

**REQUIRED DOCUMENTS LIST**  
**TAX CREDIT**

The following documents should be brought to your application interview for each member of your household, as applicable. **Only original documents or certified copies are acceptable.**

- Application Fee
  - Twenty-five dollars (\$25.00) per each adult applicant. Money order only.
- Social Security Cards for every household member
- Proof of Identity
  - Valid picture identification for every adult household member
  - Birth certificate or valid passport for every other household member
- Proof of Income
  - Social Security, Pension, Supplemental Security Income (SSI), Disability, Unemployment and Public Assistance: Most recent benefit/award notification letter from the appropriate Agency.
  - Alimony: Court Order stating the amount and schedule of support payments
  - Six most recent concurrent pay stubs or letter from your employer stating your date of hire, year to date gross income, pay period, number of hours worked regularly and rate of pay.
  - If self-employed, 2 most recent tax returns and signed self-employment affidavit.
- Proof of Assets
  - Checking, Savings, Certificates of Deposit, Retirement, Stocks, etc.: Six most recent consecutive months Bank Statements for each account.
  - Whole Life Insurance policy [Click or tap here to enter text.](#)
  - Burial Plot [Click or tap here to enter text.](#)
  - Mortgage/Real Estate Information – If you own, sold or transferred Real Estate Ownership: Most recent Mortgage Statement, Settlement Sheet including appraisal, Transferred Deed or Quitclaim document, as applicable.
- Landlord information
  - Current Landlord: Name, address and telephone number of current landlord
  - Previous Landlord (If less than 3 years at current address)
  - Current Property Tax, Current Mortgage statement
- If any adult household member filed Bankruptcy
  - Court Certified Bankruptcy Voluntary Petition and the attached schedules A, B, D, & F. the Schedules list all the debts that were discharged as a result of your petition for relief under the Bankruptcy.
  - Final Decree of Bankruptcy

Addition documentation may be requested after reviewing your application. Failure to submit the required documentation may result in the cancellation of your application for residency.



**Enterprise Residential, LLC Application for Residency (Maryland/Tex Credit)**

**Please Print Clearly:** Fill in form completely to the best of your knowledge.

- Do NOT leave any blanks. If an area does not apply, write N/A (not applicable).
- If you are asked to sign a blank application, please contact 443.451.6800 immediately.
- Fill in ALL income area amounts and asset sources/amounts.
- Attach copies of recent pay stubs, bank statements, W2's, tax returns.
- If divorced or separated, provide a copy of the divorce decree or settlement agreement.

**\*\* Providing false information or making false statements may be grounds for denial of this application.**

**DATE & TIME APPLICATION RECEIVED:**

*For property use only:*

AM or PM

**RESIDENT INFORMATION:**

**HEAD OF HOUSEHOLD:** Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Property Name To Which You Are Applying: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

**Current Address:** \_\_\_\_\_  
Street Apt. # City State Zip

Date at Current Residence: From: \_\_\_\_\_ To: \_\_\_\_\_ (check one) RENT  OWN

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_ Utilities Included? YES  NO

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
Street Apt. # City State Zip

Owner's Phone #: \_\_\_\_\_ Has owner sued for non-payment of rent or repossession? \_\_\_\_\_

**Previous Address:** \_\_\_\_\_  
Street Apt. # City State Zip

Date at Previous Residence: From: \_\_\_\_\_ To: \_\_\_\_\_ (check one) RENT  OWN

Monthly Rent: \$ \_\_\_\_\_ Utilities Included? YES  NO

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_  
Street Apt. # City State Zip

Owner's Phone #: \_\_\_\_\_ Has owner sued for non-payment of rent or repossession? \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
Name Relationship Telephone

Under the penalties of perjury, I/we certify that the above information presented in this Application is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Printed Name - Head of Household's Full Legal Name (Signature) Date

Printed Name - Additional Adult Household Member's Full Legal Name (Signature) Date

Printed Name - Additional Adult Household Member's Full Legal Name (Signature) Date



**HOUSEHOLD INFORMATION:**

List below, all information for each household member who occupies the unit.

