

**APPLICATION FOR RESIDENCY****HUD SUBSIDIZED PROPERTIES**

Property Name: Weinberg Manhattan Park Apartments  
Address- 5715 Park Heights Avenue  
Baltimore Md 21215  
Phone number, 410-466-8080  
Fax Number:410-466-8005  
TTY

**FOR OFFICE USE ONLY**

Electric Stamp or Date: \_\_\_\_\_ AM PM  
Time: \_\_\_\_\_ (Hour/Minute/Sec)

*A new application will need to be completed if more than 6 months from original application to move-in date. Retain pre-application*

**PLEASE NOTE: ALL MEMBERS OF THE HOUSEHOLD 18 YEARS AND OLDER ARE REQUIRED TO COMPLETE AN APPLICATION FOR RESIDENCY. APPLICATIONS THAT ARE COMPLETE WILL BE DATE AND TIME STAMPED AS OF THE DATE AND TIME THE COMPLETE APPLICATION IS RECEIVED.**

***All questions must be answered. Failure to answer all questions will result in denial and the need to re-apply.***

**APPLICANT INFORMATION**

Name:		Size unit applying for:	
		Gender: Male { } Female { } (information is optional)	
Status of Applicant:	Head Co-Head Other Adult (please circle)	Social Security Number:	
Date of birth:	Email:	Phone: ( )	
Marital Status: (please circle) Single (never married) Widowed Married Divorced Separated Other			
Spouse's Name: (if applicable)		Driver's License Number:	
Maiden or other name (if applicable)		State of Issue:	
<b>Current address:</b>		Homeless? Yes No (please circle)	
City:	State:	Zip Code:	Date of Move in:
Residency Status: (Please circle) Live with Family Rent Own Other: (Explain)			
Monthly payment or rent:	\$	How long have you resided at your current address?	
If Rent, Name of Landlord:			
Landlord address:		Lease agreement: Yes No	
City:	State:	Zip Code:	If Yes, Lease Expiration Date:
If Own, what is the status? (please circle) Renting Sold Foreclosure Other: (Explain)			
Reason for Moving:			

How did you hear about us? (Please circle) Website Driving by Resident Family Other: specify			
<b>Emergency Contact Name:</b>		Relationship:	
Address:			
City:	State:	Zip Code:	Phone or Email:

<b>PREVIOUS RESIDENCES (A MINIMUM OF 5 YEARS OF RESIDENCY IS REQUIRED (PROVIDE MONTH AND YEAR))</b>			
<b>Previous address:</b>		Dates From:	To:
City:	State:	Zip Code:	
Former Residency Status: (Please circle) Live with Family Rent Own Other: (Explain)			
If Rented, Name of Previous Landlord:			
Previous Landlord address:		Rent: \$	
City, State, Zip:			
If Own, what is the status? (please circle) Renting Sold Foreclosure Other: (Explain)			
Reason for Moving:		Landlord telephone or email:	

<b>Previous address:</b>		Dates From:	To:
City:	State:	Zip Code:	
Residency Status: (Please circle) Live with Family Rent Own Other: (Explain)			
If Rented, Name Previous Landlord:			
Previous Landlord address:		Rent: \$	
City, State, Zip:			
If Own, what is the status? (please circle) Renting Sold Foreclosure Other: (Explain)			
Reason for Moving:		Landlord Phone or Email:	

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<b><i>Have you or any other members of your household lived in another State <u>other</u> than what's provided in the 5 year history? Yes No (please circle)</i></b>
<b><i>If Yes, provide Name of member, state resided and year:</i></b>
<b><i>Full address:</i></b>

Has Applicant been involuntarily displaced due to a presidentially declared disaster?	Yes No (please circle)
Is any applicant in the military, a dependent of a serviceman or a veteran?	Yes No (please circle)
Do you or any member of the household require an Accessible Unit?	Yes No (please circle)
<b>You are not required to answer this question, however it is necessary to establish Program and Project Eligibility and Determine Allowances.</b>	
Do you or any member of the household require the *design features of an accessible unit? <b>Yes No (please circle)</b>	
*Definition: A unit that is located on an accessible route. A unit when designed, constructed, altered, or adapted can be for hearing impaired, audible alarm for sight impaired, assistance animal, etc.)	
Do you or any member of your household use medical marijuana?	Yes No (please circle)
Do you currently have or will you require a Live In Aide that will reside with you?	Yes No (please circle)

HOUSEHOLD COMPOSITION					
Name	Relationship to Head of household	Date of Birth	Social Security number	Gender (optional)	Adult Student Y/N
	Head				

Do you anticipate any changes in your household composition in the next 12 months?	Yes No (please circle)
If yes explain:	

