

# APPLICATION FOR RESIDENCY

(HUD SUBSIDIZED PROPERTIES)

***Do not leave any Blanks – Doing so will delay the processing of your application***

NA is not an acceptable answer – write None, \$0, -0-, etc.

One Application per Adult HH member.



## For Office Use Only

Date \_\_\_\_\_ ☐ AM ☐ PM

Time: \_\_\_\_\_ (Hour/Minute/Sec)

Or Electronic Stamp in area below:

*If Pre-Application was used, retain original Pre-Application in file. A new application will need to be completed if more than 120-days from original application to move-in date.*

PROPERTY: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Size of unit applying for \_\_\_\_\_ TTY \_\_\_\_\_

Size unit you are applying for: \_\_\_\_\_ Status of Applicant: ( ) Head ( ) Co-Head ( ) Other Adult Occupant

Name: \_\_\_\_\_ Sex: ( ) M ( ) F Date of Birth: \_\_\_\_\_

Married ( ) Divorced ( ) Separated ( ) Single ( )

Maiden or other name (if applicable) \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Current Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Disability Status: Do you or any member of the household require an Accessible Unit? ( ) Yes ( ) No

(You are not required to answer this question; however it is necessary to establish Program and Project Eligibility and Determine Allowances for rent reduction)

Do you or any member of the household require the \*design features of an accessible unit? ( ) Yes ( ) No

\*(Definition: A unit that is located on an accessible route. A unit when designed, constructed, altered or adapted can be approached, entered, and used by individuals with a physical impairment.) (Example: ground floor, grab bar in bath, visual alarm for hearing impaired, audible alarm for sight impaired, assistance animal, etc.)

Do you currently have or will you require the need for a Live In Aide? ( ) Yes ( ) No

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

Name of Live In Aide: \_\_\_\_\_

## CURRENT RESIDENCE

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Dates at Address: (From): \_\_\_\_\_ (To): \_\_\_\_\_ ☐ Rent or ☐ Own

If Own, what is the status? ( ) Sold ( ) Renting ( ) Foreclosure Are you homeless or living in a shelter? ( ) Yes ( ) No

Landlord: \_\_\_\_\_ Is Landlord a relative or are you living with family? ( ) Yes ( ) No

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Are you currently under a lease agreement? ( ) Yes ( ) No Expiration Date: \_\_\_\_\_

What notice will be given to Landlord? \_\_\_\_\_

Have you ever lived in subsidized housing? ( ) Yes ( ) No If Yes, provide address and date of residency: \_\_\_\_\_

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 violation? ☐ Yes ☐ No If Yes, please explain: \_\_\_\_\_

## LIST PREVIOUS RESIDENCES (A MINIMUM OF 2 YEARS RESIDENCY IS REQUIRED) – Provide month and year

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Dates at Address: (From): \_\_\_\_\_ (To): \_\_\_\_\_ ☐ Rent or ☐ Own

Previous Landlord: \_\_\_\_\_ Relative: ( ) Yes ( ) No

Landlord's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Has any adult household member ever resided in another State other than the ones listed above? ( ) Yes ( ) No

If Yes, for each State provide year, name, full address: \_\_\_\_\_

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Dates at Address: (From): \_\_\_\_\_ (To): \_\_\_\_\_ ☐ Rent or ☐ Own

Previous Landlord: \_\_\_\_\_ Relative: ( ) Yes ( ) No

Landlord's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Reason for Moving: \_\_\_\_\_

Has any adult household member ever resided in another State other than the ones listed above? ( ) Yes ( ) No

If Yes, for each State provide year, name, full address: \_\_\_\_\_

**EMPLOYMENT (COMPLETE NEXT SECTION UNTIL EMPLOYMENT HISTORY INCLUDES FULL 2 YEARS) Provide month and year**

Current Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Gross Annual Salary: \$ \_\_\_\_\_ Or Hourly Wage: \$ \_\_\_\_\_  
Average Number of Hours Worked Per Week: \_\_\_\_\_  
Are you subject to transfer? ( ) Yes ( ) No

Current Employer (if applicable): \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Gross Annual Salary: \$ \_\_\_\_\_ Or Hourly Wage: \$ \_\_\_\_\_  
Average Number of Hours Worked Per Week: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Employed From: \_\_\_\_\_ To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Gross Annual Salary: \$ \_\_\_\_\_ Or Hourly Wage: \$ \_\_\_\_\_  
Average Number of Hours Worked Per Week: \_\_\_\_\_

**PERSONAL REFERENCES**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Include City, State, Zip)

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Include City, State, Zip)

**OTHER SOURCES OF INCOME (PLEASE INDICATE ANNUAL AMOUNT OF INCOME RECEIVED)**

(Items indicated below will require additional forms to be completed including source verifications)

INCOME – Please check all that apply:

**Column One**

- ☐ AFDC
- ☐ Alimony
- ☐ Annuities
- ☐ Bonds
- ☐ Bonuses
- ☐ Business
- ☐ Certificates of Deposit
- ☐ Child Support
- ☐ Commissions
- ☐ Employment
- ☐ Long Term Care Life Ins
- ☐ Lottery Winnings