<b>Name (First, Middle Initial, Last)</b> ~ Use same numbering sequence on other sections ~	<b>Relationship to Head of Household</b>	<b>M/F</b>	<b>Social Security Number</b>	<b>Date of Birth (Mo./Day/Yr.)</b>
1.	HEAD OF HOUSEHOLD	<input type="checkbox"/> M <input type="checkbox"/> F		
2.		<input type="checkbox"/> M <input type="checkbox"/> F		
3.		<input type="checkbox"/> M <input type="checkbox"/> F		
4.		<input type="checkbox"/> M <input type="checkbox"/> F		
5.		<input type="checkbox"/> M <input type="checkbox"/> F		
6.		<input type="checkbox"/> M <input type="checkbox"/> F		
7.		<input type="checkbox"/> M <input type="checkbox"/> F		
8.		<input type="checkbox"/> M <input type="checkbox"/> F		

Were there any changes in household composition in the last twelve months?  Yes  No

If yes, explain: \_\_\_\_\_

Do you anticipate a change in household composition during the next 12 months?  Yes  No

If yes, explain: \_\_\_\_\_

Is there anyone not listed above who would normally live with the household?  Yes  No

If yes, explain: \_\_\_\_\_

Does the list above represent the entire household to occupy the apartment?  Yes  No

If no, explain: \_\_\_\_\_

I understand that no one else can join the household without prior, written management approval.  Yes  No

I understand that if management discovers, during the application process, or during the first year of tenancy, that others not listed on this application will be/are living in my household, they have grounds to terminate my lease.  Yes  No

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\_\_\_\_\_  
Printed Name - Head of Household's Full Legal Name (Signature) Date

\_\_\_\_\_  
Printed Name - Additional Adult Household Member's Full Legal Name (Signature) Date

\_\_\_\_\_  
Printed Name - Additional Adult Household Member's Full Legal Name (Signature) Date

OTHER ADULT HOUSEHOLD MEMBER#( ): Driver's License No.: State: Expires:

Name: Last First Middle

Current Address: Street Apt. # City State Zip

Date at Current Residence: From: To: (check one) RENT OWN

Home Telephone: Work Telephone: Cell Phone:

Email Address: Monthly Rent: \$ Utilities Included? YES NO

Owner's Name:

Owner's Address: Street Apt. # City State Zip

Owner's Phone #: Has owner sued for non-payment of rent or repossession?

Previous Address: Street Apt. # City State Zip

Date at Previous Residence: From: To: (check one) RENT OWN

Monthly Rent: \$ Utilities Included? YES NO

Owner's Name:

Owner's Address: Street Apt. # City State Zip

Owner's Phone #: Has owner sued for non-payment of rent or repossession?

Emergency Contact: Name Relationship Telephone

OTHER ADULT HOUSEHOLD MEMBER#( ): Driver's License No.: State: Expires:

Name: Last First Middle

Current Address: Street Apt. # City State Zip

Date at Current Residence: From: To: (check one) RENT OWN

Home Telephone: Work Telephone: Cell Phone:

Email Address: Monthly Rent: \$ Utilities Included? YES NO

Owner's Name:

Owner's Address: Street Apt. # City State Zip

Owner's Phone #: Has owner sued for non-payment of rent or repossession?

Previous Address: Street Apt. # City State Zip

Date at Previous Residence: From: To: (check one) RENT OWN

Monthly Rent: \$ Utilities Included? YES NO

Owner's Name:

Owner's Address: Street Apt. # City State Zip

Owner's Phone #: Has owner sued for non-payment of rent or repossession?

Emergency Contact: Name Relationship Telephone

Under the penalties of perjury, I/we certify that the above information presented in this Application is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Printed Name - Head of Household's Full Legal Name (Signature) Date

Printed Name - Additional Adult Household Member's Full Legal Name (Signature) Date

Printed Name - Additional Adult Household Member's Full Legal Name (Signature) Date



**EMPLOYMENT INFORMATION:** (Employment Verification)

NAME (HEAD OF HOUSEHOLD #1): \_\_\_\_\_

Present Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street Suite/Bldg.# City State ZipOccupation: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ TO \_\_\_\_\_  
(month/day/year) (month/day/year)**Annual Gross Employment Income (Before Taxes and Insurance):**Salary: \$ \_\_\_\_\_ per  hour  week  month  year  other \_\_\_\_\_

Hourly Wages: \$ \_\_\_\_\_ Overtime \$ \_\_\_\_\_ Commissions/Fees \$ \_\_\_\_\_ Tips/Bonus \$ \_\_\_\_\_

