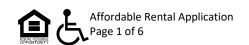
Application for Housing

300 North | 300 N. Warwick Ave. Baltimore, MD 21223 Email: 300North@hrehllc.com | 300NorthApartments.com

Phone: 410.630.0068, TTY: 711 | Fax: 410.630.0069 Please complete one application per household

Unit Size Requested?			HHID:						
When would you like to move in?	Payment Recei	Payment Received:							
	Contac	t Informa	ation						
Primary Mailing Address:									
		Primar	y Email Address						
						Cell	Home		ork
Street Address	Apt #	Primar	y Phone Number			Cell	Circle O		rk
City	State Zip	Second	lary Phone Number			Cen	Circle O) K
•	Househol	ld Comp	osition						
Please refer to the Program Eligibility Inc.		-		ria and li	ict all nor	conc.	النبيدمطيي	livo in	, tha
Please refer to the Program Eligibility Incounit, and those who will be counted for d				i ia ai iu ii	ist all per	50115 V	wiio wiii	iive ii	ı tile
Name	Relationship to head	Marital Status	Birth Date MM/DD/YYYY	Age		al Secu umbe	-	Stud Y/	dent /N
	Head of Household							Υ	N
								Υ	N
								Y	N
								Y	N
								Y	N
								Y	N
								Y	N
								Υ	N
NIM Single and Never Married	Use the following			r	trangad	14 /	Widow	ام،	
NM – Single and Never Married	M – Married D – Div		. – Legally Separated		stranged		- Widow	/ea	
No one else c	an join the househ	old witho	out prior manage	ment a	pprova	al			
Is this the entire household to occupy	the unit?						Yes		No
If no, please explain:									
Do you plan to have anyone living wit	h you in the future wh	no is not li	sted above (<i>pregna</i>	ncies, et	tc.)?		Yes		No
If yes, please explain:									
Do you anticipate any other changes	to your household in t	he next 12	2 months?				Yes		No
If yes, please explain:									
Do you have full custody of your child	l(ren)?				N/A		Yes		No
If no, please explain:									
Are any household members foster cl	nildren or foster adult	s?					Yes		No
If yes, who?									





OFFICE USE ONLY, DATE & TIME RECEIVED:

If yes, who? For how long?					
Are any household members permanently confined to a hospital or nursing home?	☐ Yes	☐ No			
If yes, who?					
Will anyone in your household require a live-in care attendant?	☐ Yes	☐ No			
If yes, who?					
Does anyone in the household need any specific features or unit designs such as wheelchair accessibility, visual aids (Braille) or Apparatus for hearing assistance?	☐ Yes	□No			
If yes, describe:					
Would any household members benefit from or require a reasonable accommodation or modification?	☐ Yes	☐ No			
If yes, describe:					
Income					
To be clear about program definitions, we will now go over a checklist of household income. Program re you to disclose the following income:	ules require	9			
✓ All income for the head of household, co-head, or spouse, regardless of age					
✓ Earned (employment) income of household members age 18 and older					
✓ Unearned income (Social Security, etc.) for everyone in the household, regardless of age					
✓ The first \$480 of annual earned income for full-time students age 18 and older					
Report all income and management will determine whether it should be counted for certification purpo	oses.				
Contributions from Friends & Relatives Please keep these answers in mind when completing the incompleting	ne checklist.				
Do friends, relatives or other outside sources other than government entities:					
Give anyone in the household money on a regular basis?	☐ Yes	☐ No			
Make payments or pay bills on behalf of anyone in the household on a regular basis?	☐ Yes	☐ No			
Give anyone in the household necessities (excluding food), and other regularly consumed items? (Such as clothing, diapers, household products, alcohol, cigarettes, etc.)	☐ Yes	□ No			

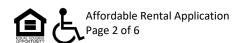
Are any household members temporarily absent? (Examples: temporary, out-of-state work assignment; in

hospital or rehab facility for limited or fixed duration; in a correctional facility)

Various types of income are listed on the following page. If anyone in the household receives a type of income listed below, please check yes and provide an estimated amount and frequency for each member who receives that type of income. Specify household members by labeling the top of each column. Use one column per member. If more than five household members, it is acceptable to list two household members with no income together in a column.