**Column Two**

- ☐ Military Service
- ☐ Monetary Gifts (Rent pmt, utility pmt, etc)
- ☐ Money Market Accounts
- ☐ Mortgage or Deed of Trust
- ☐ Mutual Funds
- ☐ Part-Time Employment
- ☐ Pensions
- ☐ Permanently confined individual counted as family member
- ☐ Public Assistance
- ☐ Retirement
- ☐ SSI

**Column Three**

- ☐ Social Security
- ☐ Special Needs Trust
- ☐ Stocks
- ☐ Student -Financial Assistance in excess of tuition
- ☐ TANF
- ☐ Treasury Bills
- ☐ Trust Account
- ☐ Trust (Revocable or Non-revocable)
- ☐ Unemployment
- ☐ Veteran's Benefits
- ☐ Worker's Comp or Disability
- ☐ Other (Explain) \_\_\_\_\_

Of those items listed above indicate annual amount received:

**Column One (Amounts)**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**Column Two (Amounts)**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**Column Three (Amounts)**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**CREDIT INFORMATION**

(Assets: items of value that may be turned into cash. Interest is the income from an asset. Necessary personal property is not counted as an asset. Once an Asset is converted to cash it is no longer an Asset. Example A pension is an Asset until a person begins to receive periodic payments then it is no longer an Asset and becomes Income). Assets include (Please check those that apply to your family members):

- ☐ Cash in Savings, Checking
- ☐ Safe Deposit Box
- ☐ Homes
- ☐ Revocable Trusts (Cash Value)
- ☐ Retirement Account (IRA, 401K, Keogh – Lump Sum Amt)
- ☐ Lump-sum receipts or One-time receipts (inheritances, capital gains, insurance settlements, Lottery winnings, etc)
- ☐ Personal property as investment (gems, jewelry, coin collections, antique cars, etc.)
- ☐ Equity in rental property/other capital investments
- ☐ Stocks, Bonds, Treasury bills
- ☐ Certificates of Deposit, Mutual Funds, Money Market Account
- ☐ Trust – Payment of Principal (Lump Sum)
- ☐ Whole Life or Universal Life Insurance Policy (Cash Value)
- ☐ Pension Funds
- ☐ Mortgage or Deed of Trust

Current Assets Owned: \_\_\_\_\_

Have you disposed of any assets for less than "Fair Market Value" within the last two years? ☐ Yes ☐ No Date Disposed: \_\_\_\_\_  
(DO NOT count assets disposed of as a result of foreclosure, bankruptcy, divorce, separation; or, assets placed in a Nonrevocable Trust if the asset placed in trust were received through settlements or judgments.)

If Yes, what was sold/converted to cash and for how much?

(Stocks, Bonds, Treasury Bills, CD's, Property, Trust Funds, IRA's, Annuity, Etc)

\$

Bank or Financial Institution:

\$

Bank or Financial Institution:

Branch Address:

Account #:      Checking  
Balance \$

Savings  
Balance \$

(Other)  
Balance \$

### CREDIT CARD OR LOAN PAYMENTS

Company Name	Monthly Payment	Balance

### CURRENT MONTHLY EXPENSES:

Utilities \$  
Child Care \$  
Car Payment \$  
Furniture \$

Insurance \$  
Medical \$  
Dental \$  
Cable \$

Telephone \$  
Other \$  
Outstanding Utility Bills \$

Prescription Drug

Premium (Medicare Part D) \$

Re-Payment Plan (monies owed to previous

utility company, landlord, housing authority, etc) \$ owed to:

Automobile: Year

Make

License Tag (Number & State)

### FAMILY COMPOSITION

Is any applicant pregnant? ( ) YES ( ) NO (THIS INFORMATION WILL BE USED TO DETERMINE UNIT SIZE ONLY)

Are there any anticipated changes in the household over the next 12 months? ( ) YES ( ) NO IF YES, PLEASE EXPLAIN:

Are there any temporarily absent household members?

( ) YES ( ) NO

If Yes, please provide name(s)

Will any permanently confined member of the household be included

( ) YES ( ) NO

as a family member? If YES, please list income above on Page 2 (Example: in a nursing home or hospital)

### RACE & ETHNICITY

This information is to be completed by individuals wishing to be served in housing assisted by the Department of Housing and Urban Development. We are required to offer the Head of each household the option to complete this information. There is no penalty for persons who do not complete this information. Please complete one item from (A) and one item from (B) below:

(A) White, Black, American Indian, Alaskan Native, Asian or Pacific Islander

(B) Hispanic, Non-Hispanic

(C) As Head of Household, I choose not to disclose this information

Signature of Head of Household

### LIST NAMES OF ALL PEOPLE WHO WILL OCCUPY THE APARTMENT:

NAME	SEX	DATE OF BIRTH	AGE	RELATIONSHIP TO HEAD HEAD	SOCIAL SECURITY #


  
**STUDENT STATUS**

(A "Yes" answer will require additional Verification)

**ARE YOU A FULL -TIME STUDENT?** ( ) YES ( ) NO      **PART-TIME STUDENT?** ( ) YES ( ) NO  
**HAVE YOU BEEN A FULL TIME STUDENT FOR 5 MONTHS OR MORE IN THE CURRENT CALENDAR YEAR?** ( ) YES ( ) NO  
If NO, there is no need to answer the remaining Student questions, please skip to the next section.