**TOTAL ANNUAL GROSS INCOME:** \$ \_\_\_\_\_ (Including all sources of income) Second Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_Second Employer Address: \_\_\_\_\_  
Street Suite/Bldg.# City State ZipOccupation: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ TO \_\_\_\_\_  
(month/day/year) (month/day/year) Previous Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

NAME (OTHER HOUSEHOLD MEMBER # \_\_\_\_\_): \_\_\_\_\_

Present Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street Suite/Bldg.# City State ZipOccupation: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ TO \_\_\_\_\_  
(month/day/year) (month/day/year)**Annual Gross Employment Income (Before Taxes and Insurance):**Salary: \$ \_\_\_\_\_ per  hour  week  month  year  other \_\_\_\_\_

Hourly Wages: \$ \_\_\_\_\_ Overtime \$ \_\_\_\_\_ Commissions/Fees \$ \_\_\_\_\_ Tips/Bonus \$ \_\_\_\_\_

**TOTAL ANNUAL GROSS INCOME:** \$ \_\_\_\_\_ (Including all sources of income) Second Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_Second Employer Address: \_\_\_\_\_  
Street Suite/Bldg.# City State ZipOccupation: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ TO \_\_\_\_\_  
(month/day/year) (month/day/year) Previous Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_*Note: Please list on a separate sheet of paper total annual employment income for additional adult household members.*

Under the penalties of perjury, I/we certify that the above information presented in this Application is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

\_\_\_\_\_  
Printed Name - Head of Household's Full Legal Name (Signature) Date\_\_\_\_\_  
Printed Name - Additional Adult Household Member's Full Legal Name (Signature) Date\_\_\_\_\_  
Printed Name - Additional Adult Household Member's Full Legal Name (Signature) Date

**BENEFITS:**

Please list the **GROSS MONTHLY** benefit income of all members of the household. If a divorce decree or separation agreement requires support or alimony payments to you or any other member of the household, list all amounts ordered whether or not received.

Income Type		Amount Received	Per	Household Member Receiving Benefit
Social Security (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Social Security (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Social Security (Child)	<input type="checkbox"/> Y <input type="checkbox"/> N			
SSI (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N			
SSI (Adult)	<input type="checkbox"/> Y <input type="checkbox"/> N			
SSI (Child)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Veteran's Administration Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Public Assistance (AFDC, TANF)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Alimony	<input type="checkbox"/> Y <input type="checkbox"/> N			
Child Support	<input type="checkbox"/> Y <input type="checkbox"/> N			
Utility Assistance	<input type="checkbox"/> Y <input type="checkbox"/> N			

<b>ALL CHILDREN IN HOUSEHOLD MUST BE ENTERED BELOW</b>  <i>Child's Name</i> <i>(Enter the name of each child in the household. Verify all "yes" answers.)</i>	<i>Do you receive or expect to receive child support payments for this child?</i> <i>Circle one.</i>	<i>If yes, how much is received, ordered or expected?</i>	<i>If yes, how often? (Weekly, Bi-Weekly, Monthly)</i>  <i>Enter below.</i>	<i>Do you have court-ordered child support?</i> <i>Circle one.</i>	<i>In what County and State is that agency?</i>	<i>Do you have Mutually Agreed Upon child support (no court order)?</i> <i>Circle one.</i>	<i>Is child support received through Social Services?</i> <i>Circle one.</i>	<i>Will the child live in your household 50% or more of the time?</i> <i>Circle one.</i>
	Yes No	\$		Yes No		Yes No	Yes No	Yes No
	Yes No	\$		Yes No		Yes No	Yes No	Yes No
	Yes No	\$		Yes No		Yes No	Yes No	Yes No
	Yes No	\$		Yes No		Yes No	Yes No	Yes No
	Yes No	\$		Yes No		Yes No	Yes No	Yes No
	Yes No	\$		Yes No		Yes No	Yes No	Yes No
	Yes No	\$		Yes No		Yes No	Yes No	Yes No

Is anyone in your household entitled to receive child support (by mutual agreement, arrangement or court order) but are not receiving any amounts?  Y  N  
If yes, please explain: \_\_\_\_\_

If children are in the household with no child support, please explain why household is not receiving: \_\_\_\_\_

In verifying child support, we are required to contact the source of the income. If child support is expected or provided by the child's absent parent, that parent may need to be contacted.

