ADDRESS: _____ RELATIONSHIP: _____

H. NON-DISCRIMINATION: (Property Manager To Complete)

I/WE OPERATE IN ACCORDANCE WITH THE FAIR HOUSING LAW. I/WE DO NOT DISCRIMINATE AGAINST ANY PERSON IN THE TERMS, CONDITIONS OR PRIVILEGES OF SALE OR RENTAL OF A DWELLING OR IN THE PROVISIONS OF SERVICES OF FACILITIES IN CONNECTION THEREWITH, BECAUSE OF RACE, COLOR, RELIGION, SEX, HANDICAP, FAMILIAL STATUS OR NATIONAL ORIGIN.

«community» DOES NOT DISCRIMINATE ON THE BASIS OF DISABLED STATUS IN THE ADMISSION OR ACCESS TO, OR TREATMENT OR EMPLOYMENT IN, ITS FEDERALLY ASSISTED PROGRAMS AND ACTIVITIES.

TO WHOM IT MAY CONCERN:

I/WE AUTHORIZE THE MANAGEMENT AGENT TO ANNUALLY INVESTIGATE MY/OUR CREDIT AND CRIMINAL HISTORY AND VERIFY ALL INFORMATION AND REFERENCES GIVEN. THE INFORMATION OBTAINED WILL BE USED FOR MANAGEMENT PURPOSES ONLY AND WILL BE HELD IN CONFIDENCE.

I/WE CERTIFY THAT ALL APPLICATION INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE. I/WE ALSO CERTIFY THAT THE HOUSING I/WE WILL OCCUPY WILL BE MY/OUR PERMANENT RESIDENCE. I/WE FURTHER CERTIFY THAT I/WE WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN A DIFFERENT LOCATION.

PENALTIES FOR MISUSING THIS CONSENT: Title 18, Section 1001 of the U.S. Code states that a person guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD, the PHA and any owner (or any employee of HUD, the PHA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the PHA or the owner responsible for the unauthorized disclosure or improper use.

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, familial status, religion or disability. To file a complaint of discrimination you may file in person with, or write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD)

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call Toll-free (866) 632-9992, Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish) to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



Center Park Apartments

38 Center Park • Centreville, MD 21617 • (410) 758-3301 • fax (410) 758-4892 • TDD 711

THIS APPLICATION IS SUBJECT TO APPROVAL AND DOES NOT CONSTITUTE AN AGREEMENT TO LEASE. ALL INFORMATION MUST BE VERIFIED BEFORE THIS APPLICATION CAN BE PROCESSED.

HEAD OF HOUSEHOLD DATE

DATE

CO-HEAD OF HOUSEHOLD

DATE

OTHER

DATE

OTHER

DATE

PROPERTY MANAGER

DATE

RACE, NATIONAL ORIGIN AND SEX OF APPLICANT/CO-APPLICANT

RACE: (mark one or more)

(1) AMERICAN INDIAN/ALASKA NATIVE _____; (2) ASIAN _____; (3) BLACK OR AFRICAN AMERICAN _____; (4) NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER _____; (5) WHITE _____

ETHNICITY: HISPANIC OR LATINO _____ NOT HISPANIC OR LATINO _____

SEX: ☐ MALE ☐ FEMALE

INFORMATION SUPPLIED BY: APPLICANT _____ CO-APPLICANT _____ MANAGEMENT _____
(INITIALS) (INITIALS) (INITIALS)

"Do you, or does any member of the household listed on this application, use controlled substances, have been convicted of the illegal manufacture or distribution of a controlled substance, or convicted for the illegal use of a controlled substance?"

☐ YES

☐ NO

IF YES, PLEASE

EXPLAIN _____



In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, familial status, religion or disability. To file a complaint of discrimination you may file in person with, or write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD)

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call Toll-free (866) 632-9992, Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish) to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov





Rural Housing and Community Programs

Signature _____

Things You Should Know About USDA Rural Rental Housing

Don't risk losing your chances for federally assisted housing by providing false, incomplete, or inaccurate information on your application or recertification

Penalties for Committing Fraud

You must provide information about your household status and income when you apply for assisted housing in apartments financed by the U.S. Department of Agriculture (USDA). USDA places a high priority on preventing fraud. If you deliberately omit information or give false information to the management company on your application or recertification forms, you may be:

- Evicted from your apartment;
- Required to repay all the extra rental assistance you received based on faulty information;
- Fined;
- Put in prison and/or barred from receiving future assistance.