**IF YES**, is any member:

- A student at an institution of higher education?.....( ) YES ( ) NO
- An "Independent Student" as defined by Title IV aid?.....( ) 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 student over the age of 24?.....( ) 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 above in Income).....( ) YES ( ) NO
- If you or a family member is disabled, have you received Section 8 assistance as of November 30, 2005?( ) YES ( ) NO  
(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.)
- 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

Is any applicant in the military or a dependent of a serviceman? ( ) YES ( ) NO  
Is any applicant a military veteran? ( ) YES ( ) NO

How did you hear about us? PLEASE CHECK:  
( ) NEWSPAPER      ( ) DRIVING/WALKING BY      ( ) OTHER: (PLEASE SPECIFY) \_\_\_\_\_  
( ) RESIDENT      ( ) FRIEND

Has any household member ever been convicted of a crime (Other than a simple traffic offense) within the past five years?\*

( ) YES ( ) NO    If Yes, please explain: \_\_\_\_\_

Has any adult household member ever been evicted from Federally assisted housing for drug related criminal activity in the last three years?

( ) YES ( ) NO    If Yes, please explain: \_\_\_\_\_

Is Applicant or any member of the Applicant's household subject to a lifetime sex offender registration requirement in any state. If yes, please list applicable states.

( ) YES ( ) NO \_\_\_\_\_

Is any adult household member abusing, or engaging in a pattern of abuse, of alcohol, or engaging in illegal use, or a pattern of 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 \_\_\_\_\_

**\*NOTE: CONVICTION OF A MISDEMEANOR IS NOT AUTOMATICALLY DISQUALIFYING.**

**PLEASE NOTE: ALL MEMBERS OF THE HOUSEHOLD 18 YEARS AND OLDER ARE REQUIRED TO COMPLETE AN APPLICATION FOR RESIDENCY.**

This Application is made subject to approval of \_\_\_\_\_ or it's Agent and may without designating cause 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 \_\_\_\_\_ or its Agent deems any answer or statement herein to be false or misleading, it shall be considered that any Lease granted by virtue of this Application may be canceled at their option.

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.

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF LEASING SPECIALIST: \_\_\_\_\_

DATE: \_\_\_\_\_

**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).\*\*

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 Edgewood Management (301) 562-1600.

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.

Applicants must report all changes in 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.

**FOR OFFICE USE ONLY:**

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

DENIED: \_\_\_\_\_

DATE: \_\_\_\_\_

**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.

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.

Applications that are complete will be date & time stamped as of the date and time the **COMPLETE** Application is **RECEIVED**. Applicants who have not signed and dated the application or who have not completed the application in its entirety will receive a Denial Notice. If a Denial Notice is received, the Applicant will be required to re-apply. **All questions must be answered.**



Revised 12-13

**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: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other:
<input type="checkbox"/> Late payment of rent	
<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- 92096 (05/09)





**WEINBERG SENIOR LIVING  
BUILDINGS:**

Weinberg Gardens  
Weinberg House  
Weinberg Manhattan Park  
Weinberg Manor East  
Weinberg Manor South  
Weinberg Manor West  
Weinberg Park  
Weinberg Place  
Weinberg Terrace  
Weinberg Village  
Weinberg Woods

**Thank you for being on the housing WAIT LIST for CHAI's affordable apartments for seniors!**

**Let us "keep you company" while you wait! We would love to offer you these great additional CHAI services:**

**Senior Home Repair:** provides necessary repairs at low or no-cost to limited-income homeowners age 62+. CHAI also provides accessibility modifications to help prevent falls in the home. \*

**Senior Home Benefits Counseling:** helps connect senior homeowners, and apartment residents, to resources and benefits needed to stay in their homes. CHAI's Counselors will assist you in applying for discounts and loan programs to help manage your bills and can connect you to services that help you remain independent. \*

**Northwest Neighbors Connecting (NNC):** a mutually supportive village maintained by its members! NNC members live independently and come together for social events, trips, art classes, cooking classes, movies and other interest groups. NNC provides members with friendly check-in calls and transportation services, including shuttle rides and personalized rides with volunteers.

**Volunteer Opportunities:** help CHAI support independent living and promote social interaction! Volunteer to make friendly check-in calls. Drive neighbors to important errands or medical appointments.

**Edward A. Myerberg Center:** community center for active adults 55+. The Myerberg offers a fitness center supervised by certified personal trainers, a variety of fitness classes, art classes from beginner to advanced, lectures, trips, support groups and social clubs. The Myerberg also features a Technology Hub where you can receive 1-on-1 assistance or take classes in mobile technology.

We look forward to explaining all the great CHAI benefits that will enhance your life!

**Please call us at 410-500-5433 (LIFE) OR please give us permission to contact you:**

\_\_\_\_\_ **YES, please let me know how CHAI can enhance my life.**

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**\*location limitations apply**