Is there a domestic violence situation with an absent parent that would disallow management from verifying child support through that absent parent?  Y  N  
If yes, please explain: \_\_\_\_\_

Under the penalties of perjury, I/we certify that the information about benefit income presented in this Application is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Printed Name - Head of Household's Full Legal Name (Signature) Date

Printed Name - Additional Adult Household Member's Full Legal Name (Signature) Date

Printed Name - Additional Adult Household Member's Full Legal Name (Signature) Date



**OTHER INCOME:**

Does any member of the household have income from any of the following? If yes, state the amount, frequency, and the household member receiving the income.

Income Type		Amount Received	Per	Household Member Receiving Benefit
Income from Self-Owned Business	<input type="checkbox"/> Y <input type="checkbox"/> N			
Recurring Cash Contributions or Gifts including rent or utility payments	<input type="checkbox"/> Y <input type="checkbox"/> N			
Worker's Compensation	<input type="checkbox"/> Y <input type="checkbox"/> N			
Unemployed Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Severance Pay	<input type="checkbox"/> Y <input type="checkbox"/> N			
Payments from Insurance Policies	<input type="checkbox"/> Y <input type="checkbox"/> N			
Retirement Benefits (IRA, 401K, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N			
Pension Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Pension Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Educational Grants/ Scholarships	<input type="checkbox"/> Y <input type="checkbox"/> N			
Disability or Death Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
GI Bill Benefits	<input type="checkbox"/> Y <input type="checkbox"/> N			
Periodic Payments from lottery winnings	<input type="checkbox"/> Y <input type="checkbox"/> N			
Member of a Native American Tribe or Band receiving gaming payments	<input type="checkbox"/> Y <input type="checkbox"/> N			
Dividend income from Whole Life Insurance Policy	<input type="checkbox"/> Y <input type="checkbox"/> N			
Income from Rental Property	<input type="checkbox"/> Y <input type="checkbox"/> N			
Income from Stocks, bonds, or other investments.	<input type="checkbox"/> Y <input type="checkbox"/> N			
Annuity income	<input type="checkbox"/> Y <input type="checkbox"/> N			
Any Other Source of Income: _____	<input type="checkbox"/> Y <input type="checkbox"/> N			
Any Other Source of Income: _____	<input type="checkbox"/> Y <input type="checkbox"/> N			

**TOTAL GROSS ANNUAL INCOME** (Based on the amounts listed above including all employment income) \$ \_\_\_\_\_

**TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR** \$ \_\_\_\_\_

Does any household member file income tax returns?  Y  N

**DO YOU ANTICIPATE ANY CHANGES IN THE HOUSEHOLD'S INCOME IN THE NEXT 12 MONTHS?**  Y  N  
**ARE APPLICATIONS PENDING FOR ANY HOUSEHOLD MEMBER FOR SOCIAL SECURITY, PENSIONS, UNEMPLOYMENT, VETERAN'S OR OTHER BENEFITS?**  Y  N

If you answered "Yes" to either question above, please explain:

\_\_\_\_\_

I understand that if my income increases or employment changes prior to move in, I must notify management immediately.  Y  N

Under the penalties of perjury, I/we certify that the information about other income presented in this Application is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Printed Name - Head of Household's Full Legal Name \_\_\_\_\_ (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Printed Name - Additional Adult Household Member's Full Legal Name \_\_\_\_\_ (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Printed Name - Additional Adult Household Member's Full Legal Name \_\_\_\_\_ (Signature) \_\_\_\_\_ Date \_\_\_\_\_

**ASSET INFORMATION**

Does any member of the household own any of the following types of assets?