Do not leave any of the income types blank.

By checking no, you are certifying that no one in the household receives that type of income.





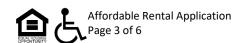
☐ Yes

☐ No

Hou										
Contributions from Friends/Relatives	☐ Yes	☐ No	\$	\$	\$	\$	\$			
Supplemental Security Income (SSI)	☐ Yes	☐ No	\$	\$	\$	\$	\$			
Social Security Disability Ins. (SSDI)	☐ Yes	☐ No	\$	\$	\$	\$	\$			
Social Security	☐ Yes	☐ No	\$	\$	\$	\$	\$			
Employment	☐ Yes	☐ No	\$	\$	\$	\$	\$			
Unemployment	☐ Yes	☐ No	\$	\$	\$	\$	\$			
TANF/Public Assistance	☐ Yes	☐ No	\$	\$	\$	\$	\$			
Child Support	☐ Yes	☐ No	\$	\$	\$	\$	\$			
Alimony	☐ Yes	☐ No	\$	\$	\$	\$	\$			
Pension/Annuity	☐ Yes	☐ No	\$	\$	\$	\$	\$			
Workman's Compensation	☐ Yes	☐ No	\$	\$	\$	\$	\$			
Veterans Benefits	☐ Yes	☐ No	\$	\$	\$	\$	\$			
Military Pay	☐ Yes	☐ No	\$	\$	\$	\$	\$			
Net Income from Business	☐ Yes	☐ No	\$	\$	\$	\$	\$			
Disability	☐ Yes	□ No	\$	\$	\$	\$	\$			
Other Income	☐ Yes	☐ No	\$	\$	\$	\$	\$			
Education Grants or Scholarships*	☐ Yes	□ No	\$	\$	\$	\$	\$			
* Do not include Student Loans										
			Accate							

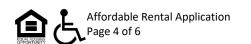
If anyone in the household owns an asset listed below, please check yes and provide the name of the member(s) who own the asset(s) and the name of the bank or financial institution the asset is with. **Do not leave any of the asset types blank.**

the name of the bank of financial institution the asset is with. Do not leave any of the asset types blank.						
			HH Member(s):	Financial Institution:		
Checking Accounts	☐ Yes	☐ No				
Savings Accounts	☐ Yes	☐ No				
Retirement Accounts:	☐ Yes	☐ No				
401K; 403B; IRA; Keough; etc.						
Money Market Accounts	☐ Yes	☐ No				
Certificates of Deposit	☐ Yes	☐ No				
Stocks	☐ Yes	☐ No				
Bonds	☐ Yes	☐ No				
Mutual Funds	☐ Yes	☐ No				
Trust Accounts	☐ Yes	☐ No				
Whole or Universal Life Insurance	☐ Yes	☐ No				
Does anyone in the household own	and/or r	eceive b	penefits or wages on pre	paid debit cards?	☐ Yes	□ No
If yes, please indicate, if any, which benefits (TANF, Social Security) or wages are paid through debit cards:						





Does anyone in the household ov	wn a house, con	do or other f	orm of real estate?		☐ Yes	☐ No
If yes, please explain:						
Please provide the addre	ss:					
Please provide the name	of the mortgage	lender:				
Does anyone in the house	ehold receive ren	tal income froi	m real estate?	☐ Yes	□ No	
Has anyone in the household sole *Do not include foreclosures, short sale	•	any real esta	ate in the last 2 years?		☐ Yes	□ No
If yes, please explain:						
Has anyone in your household di to relatives, irrevocable trust account). *	•		· · · · · · · · · · · · · · · · · · ·	n away mone ₎	∕ □ Yes	□ No
If yes, please explain:						
Excluding necessary personal properties any other assets (items of value held					☐ Yes	□ No
If yes, please list:						
A verification of residency must be avouse the additional address spaces to padults.	ailable for all addr	resses lived in b		-		
Current Address						
Who resided at this address:						
Name of Housing Complex or Specify if F	rivately Owned/Re	nted:	Month/Year Tenancy Began:			
Street Address:		Apt #:	Landlord's Name:			
City:	State:	Zip:	Landlord's Phone & Fax Number	:		
Additional Address						
Who resided at this address:						
Name of Housing Complex or Specify if F	rivately Owned/Re	nted:	Month/Year Tenancy Began:	Month/Yed	ar Tenancy End	ed:
Street Address:		Apt #:	Landlord's Name:			
City:	State:	Zip:	Landlord's Phone & Fax Number	<i>:</i> :		
Additional Address						
Who resided at this address:						
Name of Housing Complex or Specify if F	rivately Owned/Re	nted:	Month/Year Tenancy Began:	Month/Yed	ar Tenancy Endo	ed:
Street Address:		Apt #:	Landlord's Name:			
City:	State:	Zip:	Landlord's Phone & Fax Number	<i>:</i>		





