

APPLICATION FOR RESIDENCY**TAX CREDIT PROPERTIES**

Property Information Fallstaff Apartment
Address 5715 Park Heights Ave
Baltimore Md 21215
Phone number 410-466-8080, Fax Number 410-466-8005
TTY

FOR OFFICE USE ONLY

Date and Time:

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. All questions must be answered. Failure to answer all questions will result in delay in processing. All questions must be answered. Failure to answer all questions will result in delays in the process.

APPLICANT INFORMATION

Name:	Size unit applying for:
	Sex: Male { } Female { } (information is optional)
Status of Applicant: Head Co-Head Other Adult (please circle)	Social Security Number:
Date of birth:	Email:
Marital Status: (please circle) Single (never married) Widowed Married Divorced Separated Other	Phone: ()
Spouse's Name: (if applicable)	Driver's License Number:
Maiden or other name (if applicable)	State of Issue:

Current address:	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:	Phone: ()
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:

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

Previous address:	Dates From:	To:
City:	State:	Zip Code:
Residency Status: (Please circle) Live with Family Rent Own Other: (Explain)		
If Rent, Name of Previous Landlord:	Phone: ()	
Previous Landlord address:	Monthly payment or rent: \$	
City ,State, Zip:		
If Own, what is the status? (please circle) Renting Sold Foreclosure Other: (Explain)		
Reason for Moving:	Landlord telephone or email:	

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Previous address:		Dates From:	To:
City:	State:	Zip Code:	
Residency Status: (Please circle) Live with Family Rent Own		Other: (Explain)	
If Rent, Name of Previous Landlord:		Phone: ()	
Previous Landlord address:		Monthly payment or rent: \$	
City, State, Zip:			
If Own, what is the status? (please circle) Renting Sold Foreclosure Other: (Explain)			
Reason for Moving:		Landlord telephone or email:	

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HOUSEHOLD COMPOSITION

Name	Relationship to Head of Household	Date of Birth	Social Security number	Race * (see below)	Gender (optional)	Ethnicity * (see below)
	Head					

Race Selections: White-1, Black/African American-2, American Indian/Alaskan Native-3, Asian-4, Native Hawaiian/ Other Pacific Islander-5, Other-6 or Refuse to Respond-7

Ethnicity Selections: Hispanic or Latino-1, Not Hispanic or Latino-2, or Refuse to Respond-R

* This information is voluntary and is for statistical purposes and does not affect eligibility.

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 student? 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:
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If Yes, to the any of the questions above complete questions below:	(please circle)
• Married and filing a joint tax return?	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)?	Yes No
• A single parent living with his/her minor child and the parent is not a dependent on another's tax return and the children are dependents only of the parent?	Yes No
• Previously under the care and placement of a foster care program?	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 support?	Yes No (please circle)
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?	\$

Self-Employment: Are you currently self-employed?	Yes No (please circle)
If Yes, What is your yearly net amount from the business?	\$

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

Other Employment: Yes No (please circle)			
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 nd 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

Have you ever been evicted for a lease violation or are you being sued? Yes No (please circle)

If yes please explain:

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

If yes explain:

Do you currently have or will you require a Live In Aide that will reside with you? Yes No (please circle)

If you currently have a Live in Aide, will this person be residing in this unit with you? Yes No (please circle)

Has any adult household member ever been evicted from Federally assisted housing for drug related criminal activity? Yes No (please circle)

Is applicant or any member of the applicant's household subject to a lifetime sex offender registration requirement in any state? Yes No (please circle)

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 (please circle)

Has any household member ever been convicted of a crime? (Other than a simple traffic offense) Yes No (please circle)

If applicable; explain:



Emergency Contact:		Relationship:	
Name and Address:			
City:	State:	Zip Code:	Phone/Email:

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.

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.

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:
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Signature of Management Representative:	Date:
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FOR OFFICE USE ONLY	
APPROVED:	Date:
DENIED:	Date:

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.

