



DAYSPRING TOWNHOMES I & II  
12050 SCHOOL STREET #18  
RIDGELY, MD 21660



phone: (410) 634-2633  
fax: (410) 634-1351  
e-mail: dayspring@ecpmgt.com

Enclosed is the application that you requested. Please fill it out **completely** and return it with the following items:

- Copies of Drivers licenses or Photo IDs for all adult household members.
- Copies of Social Security cards for all household members.
- Copies of Birth certificates for all household members.
- Non-refundable application fee of \$25.00. **Money Order only.**

Upon receipt of the completed application (incomplete applications will not be considered), we will begin processing the money order and added to our waiting list. You will be notified of your status.

If you have any questions, please call our office at (410) 634-2633. Thank you for considering our property.

Sincerely,

Property Manager

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WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.

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# Dayspring Townhomes

\_\_\_\_\_ unit size

## APPLICATION FOR HOUSING

Office use only

date \_\_\_\_\_

time \_\_\_\_\_

The information below is requested for the purpose of qualifying for an apartment. All information provided by the applicant will be kept confidential.

FULL NAME OF **APPLICANT** \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

PHONE (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

FULL NAME OF **CO-APPLICANT** \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

PHONE (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

FULL NAME OF **OTHER ADULT** \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

PHONE (DAY) \_\_\_\_\_ (EVENING) \_\_\_\_\_

List all persons to occupy the unit including head of household and co-applicant.

NAME	SEX	BIRTH DATE	AGE	RELATIONSHIP	SOCIAL SECURITY #
1. _____	_____	_____	_____	head of household	_____
2. _____	_____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____	_____

Do you anticipate any change in household composition during the next 12 months? \_\_\_\_\_  
If YES, please describe the change: \_\_\_\_\_

The following information is requested by the apartment owner in order to assure the Federal Government, acting through HUD that Federal laws prohibiting discrimination against tenant applicants on the basis of race, national origin and sex are complied with. You are not required to furnish this information but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

**ETHNICITY** (CIRCLE ONE) HISPANIC OR LATINO \* NOT HISPANIC or LATINO

**MINORITY** (CIRCLE ONE) WHITE \* BLACK/AFRICAN AMERICAN \* ASIAN \* AMERICAN INDIAN/ALASKAN NATIVE \* NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER \* AMERICAN INDIAN/ALASKAN NATIVE & WHITE \* AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN \* OTHER MULTI-RACIAL \* ASIAN/PACIFIC ISLANDER

Applicant's Name: \_\_\_\_\_

PRESENT LANDLORD'S NAME \_\_\_\_\_ PHONE #: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

MONTHLY RENTAL AMOUNTS \_\_\_\_\_ LENGTH OF OCCUPANCY \_\_\_\_\_ DATE LEASE EXPIRES \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

IF YOU HAVE RESIDED AT YOUR PRESENT ADDRESS FOR LESS THAN 5 YEARS COMPLETE THE FOLLOWING:

YOUR PREVIOUS ADDRESS \_\_\_\_\_

PREVIOUS LANDLORD'S NAME \_\_\_\_\_ PHONE #: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

EMPLOYER'S PHONE # \_\_\_\_\_

ANNUAL INCOME \$ \_\_\_\_\_ DATE EMPLOYMENT BEGAN \_\_\_\_\_

POSITION HELD \_\_\_\_\_

OTHER INCOME	MONTHLY AMOUNT	ASSETS	BANK OR INSTITUTION
PUBLIC ASSISTANCE OR TANF	\$ _____	CHECKING account # _____	at _____
ALIMONY	\$ _____	SAVINGS account # _____	at _____
CHILD SUPPORT	\$ _____	CERTIFICATE OF DEPOSIT	
Support is (circle) Court Ordered Agency Private Agreement		MONEY MARKET	
OTHER CASH RECEIVED	\$ _____	STOCKS	
MILITARY ALLOTMENT	\$ _____	BONDS	
PENSION	\$ _____	IRA	
SOCIAL SECURITY	\$ _____	401K	
SSI	\$ _____	OTHER RETIREMENT	
UNEMPLOYMENT	\$ _____	WHOLE LIFE INSURANCE	
VA BENEFITS	\$ _____	REAL ESTATE	
OTHER (EXPLAIN)	\$ _____	OTHER ASSETS	

DO YOU HOLD A SECTION 8 CERTIFICATE OR VOUCHER? \_\_\_\_\_ IF YES, WHEN DOES IT EXPIRE? \_\_\_\_\_

DO YOU OWN REAL ESTATE? \_\_\_\_\_ IF YES, GIVE DETAILS \_\_\_\_\_

DID YOU FILE AN INCOME TAX RETURN LAST YEAR? \_\_\_\_\_

WILL YOU BE ENROLLED AS A STUDENT DURING THE NEXT 12 MONTHS? \_\_\_\_\_

IF YES, WHERE? \_\_\_\_\_

DO YOU RECEIVE STUDENT FINANCIAL ASSISTANCE? \_\_\_\_\_ IF YES, FROM WHOM? \_\_\_\_\_

If you have additional income from any source not included on this page (such as a second job, additional bank accounts or property) please give details below:

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_



One of these pages must be completed by each household member age 18 and older.