Your State and local governments also may have laws that allow them to impose other penalties for fraud in addition to the ones listed here.

How To Complete Your Application

When you meet with the landlord to complete your application, you must provide information about:

- **All Household Income.** List all sources of money that you receive. If any other adults will be living with you in the apartment, you must also list all of their income. Sources of money include:
 - Wages, unemployment and disability compensation, welfare payments, alimony, Social Security benefits, pensions, etc.;
 - Any money you receive on behalf of your children, such as child support, children's Social Security, etc.;
 - Income from assets such as interest from a savings account, credit union, certificate of deposit, stock dividends, etc.;
 - Any income you expect to receive, such as a pay raise or bonus.
- **All Household Assets.** List all assets that you have. If any other adults will be living with you, you must also list all of their assets. Assets include:
 - Bank accounts, savings bonds, certificates of deposit, stocks, real estate, etc.;
 - Any business or asset you sold in the last 2 years for less than its full value, such as selling your home to your children.

- **All Household Members.** List the names of all the people, including adults and children, who will actually live with you in the apartment, whether or not they are related to you.

Ask for Help if You Need It

If you are having problems understanding any part of the application, let the landlord know and ask for help with any questions you may have. The landlord is trained to help you with the application process.

Before You Sign the Application

- Make sure that you read the entire application and understand everything it says;
- Check it carefully to ensure that all the questions have been answered completely and accurately;
- Don't sign it unless you are sure that there aren't any errors or missing information.

By signing the application and certification forms, you are stating that they are complete to the best of your knowledge and belief. Signing a form when you know it contains misinformation is considered fraud.

- The management company will verify your information. USDA may conduct computer matches with other Federal, State or private agencies to verify that the income you reported is correct;
- Ask for a copy of your signed application and keep a copy of it for your records.

Tenant Recertification

Residents in USDA-financed assisted housing must provide updated information to the management company at least once a year. Ask your landlord when you must recertify your income.

You must **immediately** report:

- Any changes in income of \$100 or more per month;
- Any changes in the number of household members.

For your annual recertification, you must report:

- All income changes, such as increases in pay or benefits, job change or job loss, loss of benefits, etc., for any adult household member;

Center Park Apartments

38 Center Park • Centreville, MD 21617 • (410) 758-3301 • fax (410) 758-4892 • TDD 711

RESIDENT SELECTION - ORIENTATION

We do business in accordance with a federal housing law. Applicants are taken on a first come, first serve basis. All applications are filed alphabetically. When a unit becomes vacant or a notice is received from a resident declaring their intent to vacate, the first applicant in the very-low income category that has applied for an apartment needing that unit size will be contacted. The applicant will be asked to come to the business office in order to review the application to determine if any changes to the application are needed or if additional information is required. The process will then begin to verify the necessary information to determine the applicant's eligibility for an apartment.

To Qualify as a Resident:

1. Must have household income within the established income limits.
2. Head of household must meet the State minimum legal age/legal age of majority requirements
3. Must have a good credit rating.
4. All applicants must contact the office every six months to update their application.
5. Must meet the occupancy requirements, minimum and maximum number of persons in an apartment as described below

	<u>Minimum Person(s)</u>	<u>Maximum Person(s)</u>
<input type="checkbox"/> A one (1) bedroom apartment	1	2
<input type="checkbox"/> A two (2) bedroom apartment	2	4
<input type="checkbox"/> A three (3) bedroom apartment	3	6
<input type="checkbox"/> A four (4) bedroom apartment	4	8

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, familial status, religion or disability. To file a complaint of discrimination you may file in person with, or write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD)

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call Toll-free (866) 632-9992, Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish) to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



Center Park Apartments

38 Center Park • Centreville, MD 21617 • (410) 758-3301 • fax (410) 758-4892 • TDD 711

SPECIAL NEEDS REQUIREMENT (S) QUESTIONNAIRE

This questionnaire is to be completed by every applicant who has indicated a "special housing need" request on Page 1 of the application. It is used to determine whether an applicant's household needs special features in their apartments.

Applicant Name _____

Date: _____

Applicant's Signature _____

1. Please indicate if you are applying for a disability allowance: Yes _____ No _____

2. Do you, or does any member of your household, have a disability that requires:

- | | |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Apartment for Vision-Impaired |
| <input type="checkbox"/> A barrier-Free apartment | <input type="checkbox"/> Apartment for Hearing-Impaired |
| <input type="checkbox"/> Ground level apartment | <input type="checkbox"/> A change to a policy or procedure (a reasonable accommodation) |
| <input type="checkbox"/> Physical modification to an apartment | <input type="checkbox"/> An assistance animal |

If any of the above are checked, qualified third party documentation must be provided.