Type of Asset		Value	Name of Financial Institution or Holder
Checking Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Checking Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Savings Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Savings Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Credit Union Savings	<input type="checkbox"/> Y <input type="checkbox"/> N		
Certificate of Deposit	<input type="checkbox"/> Y <input type="checkbox"/> N		
Certificate of Deposit	<input type="checkbox"/> Y <input type="checkbox"/> N		
Stocks/Bonds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Mutual Funds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Treasury Bills	<input type="checkbox"/> Y <input type="checkbox"/> N		
Money Market Funds	<input type="checkbox"/> Y <input type="checkbox"/> N		
Rental Property	<input type="checkbox"/> Y <input type="checkbox"/> N		
Real Estate/Mortgages/Land Contracts	<input type="checkbox"/> Y <input type="checkbox"/> N		
Trust Funds (Revocable or Non-revocable)	<input type="checkbox"/> Y <input type="checkbox"/> N		
Annuities	<input type="checkbox"/> Y <input type="checkbox"/> N		
Life Insurance (Term or Whole)? Please complete for only whole life insurance.	<input type="checkbox"/> Y <input type="checkbox"/> N		
Time Certificates	<input type="checkbox"/> Y <input type="checkbox"/> N		
IRA or Keogh Account	<input type="checkbox"/> Y <input type="checkbox"/> N		
Personal Property held for investment purposes	<input type="checkbox"/> Y <input type="checkbox"/> N		
Cash on Hand	<input type="checkbox"/> Y <input type="checkbox"/> N		
Debit Card (payroll, benefits, etc.)	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Asset	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Asset	<input type="checkbox"/> Y <input type="checkbox"/> N		
Other Financial Asset	<input type="checkbox"/> Y <input type="checkbox"/> N		

Under the penalties of perjury, I/we certify that the information presented about assets in this Application is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the lease agreement.

Printed Name - Head of Household's Full Legal Name (Signature) Date

Printed Name - Additional Adult Household Member's Full Legal Name (Signature) Date

Printed Name - Additional Adult Household Member's Full Legal Name (Signature) Date

**DISPOSAL OF ASSETS:**

Has any household member disposed of ANY assets at less than fair market value during the past two years?  Yes  No

If Yes, list asset(s) disposed of (or gifted), fair market value of asset(s), any amount received for asset(s) and disposal date:



**ACCESSIBLE FEATURES:**

If such a unit is currently available, do you or any member of your household require a unit with accessible (either mobility or sensory) features?  Yes  No Do you or any member of your household require any other accommodations because of a disability?  Yes  No If "Yes," please describe the needed accommodation.

**STUDENT INFORMATION:**

Has any member been a student in the past 12 months or will be in the next 12 months?  Y  N

Household Member (use number from Page 1)	A student now or next year?	Full Time	Part Time
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>

**STUDENT STATUS:** Will all of the household members be or have been full time students during five (5) calendar months of this year or plan to be in the next calendar year?  Yes  No

**IF YES, ANSWER THE FOLLOWING QUESTIONS:**

Are any full time student(s) married and filing a joint tax return?  Yes  No **If yes, and this is a bond community, stop here. Continue if a tax credit property.**

Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?  Yes  No

Are any full time student(s) a TANF or a title IV recipient?  Yes  No

Are any full time student(s) a single parent and not a dependent of another living with his/her minor child(ren)?  Yes  No

The family consists of or includes a student previously under care and placement of a state agency administering a plan under Parts B or E Title IV of the Social Security Act (i.e. foster care).  Yes  No

**MISCELLANEOUS INFORMATION**

Do you have any pets?  Yes  No If yes, what Type: \_\_\_\_\_ Color: \_\_\_\_\_

Date of Rabies Shot: \_\_\_\_\_ Weight (pounds): \_\_\_\_\_

Has any household member ever been convicted of any drug offense?  Yes  No If yes, Who: \_\_\_\_\_

Explain: \_\_\_\_\_

Has any household member ever been convicted of a felony?  Yes  No If yes, Who: \_\_\_\_\_

Explain: \_\_\_\_\_

Are you aware that no one else can join the household without prior management approval? Do you understand this clearly?  Yes  No

Do you understand that if we discover during the verification process that others will be living in your household not listed on this application, that is grounds to reject your application?  Yes  No

Do you understand that Tax Credit Rules require that any changes in your household composition will result in a new certification to prove eligibility?  Yes  No

**RENTAL APPLICATION PROVISIONS:**

1. Applicant has submitted the sum of \$ 25.00 which is a non-refundable payment (Application Fee) used to defray the cost of processing this application. Such sum is not a rental payment or security deposit. This amount will be retained by management to cover cost of processing application. Any false information will constitute grounds for rejection of this application. Application is hereby made to rent apartment number \_\_\_\_\_.
2. This application is made by the prospective resident (referred to below as "you" or "your") subject to approval or disapproval by the management of \_\_\_\_\_ Apartments (referred to below as "we" or "us").
3. A Reservation Fee of \$ \_\_\_\_\_ is required to hold an apartment. Reservation Fee will be applied towards the Security Deposit at lease signing or move-in, whichever occurs first. In the event you do not pay a Reservation Fee today, but only an Application Fee, then we are not obligated to hold a unit for you and someone else may rent the unit you were looking at after your application is made.
4. In the event we disapprove this Application, it is agreed that the entire Reservation Fee, if already paid by you, will be returned to you.



