

GREENSBORO HEIGHTS APARTMENTS  
476 DUTCHMANS LANE  
GREENSBORO, MD. 21639  
Phone (410) 482-6261 Fax (410) 482-8786 TDD 1-800-735-2258

PLEASE COMPLETE THE FOLLOWING INFORMATION

NAME: \_\_\_\_\_

(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:

	<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

Do you need an accommodation or apartment modification to meet any special housing needs? ( ) Yes ( ) No  
(Please check one) Accommodation \_\_\_\_\_ Apartment Modification \_\_\_\_\_

If "Yes", please specify: \_\_\_\_\_

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

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).



**RENTAL APPLICATION (Rural Development)**  
**PLEASE PRINT ALL INFORMATION**

**PROPERTY NAME: GREENSBORO HEIGHTS APARTMENTS**

**ADDRESS: 481 DUTCHMANS LANE**  
**GREENSBORO, MD. 21639**

**TEL: 410-482-6261 FAX: 410-482-8786 TDD: 1-800-735-2258**

**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 ( )** \_\_\_\_\_

**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.	_____	_____	_____	_____	_____	_____ - _____ - _____
5.	_____	_____	_____	_____	_____	_____ - _____ - _____
6.	_____	_____	_____	_____	_____	_____ - _____ - _____
7.	_____	_____	_____	_____	_____	_____ - _____ - _____
8.	_____	_____	_____	_____	_____	_____ - _____ - _____
9.	_____	_____	_____	_____	_____	_____ - _____ - _____
10.	_____	_____	_____	_____	_____	_____ - _____ - _____

**IS THERE ANY MEMBER 18 OR OLDER THAT IS A FULL TIME STUDENT?** \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**

**IF YES, WHO?** \_\_\_\_\_

**SCHOOL ATTENDING** \_\_\_\_\_



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 file in person or write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW., Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).



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

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

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

(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 \_\_\_\_\_  
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. (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
ANNUAL GROSS INCOME \_\_\_\_\_

\_\_\_\_ VETERANS BENEFITS: NAME \_\_\_\_\_ TELEPHONE NO. (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
ANNUAL GROSS INCOME \_\_\_\_\_

\_\_\_\_ SOCIAL SECURITY: NAME \_\_\_\_\_ TELEPHONE NO. (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
ANNUAL GROSS INCOME \_\_\_\_\_

\_\_\_\_ CHILD SUPPORT: NAME \_\_\_\_\_ TELEPHONE NO. (\_\_\_\_) \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
ANNUAL GROSS INCOME \_\_\_\_\_





\_\_\_\_ 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 <u>WHOLE</u> LIFE INSURANCE BENEFITS?	_____	_____

**D. NET FAMILY ASSETS**

\_\_\_\_ CHECKING ACCOUNT: NAME OF BANK \_\_\_\_\_  
ADDRESS \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ IS ACCOUNT INTEREST BEARING? \_\_\_\_\_  
CURRENT BALANCE: \_\_\_\_\_

\_\_\_\_ 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

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 \$ \_\_\_\_\_

**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 \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_





NAME \_\_\_\_\_ INSTITUTION OR INDIVIDUAL PROVIDING CHILDCARE \_\_\_\_\_  
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.

IF YOUR MEDICAL CONDITION IS PERMANENT AND YOU WILL ROUTINELY HAVE MEDICAL EXPENSES THAT ARE NOT COVERED BY MEDICAL INSURANCE, PLEASE INDICATED 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



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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.

GREENSBORO HEIGHTS APARTMENTS 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 INVESTIGATE MY/OUR CREDIT 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.

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	_____ CO-HEAD OF HOUSEHOLD	_____ DATE
_____ OTHER	_____ DATE	_____ OTHER	_____ DATE
_____ PROPERTY MANAGER	_____ DATE		





## DISCLOSURE STATEMENT

"The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability 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 to furnish it, the owner is required to note the race, ethnicity, and sex of individual applicants on the basis of visual observation or surname."

### 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





## 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, listed below.

<u>SIZE OF APARTMENT</u>	<u>MINIMUM #</u>	<u>MAXIMUM #</u>
1 Bedroom	1	2
2 Bedroom	2	4





## 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:

☐ A separate bedroom

☐ Apartment for Vision-Impaired

☐ A barrier-free apartment

☐ Apartment for Hearing-Impaired

☐ Ground level apartment

☐ A change to a policy or procedure (a reasonable accommodation)

☐ Physical modification to an apartment

☐ 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?

\_\_\_\_\_





**Addendum to Application  
Consent Form**

**As part of the application for occupancy procedures, I authorize the management of GREENSBORO HEIGHTS APARTMENTS to make any investigation of my personal history, 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: \$15.00 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.**





## VERIFICATION OF RENTAL HISTORY

### GREENSBORO HEIGHTS APARTMENTS

481 DUTCHMANS LANE  
GREENSBORO, MD. 21639  
410-482-6261 Phone  
410-482-6261 Fax

To: \_\_\_\_\_

Re: \_\_\_\_\_  
Social Security # \_\_\_\_\_

Dear Sir/Madam:

The above person has applied for residency at our apartment community and has indicated to us that you had/have this family as a tenant in your property located at \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_. The rent was/is \$ \_\_\_\_\_. Your prompt return of this letter will be appreciated. A self-addressed stamped envelope is enclosed. If you have any questions, please call.

Sincerely,

\_\_\_\_\_  
Property Manager

**I hereby authorize the release of the requested information.**

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### **To be completed by authorized personnel only**

1. Is the above information correct? \_\_\_\_\_.  
If no, please explain: \_\_\_\_\_
2. Has the tenant ever been late in payment of the monthly rent? \_\_\_\_\_. If yes, how many times? \_\_\_\_\_
3. Has the tenant ever been notified of lease violations? \_\_\_\_\_.  
If yes, please explain: \_\_\_\_\_
4. If this tenant moved and re-applied for housing in the future, would you rent to him/her again? \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