Applicant's Name: \_\_\_\_\_

PRESENT LANDLORD'S NAME \_\_\_\_\_ PHONE #: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

MONTHLY RENTAL AMOUNTS \_\_\_\_\_ LENGTH OF OCCUPANCY \_\_\_\_\_ DATE LEASE EXPIRES \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

IF YOU HAVE RESIDED AT YOUR PRESENT ADDRESS FOR LESS THAN 5 YEARS COMPLETE THE FOLLOWING:

YOUR PREVIOUS ADDRESS \_\_\_\_\_

PREVIOUS LANDLORD'S NAME \_\_\_\_\_ PHONE #: \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

REASON FOR MOVING \_\_\_\_\_

EMPLOYER'S NAME \_\_\_\_\_

EMPLOYER'S ADDRESS \_\_\_\_\_

EMPLOYER'S PHONE # \_\_\_\_\_

ANNUAL INCOME \$ \_\_\_\_\_ DATE EMPLOYMENT BEGAN \_\_\_\_\_

POSITION HELD \_\_\_\_\_

OTHER INCOME

MONTHLY AMOUNT

ASSETS

BANK OR INSTITUTION

PUBLIC ASSISTANCE OR TANF \$ \_\_\_\_\_

ALIMONY \$ \_\_\_\_\_

CHILD SUPPORT \$ \_\_\_\_\_

Support is (circle) Court Ordered Agency Private Agreement

OTHER CASH RECEIVED \$ \_\_\_\_\_

MILITARY ALLOTMENT \$ \_\_\_\_\_

PENSION \$ \_\_\_\_\_

SOCIAL SECURITY \$ \_\_\_\_\_

SSI \$ \_\_\_\_\_

UNEMPLOYMENT \$ \_\_\_\_\_

VA BENEFITS \$ \_\_\_\_\_

OTHER (EXPLAIN) \$ \_\_\_\_\_

CHECKING account # \_\_\_\_\_ at \_\_\_\_\_

SAVINGS account # \_\_\_\_\_ at \_\_\_\_\_

CERTIFICATE OF DEPOSIT \_\_\_\_\_

MONEY MARKET \_\_\_\_\_

STOCKS \_\_\_\_\_

BONDS \_\_\_\_\_

IRA \_\_\_\_\_

401K \_\_\_\_\_

OTHER RETIREMENT \_\_\_\_\_

WHOLE LIFE INSURANCE \_\_\_\_\_

REAL ESTATE \_\_\_\_\_

OTHER ASSETS \_\_\_\_\_

DO YOU HOLD A SECTION 8 CERTIFICATE OR VOUCHER? \_\_\_\_\_ IF YES, WHEN DOES IT EXPIRE? \_\_\_\_\_

DO YOU OWN REAL ESTATE? \_\_\_\_\_ IF YES, GIVE DETAILS \_\_\_\_\_

DID YOU FILE AN INCOME TAX RETURN LAST YEAR? \_\_\_\_\_

WILL YOU BE ENROLLED AS A STUDENT DURING THE NEXT 12 MONTHS? \_\_\_\_\_

IF YES, WHERE? \_\_\_\_\_

DO YOU RECEIVE STUDENT FINANCIAL ASSISTANCE? \_\_\_\_\_ IF YES, FROM WHOM? \_\_\_\_\_

If you have additional income from any source not included on this page (such as a second job, additional bank accounts or property) please give details below:

Applicant's signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

PRESENT LANDLORD'S NAME \_\_\_\_\_ PHONE #: \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
MONTHLY RENTAL AMOUNT\$ \_\_\_\_\_ LENGTH OF OCCUPANCY \_\_\_\_\_ DATE LEASE EXPIRES \_\_\_\_\_  
REASON FOR MOVING \_\_\_\_\_

IF YOU HAVE RESIDED AT YOUR PRESENT ADDRESS FOR LESS THAN 5 YEARS COMPLETE THE FOLLOWING:

YOUR PREVIOUS ADDRESS \_\_\_\_\_  
PREVIOUS LANDLORD'S NAME \_\_\_\_\_ PHONE #: \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
REASON FOR MOVING \_\_\_\_\_

