

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

Property Name Weinberg Village III  
 3414 Associated Way Owings Mills, MD 21117  
 Phone number 410-363-1600, Fax Number  
 TTY 711

**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:

**PREVIOUS RESIDENCES (A MINIMUM OF 5 YEARS OF RESIDENCY IS REQUIRED (PROVIDE MONTH AND YEAR))**

<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>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</b> (please circle)
<b>If Yes, provide Name of member, state resided and year:</b>
<b>Full address:</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)	
If NO, there is no need to answer the remaining Student Questions, please skip to the next section.	

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)
Yes No	Benefits received from the Social Security Administration: (SSDI, SS, etc.)	\$	
Yes No	Pension/Retirement: (list source)	\$	
Yes No	Veteran's Benefits:	\$	
Yes No	Unemployment:	\$	
Yes No	Public Assistance: (TANF etc.)	\$	
Yes No	Support Contributions: (monetary or not)	\$	
Yes No	Workman's Compensation:	\$	
Yes No	Regular Dividends from Money Market/Trusts/Stocks/Bonds: (etc.)	\$	
Yes No	Alimony:	\$	
Yes No	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: \$		

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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 \$

ADDITIONAL INFORMATION	
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.

