



Dear Applicant,

Thank you for considering University Apartments as a community you wish to live. We hope that you have had an opportunity to see the property and possibly a vacant unit prior to completion of this application. If you have not, we hope you will contact the office and consider making an appointment to take a tour.

University Apartments is a multi-family community. We are conveniently located within walking distance to grocery stores, restaurant's, and many more business. We are also on the county bus route.

As part of our application process, we are required to ask for some additional information to be attached to the application when you return it. This includes original documents of birth certificates for all listed on the application, photo ID for all adults, and social security cards for all listed on the application., \$12 money order for each adult applicant. Please be advised that the application is not considered complete until these additional documents are provided.

We are looking forward to meeting you and invite you to contact us regarding this application so that we can make sure that all questions are addressed.

Have a wonderful day,

Sherrie Smith
Community Manager

OFFICE USE ONLY:
 DATE: _____
 TIME: _____
 REC'D BY: _____

RENTAL APPLICATION

University Apartments
1005 Hargraves Court Federalsburg, Maryland 21632 • Ph: 410-457-0999 • Fax: 410-754-0999
• TDD #711

- Credit and Criminal Background Fee: \$12.00**
- Fee applied per Management policy
- Fee waived per Management policy
- Fee waived per HUD Section 8 policy

Office Hours: Monday & Wednesday 8:30 am -4:00 pm

NO CASH WILL BE ACCEPTED. Acceptable forms of payment are cashier's check or money order.

(Please print all information)

TM Associates Management, Inc. is an Equal Housing Opportunity Company, with projects in compliance with Section 504 and Fair Housing Regulations. TM Associates Management, Inc. accommodates any applicants who need assistance in filling out this application. If you require any assistance, please advise us of your needs.

Applicant Name: _____
 Current Address: _____
 City, State, Zip Code: _____
 Home Phone: _____ Work Number: _____
 Email: _____

HOUSEHOLD COMPOSITION

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. Positive identification of all residents is required. For adult applicants this must be photo identification and a copy of their social security card. For all minor applicants, this must be birth certificate and social security card.

MEMBER'S FULL NAME	RELATIONSHIP	BIRTHDAY	AGE	SOCIAL SECURITY #
	Head of Household			

Unit size requested: One Bedroom Two Bedroom Three Bedroom Four Bedroom

How many people live in your home now? _____ How many bedrooms do you have? _____

Does anyone live with you now who are not listed above? Yes No. If yes, please explain:

Are any changes in the household expected in the next 12 months? Yes No. If yes, please explain:

If you are applying for status as an "elderly household", please check those that apply:

- tenant or co-tenant is 62 or older
- tenant or co-tenant is disabled, regardless of age



(Qualifying as an "elderly household" may entitle you to a deduction in your income calculation.)

Identify any special housing needs required as a result of a disability: _____

Will there be a pet as part of your household? Yes No

Note: specific pet policies and/or restrictions may apply at this property. For properties designated as Elderly, refer to the Pet Policy provided by Management regarding pet evaluation. If an approved pet is allowed, an additional security deposit may be applicable.

Have you or anyone else who will be living in your household ever been convicted of a crime? Yes No.

If yes, please explain: _____

Are you or anyone else who will be living in your household subject to registration as a sexual offender and/or sexual predator? Yes No. If yes, please explain: _____

Have you or anyone else who will be living in your household been evicted in the last three years from federally assisted housing for drug related criminal activity? Yes No

Does any member of your household currently use or have a history of using illegal drugs or currently use or have a history of abusing alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of others? Yes No

If yes, explain _____

Are you or a member of your household now being evicted? Yes No

Have you or a member of your household ever been evicted? Yes No If yes, date of eviction _____

What are your monthly costs for all utilities except Telephone or TV cable? \$ _____

What is your current rent? \$ _____

Are you now living in a governmental subsidized unit? (e.g. Section 8 Housing, USDA RD 515, HUD Section 236, or Section 221 (d)(3) subsidized project(s)? Yes No

Do you currently have a Section 8 Voucher? Yes No

How long have you resided at your current residence? _____

List names/addresses/phone numbers of two relatives or friends who know how to contact you:

Name: _____ Name: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone: _____ Phone: _____

RENTAL HISTORY: (We must be able to verify at least five years of residency. Please use complete addresses. Failure to do so may result in not being able to process application.)