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EMPLOYER'S NAME \_\_\_\_\_  
EMPLOYER'S ADDRESS \_\_\_\_\_  
EMPLOYER'S PHONE # \_\_\_\_\_  
ANNUAL INCOME \$ \_\_\_\_\_ DATE EMPLOYMENT BEGAN \_\_\_\_\_  
POSITION HELD \_\_\_\_\_  
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<u>OTHER INCOME</u>	<u>MONTHLY AMOUNT</u>	<u>ASSETS</u>	<u>BANK OR INSTITUTION</u>
PUBLIC ASSISTANCE OR TANF \$	_____	CHECKING account #	_____ at _____
ALIMONY \$	_____	SAVINGS account #	_____ at _____
CHILD SUPPORT \$	_____	CERTIFICATE OF DEPOSIT	_____
Support is (circle) Court Ordered Agency Private Agreement	_____	MONEY MARKET	_____
OTHER CASH RECEIVED \$	_____	STOCKS	_____
MILITARY ALLOTMENT \$	_____	BONDS	_____
PENSION \$	_____	IRA	_____
SOCIAL SECURITY \$	_____	401K	_____
SSI \$	_____	OTHER RETIREMENT	_____
UNEMPLOYMENT \$	_____	WHOLE LIFE INSURANCE	_____
VA BENEFITS \$	_____	REAL ESTATE	_____
OTHER (EXPLAIN) \$	_____	OTHER ASSETS	_____

DO YOU HOLD A SECTION 8 CERTIFICATE OR VOUCHER? \_\_\_\_\_ IF YES, WHEN DOES IT EXPIRE? \_\_\_\_\_

DO YOU OWN REAL ESTATE? \_\_\_\_\_ IF YES, GIVE DETAILS \_\_\_\_\_

DID YOU FILE AN INCOME TAX RETURN LAST YEAR? \_\_\_\_\_

WILL YOU BE ENROLLED AS A STUDENT DURING THE NEXT 12 MONTHS? \_\_\_\_\_

IF YES, WHERE? \_\_\_\_\_  
DO YOU RECEIVE STUDENT FINANCIAL ASSISTANCE? \_\_\_\_\_ IF YES, FROM WHOM? \_\_\_\_\_

If you have additional income from any source not included on this page (such as a second job, additional bank accounts or property) please give details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_



## CRIMINAL BACKGROUND REPORTS

Dayspring Townhomes will require a criminal background check on all adult persons prior to being accepted for residency at this property.

An applicant will be rejected if the report shows any one of the following:

- a. One or more convictions for a violent crime in the past ten (10) years.
- b. One or more convictions for the illegal manufacture, distribution, use or possession of a controlled substance in the past ten (10) years.
- c. One or more felony convictions for theft, burglary or robbery in the past ten (10) years.
- d. a conviction for a sex offense

To obtain a report the management will run a computerized criminal background check on the applicant.

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Please list the names of every household member age 18 and over.

Head of Household: \_\_\_\_\_

Co-Applicant: \_\_\_\_\_

Other adult members: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I understand that the Owner/Manager has a right to deny occupancy of a unit in this complex if an applicant, or any adult member of an applicant's household, has a history of criminal activity involving crimes of physical violence to persons or property and other criminal acts which would adversely affect the health, safety or welfare of other tenants.

I hereby acknowledge that I have read and understand the above statements.

_____	date
signature	
_____	date
signature	
_____	date
signature	
_____	date
signature	

If a household member has special needs as defined by the Americans with Disabilities Act, or has special requests, please explain what accommodations are required:

I hereby authorize management or its agent to investigate my past history for the purpose of determining approval of this application for residency. This consent includes any history of residency, employment, credit and any other references the management deems necessary. Please note: This is an application and gives no lease or rental rights. Additional information will be required at a later date to complete processing. Falsified statements on this form shall be considered sufficient cause for denying lease rights. By signing this form you are certifying that all the information is true and complete. This application is good for six (6) months only. You will automatically be removed from the waiting list if we do not hear from you at the end of each six (6) months until your name is reached on the list.

applicant \_\_\_\_\_ DATE \_\_\_\_\_

management \_\_\_\_\_ DATE \_\_\_\_\_

co-applicant \_\_\_\_\_ DATE \_\_\_\_\_

other adult \_\_\_\_\_ DATE \_\_\_\_\_

FOR OFFICE USE ONLY

DO NOT WRITE BELOW

REMARKS

CREDIT REPORT

CRIMINAL BACKGROUND REPORT

PRESENT RESIDENCE

PREVIOUS RESIDENCE

PERSONAL REFERENCES

EMPLOYMENT

OTHER INCOME

ASSETS

SIX MONTH UPDATE

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ 6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_