Is there someone not listed above who would normally be living with the household?	Yes No (please circle)
If yes explain:	

### STUDENT STATUS

Are you a full-time student?    Yes    No    (please circle)	Are you a part-time student?    Yes    No    (please circle)
Have you been a full-time student for the 5 Months or more in the current calendar year?    Yes    No    (please circle)	
Are any other members 18 and over full-time students?    Yes    No    (please circle)	
<i>If NO, there is no need to answer the remaining Student Questions, please skip to the next section.</i>	

If Yes please indicate name of household member:	
If Yes, Name of Institution:	Graduation date:

<b>If you answered Yes to any questions regarding Student Status answer all questions below:</b>	(please circle)
Are you?	
• An "Independent Student" as defined by Title IV aid?	Yes    No
• A student over the age of 24?	Yes    No
• A full time student 18 years or older and the Head, Spouse or Co-Head?	Yes    No
• Claimed as a dependent by your parents or legal guardians pursuant to IRS regulations?	Yes    No
• A student over the age of 23?	Yes    No
• A veteran?	Yes    No
• An adult (emancipated or over the age of 18) student and living independently from your parents for the last 12 months?	Yes    No
• Are you receiving financial assistance (i.e. Parents, Guardians, Pell Grant, Federal Supplement Education Opportunity, Opportunity Grants, Academic Achievement Incentive Scholarship, State Assistance under the Leveraging Educational Assistance Partnership Program, Robert G. Byrd Honors Scholarship Program or Federal Work Study program?) (If so, list the amount below in Income)	Yes    No
<b>You are not required to answer if you or someone in your family has a disability; however, if a family member has a disability you may qualify for additional deductions in your rent amount.</b>	
• If you or a family member is disabled, have you received Section 8 assistance as of November 30, 2005?	Yes    No

➤ Are all Adult household members enrolled as Full Time Students?	Yes    No
➤ Married?	Yes    No
➤ Receiving benefits under AFDC, TANF or other benefits under TITLE IV of the Social Security Act?	Yes    No
➤ Enrolled in a Job Training program receiving assistance under the Job Training Partnership Act (JTPA) or similar State, Federal or local program?	Yes    No
➤ A single parent? (Children are claimed by either you or the other parent for Federal tax purposes)	Yes    No

### INCOME

List all sources of income as listed below: Circle Yes or No. If Yes indicate amount and frequency.

(please circle)	Source of Income	Gross Amount	Frequency (monthly, weekly)
<b>Yes    No</b>	Benefits received from the Social Security Administration: (SSDI, SS, etc.)	\$	
<b>Yes    No</b>	Pension/Retirement: (list source)	\$	
<b>Yes    No</b>	Veteran's Benefits:	\$	
<b>Yes    No</b>	Unemployment:	\$	
<b>Yes    No</b>	Public Assistance: (TANF etc.)	\$	
<b>Yes    No</b>	Support Contributions: (monetary or not)	\$	
<b>Yes    No</b>	Workman's Compensation:	\$	
<b>Yes    No</b>	Regular Dividends from Money Market/Trusts/Stocks/Bonds: (etc.)	\$	
<b>Yes    No</b>	Alimony:	\$	
<b>Yes    No</b>	Other: Explain	\$	

Child Support: Are you legally entitled to receive court ordered or non-court ordered	Yes    No    (please circle)
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support?	
What is the amount you are entitled to receive.	\$
Have you been receiving the amount above in Child Support?	Yes No (please circle)
If No, What is the amount you receive?	\$
<b>Self-Employment:</b> Are you currently self-employed?	Yes No (please circle)
If Yes, What is your yearly net amount from the business?	\$

<b>EMPLOYMENT Yes No (please circle)</b>			
Employer Name:		Start Date:	
Employer Address:			
City:	State:	Zip Code:	
Human Resources/Payroll Contact Person:			
Phone:	Fax:	Position:	
Email:	Hourly Salary or Annual income:		

<b>Other Employment Yes No (please circle)</b>			
Employer Name:		Start Date:	
Employer Address:			
City:	State:	Zip Code:	
Human Resources/Payroll Contact Person:			
Phone:	Fax:	Position:	
Email:	Hourly Salary or Annual Income: \$		