PRESENT LANDLORD: Name: _____ Phone# _____

Address: _____

Dates: _____ City, State, Zip Code: _____

FORMER LANDLORD: Name: _____ Phone # _____

Address: _____

Dates: _____ City, State, Zip Code: _____

FORMER LANDLORD: Name: _____ Phone # _____

Address: _____

Dates: _____ City, State, Zip Code: _____

FORMER LANDLORD: Name: _____ Phone # _____

Address: _____

Dates: _____ City, State, Zip Code: _____



ELIGIBILITY INFORMATION – check either Yes or No for each question. For each “yes” answer, provide the details in the chart below. “Household” is defined as ANYONE who will be residing in the apartment.

1. Is any member of your household employed full time, part time, or seasonally? Yes No
2. Are any income changes expected in the next 12 months? Yes No
 If yes, please explain: _____ Yes No
3. Does any member of your household work for someone who pays them in cash? Yes No
4. Is any member of your household on leave of absence from work due to layoff, maternity, or military leave? Yes No
5. Does any member of your household receive unemployment benefits? Yes No
6. Does any member of your household receive child support? Yes No
7. Is any member of your household entitled to child support that he/she is not now receiving? Yes No
8. Does any member of your household receive alimony payments? Yes No
9. Is any member of the household entitled to alimony payments that he/she is not now receiving? Yes No
10. Does any member of your household receive or expect to receive welfare assistance other than food stamps and Medicaid? **(Do not count food stamps.)** Yes No
11. Does any member of your family receive, or expect to receive, Social Security benefits? Yes No
12. Does any member of your household receive or expect to receive income from a pension or annuity? Yes No
13. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies? Yes No
14. Does any member of your household receive income from assets including interest on checking/savings accounts, interest and dividends on certificates of deposit, stock or bonds, income from the rental of property? Yes No
15. Does any member of the household participate in a 401k retirement account? Yes No
 If yes, does the household member have access to the account without termination or retirement? Yes No
16. Has any adult member of this household been enrolled as a full time student in an institute of education within the current calendar year (January-December)? Yes No
17. Are all members of this household full time students? Yes No
18. Are any adult members of the household enrolled as part time students in an institute of education? Yes No
19. Are any changes in student status expected in the next 12 months? Yes No
20. Does any member of your household receive, or expect to receive, any form of financial assistance for education? Yes No
21. Are all members of this household U.S. citizens? Yes No
 All applicants must complete the Applicant Citizenship Declaration provided by Management.
22. Does any member of your household own a home or other real estate? Yes No
23. Does any member of your household own a car? Yes No
24. Do you currently or have you ever served in any branch of the US Military, including the National Guard or the Reserves? Yes No
25. Are you a spouse or surviving spouse of anyone who served in the US Military, including the National Guard or the Reserves? Yes No

INCOME & ASSET INFORMATION

For each type of income that your household receives, give the source of the income, address, and the amount that can be expected from the source within the next 12 months.

Family Member	Source of Income & Address	Estimated Annual Income



BANK ACCOUNTS/DIRECT DEBIT ACCOUNTS

Family Member	Name & Address	Account Type	Current Balance

ASSETS: (List all assets such as cash on hand, assets held in safety deposit boxes, equity in real estate property, whole life insurance policies, demand deposits, stocks, bonds. Cash value is the market value less any reasonable costs that would be incurred in converting the asset to cash; i.e. broker and legal fees.)

FAMILY MEMBER	DESCRIPTION OF ASSET	CASH VALUE	INCOME FROM ASSET

Did you have any assets in the last two years not listed above? Yes No
 If yes, did you dispose of any assets for less than fair market value? Yes No
 (This means that the assets were either given away or sold at less than the market value.) If yes, list the assets, market value, amount received and date you disposed of the assets: _____

EXPENSES

Do you pay for childcare for any children who have not reached their 13th birthday or younger which enables you or another family member to work or go to school? Yes No. If yes, give the name and address of childcare provider, weekly cost, and name of family member enabled to work or go to school _____

FAMILY WITH DISABLED MEMBERS:

Do you pay for a care attendant or for any equipment for the disabled member(s) of the family necessary to permit that person or someone else in the family to work? Yes No

ELDERLY OR DISABLED FAMILIES ONLY:

Do you have Medicare? Yes No. If yes, what is your Medicare premium \$ _____

Do you have any other kind of medical insurance? Yes No

If yes, give policy number and premium _____

Are you enrolled in a Medicare Prescription Drug Plan? Yes No

Do you receive medical assistance through the welfare department? Yes No

Do you have any outstanding medical bills on which you are paying? Yes No

Do you expect to have any medical expenses during the next 12 months? Yes No

If yes, amount of medical expenses \$ _____

COMMENTS / ADDITIONAL INFORMATION (Use back of this page, if necessary)



APPLICANT CERTIFICATION

This application is subject to approval and does not constitute an agreement or lease. I/We certify that the unit applied for will be my/our permanent residence and I/we will not maintain a separate subsidized rental unit in a different location.