Additional Address					
Who resided at this address:					
Name of Housing Complex or Specify if Privately Owned/Rent			Month/Year Tenancy Began: Month/Year Tena		n: Month/Year Tenancy Ended:
Street Address:	A	\ρt #:	Landlord's	Name:	
City:	State: Z	lip:	Landlord's	Phone & Fax Nu	mber:
To facilitate verification of the various facto or informal support, pension/annuity provi	• .	·			r any employers, sources of contributions
Contact Information for Verification	of:				
Name of Business, Professional or Individual:	Street Address:				Phone Number:
Relevant Household Member:	City:	9	State:	Zip:	Fax Number:
Contact Information for Verification of	of:				
Name of Business, Professional or Individual:	Street Address:				Phone Number:
Relevant Household Member:	City:	S	State:	Zip:	Fax Number:
Contact Information for Verification of	of:				
Name of Business, Professional or Individual:	Street Address:				Phone Number:
Relevant Household Member:	City:	5	State:	Zip:	Fax Number:
Contact Information for Verification	of:				
Name of Business, Professional or Individual:	Street Address:				Phone Number:
Relevant Household Member:	City:	9	State:	Zip:	Fax Number:
Contact Information for Verification of	of:				
Name of Business, Professional or Individual:	Street Address:				Phone Number:
Relevant Household Member:	City:		State:	Zip:	Fax Number:
Contact Information for Verification	of:				
Name of Business, Professional or Individual:	Street Address:				Phone Number:
Relevant Household Member:	City:	9	State:	Zip:	Fax Number:





Miscellaneous

		Wilde	uncous	
Are any members	of the household subject to	a Lifetime Sex Offende	er Registration in any state?	☐ Yes ☐ N
Please list all state	es where any members of th	e household have resid	ded:	
			t Information	
Please provide the Year	following information for ve Vehicle Make	hicles owned or opera Model	ted by household members: Color	License Plate
Teal	venicle wake	Would	Coloi	License riate
Does anyone in	the household own a pet?)		☐ Yes ☐ N
If yes, please	describe:			
	Prospectiv	e Resident Cons	sumer Report Authorization	
would, if disclosed consumer report.	I, affect my application unfavor	rably. I authorize you to	rrect and that I have not knowingly withheld secure from <u>TransUnion</u> , a consumer repasumer credit report, a criminal history recor	porting agency, an investigativ
characteristics and to make written re	mode of living, and I release all quest of you and TransUnion,	I concerned from liability, within a reasonable time	application and to inquire into my charact in right, under the federal Fair Credit Repor e, for a complete and accurate receipt of the lander the Fair Credit Reporting Act.	rting Act (FCRA), Section 606(E
		Certifi	cation	
	pplicant(s): I/we understand I/we my/our permanent residence.	ve must pay a security de	posit for this apartment prior to occupancy.	I/we certify that the housing I/w
selection criteria. I		ition in no way ensures of	gram and housing agency's eligibility critericupancy and that my/our application can be	
that any misrepres		mission of any significant	. I/We certify that all answers are true to the information or false statements are punishal er occupancy.	
Head of House	ehold's Signature	Date	Other Adult Member's Signature	Date
Spouse or Co-	head's Signature	Date	Other Adult Member's Signature	Date
Other Adult N	1ember's Signature	Date	Other Adult Member's Signature	Date



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

We do business in accordance with the Federal Fair Housing Law (Fair Housing Amendments Act of 1988)