5. In the event we approve this Application, you will be required to sign the lease within 72 hours. If you subsequently withdraw after signing the lease, or you subsequently fail or refuse to perform all of your obligations, it is agreed that an amount equal to loss of rent until the apartment can be re-rented plus the non-refundable Application Fee shall be retained out of any monies paid.
6. You are hereby notified that the State of Maryland has enacted legislation, which applies to Applications for Leases. Section 8-213, Real Property Article, Annotated Code of Maryland, provides as follows:
  - A. If the Owner requires from a prospective resident any fees other than a Security Deposit as defined by Section 8-203 (A) of this Subtitle, and these fees exceed \$25.00, then the Owner shall return the fees, subject to the exceptions below, or be liable for twice the amount of the fees in damages. The return shall be made not later than fifteen (15) days following the date of occupancy or the written communication, by either party to the other, of a decision that no tenancy shall occur. The Owner may retain only that portion of the fees actually extended for a credit check or other expenses arising out of the Application, and shall return that portion of the fees not actually expended on behalf of the resident making application.
  - B. This Section does not apply to an Owner who offers four (4) or less dwelling units for rent on one parcel of property or at one location, or to seasonal or condominium rentals.
7. Upon approval of this Application by us, and the execution of the written Lease, this Application shall be incorporated into and shall be deemed to be a part of the Lease entered into between you and us.
8. It is understood and agreed that the information set forth by you in this Application constitutes a material basis and inducement for us to approve the Application and to enter into a written Lease with you. Therefore, it is understood and agreed that if you give any untrue or incorrect information in this Application or omit any material information, such untrue or incorrect information or omission shall be deemed to be a breach of the written Lease, into which this Application is incorporated, creating a right by us, as Lessor, at its option, to cancel the Lease and to repossess the leased premises in the manner provided by federal, state and local Law.
9. We adhere to all Federal, State and Local Fair Housing Laws. We lease to any qualified resident and do not discriminate because of their race, color, religion, sex, national origin, handicap status, age, marital status, sexual orientation, familial status or any other protected group under local, state or federal law.
10. **YOU HEREBY GIVE PERMISSION TO US OR OUR AGENT TO CHECK YOUR CREDIT AND CRIMINAL BACKGROUND AND YOU UNDERSTAND THAT WE WILL ALSO BE ABLE, BY YOUR CONSENT, TO LOOK AT PAST TENANCIES, EMPLOYMENT, CHARACTER, REPUTATION, ETC. FURTHER, YOU HAVE A RIGHT UNDER SECTION 606B OF THE FAIR CREDIT AND REPORTING ACT TO MAKE WRITTEN REQUEST WITHIN REASONABLE TIME FOR A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF ANY INVESTIGATION.**
11. POSSESSIONS - Owner shall not be liable for failure to deliver possession of the leased premises at the time stipulated herein as the date for commencement of the tenancy and the rent specified herein shall be abated for the period from the date of commencement of this lease to the day possession is given to Resident. In the event that Owner does not deliver possession of the premises as of the date specified therein for commencement of the tenancy, Resident shall have the option of canceling and rescinding this lease. If Resident elects such options; Owner shall return all money given as Reservation Fee, rent, security deposit or other type of deposit.

*I/We understand that the above information is being collected to determine my/our eligibility for the Low-Income Housing Tax Credit Program. I/We authorize the owner/management to verify all information provided on this application and my/our signature is our consent to obtain such verification. I/We certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to the release of the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties. Federal law specifies fines up to \$10,000 and imprisonment for terms of up to five years and is grounds for eviction if application is falsified.*

**SIGNATURES: (All adult household members over age 18 must print name, sign & date below.)**

Printed Name - Head of Household's Full Legal Name	(Signature)	Date
Printed Name - Additional Adult Household Member's Full Legal Name	(Signature)	Date
Printed Name - Additional Adult Household Member's Full Legal Name	(Signature)	Date
Printed Name - Additional Adult Household Member's Full Legal Name	(Signature)	Date

**Warning:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of The United States as to any matter within its jurisdiction.