I authorize the Management Agent to investigate my credit and criminal background and to verify all information and references given. The information obtained will be used for management purposes only and will be held in confidence.

All application information is true and correct to the best of my knowledge. I understand that if any information I provide is found to be untrue, it will result in denial of my application.

Date _____

Signature of Applicant

Signature of Co-Applicant

Signature of Co-Applicant

DISCLOSURE

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 not 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.

Please mark the appropriate codes below.

RACE (Mark one or more) – Head of Household

- 1= American Indian/Alaskan Native
- 2= Asian
- 3= Black or African American
- 4= Native Hawaiian or Other Pacific Islander
- 5= White
- 6= Other: _____
- 7= Two or more races

Information supplied by: Applicant _____
Initials

Management _____
Initials

GENDER – Head of Household: Male Female _____
Applicant's Name

ETHNICITY – Head of Household: Hispanic or Latino Not Hispanic or Latino

Please tell us how you learned about this apartment community:

- Newspaper Advertisement
- Family/Friend
- Website
- Community Outreach
- Property sign
- Other _____



DISABILITY AND REASONABLE ACCOMMODATIONS

The management and owner of this apartment community are dedicated to the letter and spirit of the Fair Housing Laws and Section 504 of the Rehabilitation Act of 1973. These laws and regulations provide that eligible applicants/tenants who meet the definition of a disabled person as defined by Section 504, the FHAA and the ADA be provided with reasonable accommodations which will provide the applicant/tenant an equal opportunity to enjoy the housing program. The definition of a disabled person as defined by Section 504, the FHAA and the ADA is available from the site manager. If you believe you meet the definition of a disabled person and require a reasonable accommodation, please provide us with a written request. If you require our assistance with this, please advise us of your needs.

USDA PRIVACY ACT NOTICE

Rural Development is authorized by the Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et. seq.); and Title V of the Housing Act of 1949, as amended (42 U.S.C. 1471 et. seq.) or other Acts administered by Rural Development to solicit the information requested on Rural Development application forms. Disclosure of information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number may result in a delay in processing of your application or its rejection.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

Fax: (202) 690-7442; or

Email: program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.



AUTHORIZATION FOR THE RELEASE OF INFORMATION

PURPOSE

TM Associates Management, Inc. may use this authorization and the information obtained with it, to administer and enforce program rules and policies related to this application.

AUTHORIZATION

I authorize the release of any information (including documentation and other materials) pertinent to eligibility for or participation in any of the Rural Housing Service programs. I authorize TM Associates Management, Inc. to obtain information about me or my family that is pertinent to eligibility for or participation in an assisted housing program.

INFORMATION COVERED - Inquiries may be made about:

- Childcare expenses
- Credit History
- Family composition
- Medical Expenses
- Disabled assistance expenses
- Identity and marital status
- Social Security Numbers
- Residences and Rental History
- Criminal Activity
- Employment; income, pensions and assets
- Federal, State Tribal or local benefits

INDIVIDUALS OR ORGANIZATIONS THAT MAY RELEASE INFORMATION

Any individual or organization including any government organization may be asked to release information. For example, information may be requested from:

- Banks and other financial institutions
- Courts
- Law enforcement agencies
- Providers of:
 - Alimony
 - Childcare
 - Child support
 - Credit
 - Disabled assistance
- Credit Bureaus
- Employers, past and present
- Landlords
- Medical Care
- Pensions/Annuities
- Schools and colleges
- U.S. Social Security Administration
- U.S. Dept. of Veterans Affairs
- Utility companies
- Welfare Agencies

CONDITIONS - I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization, I also understand that my housing assistance may be denied or terminated.

(Applicant Signature) (Date)

(Co-Applicant Signature) (Date)

(Applicant Social Security Number)

(Co-Applicant Social Security Number)

(Other Adult Household Member) (Date)

(Other Adult Household Member) (Date)

(Social Security Number)

(Social Security Number)