3. Will you or any of your household members require a live-in aide to assist you?

☐ Yes ☐ No

If yes, qualified third party documentation must be provided.

4. If you checked any of the above (question 2 and 3) listed categories of apartments, please explain exactly what You will need to accommodate your situation.

5. What is the name of the household member who needs the features identified in question 2 and 3?



In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, familial status, religion or disability. To file a complaint of discrimination you may file in person with, or write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, DC 20250-9410 or call 800-795-3272 (voice) or 202-720-6382 (TDD)

This institution is an equal opportunity provider and employer.

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.aser.usda.gov/complaint_filing_cust.html, or at any USDA office, or call Toll-free (866) 632-9992, Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish) to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.



- Any household member who has moved in or out;
- All assets that you or your adult housemates own, or any assets that were sold in the last 2 years for less than their full value.

Avoid Fraud, Report Abuse

Prevent fraudulent schemes through these steps:

- Don't pay any money to file your application;
- Don't pay any money to move up on the waiting list;
- Don't pay for anything not covered by your lease;
- Get receipts for credit/criminal screening charges and any money you do pay;
- Get a written explanation for any money you are required to pay besides rent, such as maintenance charges.

Report Abuse: If you know anyone who has falsified an application, or who tries to persuade you to make false statements, report him or her to the manager. If you cannot report to your manager, call your local or state USDA office at 1 (800) 670-6553, or write: USDA, STOP 0782, 1400 Independence Ave., SW, Washington, DC 20250.

If You Disagree With a Decision

Tenants may file a grievance in writing with the complex owner in response to the owner's actions, or failure to act, that result in a denial, significant reduction, or termination of benefits. Grievances may also be filed when a tenant disputes the owner's notice of proposed adverse action.

Notice of Adverse Action

The complex owner must notify tenants in writing about any proposed actions that may have adverse consequences, such as denial of occupancy and changes in the occupancy rules or lease. The written notice must give specific reasons for the proposed action, and must also advise tenants of the "right to respond to the notice within 10 calendar days after the date of the notice" and of "the right to a hearing." Housing complexes in areas with a concentration of non-English-speaking people must send notices in English and in the majority non-English language.

Grievance Process Overview

USDA believes that the best way to resolve grievances is through an informal meeting between tenants and the landlord or owner. Once the owner learns about a tenant grievance, the process should begin with an informal meeting between the two parties. Owners must offer to meet with tenants to discuss the grievance within 10 calendar days of receipt of the complaint. USDA encourages owners and tenants to try to reach a mutually satisfactory resolution to the problem at the meeting.

If the grievance is not resolved, the tenant must request a hearing within 10 days of receipt of the meeting findings. The parties will then select a hearing panel or hearing officer to govern the hearing. All parties are notified of the decision 10 days after the hearing.

When a Grievance Is Legitimate

The landlord must determine if a grievance is within the established rules for the program. For example, "I want to file a complaint because the manager doesn't speak to me" is not a legitimate complaint. However, "I want to file a complaint because the manager isn't maintaining the property according to USDA guidelines" is a legitimate complaint. Below are examples of cases in which tenants may and may not file a complaint.

A complaint may not be filed with the owner/management if:	A complaint may be filed with the owner/management if:
USDA has authorized a proposed rent change.	There is a modification of the lease, or changes in the rules or rent that are not authorized by USDA.
A tenant believes that he/she has been discriminated against because of race, color, religion, national origin, sex, age, familial status, or disability. Discrimination complaints should be filed with USDA and/or the Department of U.S. Housing and Urban Development (HUD), not with the owner/management.	The owner or management fails to maintain the property in a decent, safe, and sanitary manner.
The complex has formed a tenant's association and all parties have agreed to use the association to settle grievances.	The owner violates a lease provision or occupancy rule.
USDA has required a change in the rules and proper notices have been given.	A tenant is denied admission to the complex.
The tenant is in violation of the lease and the result is termination of tenancy.	
There are disputes between tenants that do not involve the owner/management.	
Tenants are displaced or other adverse effects occur as a result of loan prepayment.	

PA 1998
December 2008

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.