



Volunteers of America

Please complete and return to:

Riverview Gardens
500 High Street
Denton Maryland 21629

For Office Use Only

Date Received: _____
(mm/dd/yyyy)

Time Received: _____ am/pm
(hh:mm)



Pre-application for Rental Housing

All fields are required. If you fill this page in by hand, print neatly and use blue or black ink.

1. Name and address of Head of Household

Full Name (Last, First, Middle Initial) _____

Mailing Address _____ City _____ State _____ Zip _____

Would you like to receive communications via Email? ☐ Yes ☐ No

If yes, please provide email address: _____

2. Personal Information of Head of Household

Social Security Number _____

Birthdate (mm/dd/yy) _____ Student? ☐ Yes ☐ No

() _____
Area Code Telephone Number

3. Disability (Optional. It is not necessary to answer the questions below about your disability unless you are requesting an accommodation.)

3a. Do you claim a disability? ☐ Yes ☐ No

3b. Do you need an accommodation to help you complete the application process? ☐ Yes ☐ No

3c. Do you need an accommodation in housing features as a result of your disability? ☐ Yes ☐ No

3d. If "yes" to 3b or 3c, what accommodation do you request?

4. Income and assets Provide gross (before any deductions) amounts for all questions

4a. Total monthly income

Include income from ALL household members. You may estimate.

\$ _____

4b. Value of household assets

Assets include bank accounts, retirement funds, real estate

\$ _____

4c. Sources of income Check all that apply

☐ Wages ☐ SSA/SSI ☐ Unemployment
☐ Pension ☐ Child support ☐ Worker's Comp
☐ Annuity ☐ TANF ☐ Other _____

5. List all members of the household Include unborn children and live-in aides.

Relation	Last Name	First Name	Veteran? (Y/N)	Social Security number	Birthdate (mm/dd/yy)	(Optional Disclosure) Disability? (Y/N)	Student? (Y/N)
Head			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
			<input type="checkbox"/> Y <input type="checkbox"/> N			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Are you or any member of your household subject to lifetime registration under any state's sex offender program?

☐ Yes ☐ No

Has your housing assistance ever been terminated for fraud, non-payment, failure to recertify or for any other reason?

☐ Yes ☐ No

Have you or any member of your household ever been convicted of a felony or misdemeanor other than a traffic violation?

☐ Yes ☐ No

Have you or any member of your household ever been convicted of the illegal distribution or manufacture of an illegal drug or other illegal controlled substance?

☐ Yes ☐ No

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that my having provided any false information will result in the application being canceled or denied or in the termination of my housing assistance. I understand that at the time I rise to the top of the waiting list, I will be required to verify the information I have provided here. I accept responsibility for keeping Volunteers of America informed of my current address, and I understand that my application may be canceled if I fail to do so.

X
Signature of Head of Household

Date

X
Signature of Spouse or Co-head of Household

Date