Use additional pages if more space is needed

ASSETS					
(please circle)	Type: Indicate with X	Name of Company/Bank:	Account number (last 4 digits)	Balance:	
Yes No	Checking Account				
Yes No	2 <sup>nd</sup> Checking Account				
Yes No	Savings Account				
Yes No	Debit Card/Payroll Card				
Yes No	Cash On Hand	-----	-----		
Yes No	Retirement Account/401K/ 403B				
Yes No	CD/Money Market				
Yes No	Stocks, Bonds, Mutual Funds				
Yes No	Safe Deposit Box				
Yes No	Trust (Lump sum/Revocable)				
Yes No	Whole Life Insurance/Universal (cash value)				
Yes No	Personal Property as Investments; (Coin collections, burial plot etc.)				
Yes No	Lump-sum receipts; (Inheritances, settlements/lottery winnings)				
Yes No	Equity in real estate: Rental income/home with deed)				
Yes No	Other: (Explain)				
Yes No	Other: (Explain)				

HAVE YOU DISPOSED OF AN ASSETS FOR LESS THEN "FAIR MARKET VALUE" WITHIN THE LAST TWO YEARS?		
Yes    No    (please circle)	If Yes, Indicate Date of Disposal:	
What was sold or converted to cash:	Value of Disposal \$	

  

<b>ADDITIONAL INFORMATION</b> CIRCLE YES OR NO. IF YES; COMPLETE ANSWER	
Do you currently reside in subsidized housing?	Yes    No
Do you currently owe money or any type of claim to any Housing Authority or Utility Company?	Yes    No
If yes, please explain:	
Have you ever been evicted for a lease violations or are you currently being sued?	Yes    No
If yes please explain:	

  

Has any adult household member ever been evicted from Federally assisted housing for drug related criminal activity?	Yes    No
Is applicant or any member of the applicant's household subject to a lifetime sex offender registration requirement in any state?	Yes    No
Is any adult household member abusing or engaging in a pattern of abuse, of alcohol, or engaging in illegal use of a drug, in such a way that it would interfere with the health, safety or peaceful enjoyment of the premises by other residents?	Yes    No

  

This application is made subject to the approval by the property (listed on page 1), or its Agent and may without designating cause can be disapproved by them. It being agreed that any such disapproval shall not be considered a reflection upon the Applicant.

This Application is to be made a part of the Lease entered into by the Applicant and the Landlord.

The truth of the information contained herein is essential, and if the property (listed on page 1), or its Agent deems any answer or statement herein to be false or misleading, shall be considered that any Lease granted by virtue of this Application may be cancelled at their option.

**Warning: Penalties for Committing Fraud:** Under 18 U.S.C 1001, whoever willingly makes or uses a document or writing he/she knows has any false or fraudulent statement or entry, in any matter under the jurisdiction of any department or agency of the United States, may be fined up to \$10,000 or imprisoned for up to five years, or both.

Applicants must report all changes to address, telephone, or family size/composition to the Rental Office. Failure to do so may prevent us from contacting you when an appropriate apartment is available.

**I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance, which would, if disclosed, affect my application unfavorably. As an inducement to enter into the Lease, I authorize you to verify any and all information contained in this application and to inquire into my character, general reputation, investigative consumer report (criminal), personal characteristics, employment, consumer report (credit history) and income and sources thereof, and I release all concerned from any liability in connection with any information they give. I have been advised that I have the right, under Section 606(B) of the Fair Credit Reporting Act, to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation. I/We do hereby authorize any individual representing this community or its Managing Agent to call me for any reason relating to my residency.**

  

**PENALTIES FOR MISUSING THIS CONSENT:** "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. HUD and any owner (or any employee of HUD 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 willingly 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at \*\*208 (a) (6), (7) and (8). \*\* Violation of these provisions are cited as violations of 42 U.S.C. Section \*\*408 (a) (6), (7)

and (8). \*\*

**This property does not discriminate on the basis of disability status in the admission of or access to, or treatment or employment in its federally assisted programs or activities.**

**It is illegal to discriminate against anyone because of race, color, creed, religion, sex, national origin, marital status, physical or mental disability or any other prohibited basis of discrimination. If you feel that you have been discriminated against, please contact The Management Company at (301) 562-1600.**

Signature of Applicant:

Date:

Signature of Management Representative:

Date:

FOR OFFICE USE ONLY

APPROVED:

Date:

DENIED:

Date:

All persons wishing to be admitted to the property or placed on the Wait List must fully complete this application form. At the request of an applicant, management will allow the applicant to take the application with them to complete and to mail the completed application back to the Rental Office. Management will mail this Application for Residency as requested by applicants. Management will accommodate persons with disabilities who as a result of their disability cannot utilize the preferred application process.



**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>			
<b>Mailing Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>Name of Additional Contact Person or Organization:</b>			
<b>Address:</b>			
<b>Telephone No:</b>	<b>Cell Phone No:</b>		
<b>E-Mail Address (if applicable):</b>			
<b>Relationship to Applicant:</b>			
<b>Reason for Contact:</b> (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent         </td> <td style="vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____         </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-55, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-1520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-55, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)

