



APPLICATION FOR HOUSING
Low-Income Housing Tax Credit Property

PLEASE PRINT CLEARLY

This is an application for housing at:	Project: The Francis Scott Key Apartments
	Address: 31 West Patrick Street
	Frederick, MD 21701
	Phone 301-694-3700 Fax 301-694-3710
Please complete this application and return to:	Name: The Francis Scott Key Apartments
	Address: 31 West Patrick Street
	Frederick, MD 21701
	Phone 301-694-3700 Fax 301-694-3710

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State ZIP

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you RENT or OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? Yes No (check one)

Check utilities paid by you: Heat Electricity Gas Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: Studio One BR Two BR Three BR Handicap BR

B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head	Marital Status M-Married D-divorced S-single L-legal separation E-estranged	Birth Date	Age	SS#	Student Y/N
Head							
Co-T							
3.							
4.							
5.							
6.							



Do you anticipate any additions to the household in the next twelve months?	Yes	No
If yes, explain		

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are any full-time student(s) a TANF or a title IV recipient?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
		\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	AFDC/TANF	\$
	AFDC/TANF	\$
	AFDC/TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$



	Interest Income (source)	\$
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Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held	
	How long employed:	
	Alimony	
	Are you <i>entitled</i> to receive alimony?	Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	Do you receive alimony?	Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
	Child Support	
	Are you <i>entitled</i> to receive child support?	Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	Do you receive child support?	Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
	Other Income	\$
	Other Income	\$
	Other Income	\$
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, explain:		

D. ASSETS			
If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write NA.			
Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
Trust Account	#	Bank	Balance \$
Certificates	#	Bank	Balance \$
	#	Bank	Balance \$



	#	Bank	Balance \$
	#	Bank	Balance \$
Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$
Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
Life Insurance Policy	#		Cash Value \$
Life Insurance Policy	#		Cash Value \$
Mutual Funds	Name:	#Shares:	Interest or Dividend \$ Value \$
	Name:	#Shares:	Interest or Dividend \$ Value \$
	Name:	#Shares:	Interest or Dividend \$ Value \$
Stocks	Name:	#Shares:	Dividend Paid \$ Value \$
	Name:	#Shares:	Dividend Paid \$ Value \$
	Name:	#Shares:	Dividend Paid \$ Value \$
Bonds	Name:	#Shares:	Interest or Dividend \$ Value \$
	Name:	#Shares:	Interest or Dividend \$ Value \$
Investment Property			Appraised Value \$

Real Estate Property: <i>Do you own any property?</i>	Yes	No
<i>If yes</i> , Type of property		
Location of property		
Appraised Market Value	\$	
Mortgage or outstanding loans balance due	\$	
Amount of annual insurance premium	\$	
Amount of most recent tax bill	\$	

Have you sold/disposed of any property in the last 2 years?	Yes	No
<i>If yes</i> , Type of property		
Market value when sold/disposed	\$	
Amount sold/disposed for	\$	
Date of transaction		

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	Yes	No
<i>If yes</i> , describe the asset		
Date of disposition		
Amount disposed	\$	

Do you have any other assets not listed above (excluding personal property)?	Yes	No
<i>If yes, please list:</i>		



E. ADDITIONAL INFORMATION		
Are you or any member of your family currently using an illegal substance?	Yes	No
Have you or any member of your family ever been convicted of a felony?	Yes	No
<i>If yes, describe</i>		
Have you or any member of your family ever been evicted from any housing?	Yes	No
<i>If yes, describe</i>		
Have you ever filed for bankruptcy?	Yes	No
<i>If yes, describe</i>		
Will you take an apartment when one is available?	Yes	No
<i>Briefly describe your reasons for applying:</i>		

F. REFERENCE INFORMATION		
Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:	Phone #:	
Credit Reference #2:		
Address:		
Account #:	Phone #:	
Credit Reference #3:		
Address:		
Account #:	Phone #:	
Personal Reference #1:		
Address:		
Relationship:	Phone #:	
Personal Reference #2:		
Address:		
Relationship:	Phone #:	
Personal Reference #3:		
Address:		



Relationship:	Phone #:
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In case of emergency notify:

Address:

Relationship:	Phone #:
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G. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle:	License Plate #:
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Year/Make:	Color:
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Type of Vehicle:	License Plate #:
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Year/Make:	Color:
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Do you own any pets?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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<i>If yes, describe:</i>

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date



Processing Fee: \$ _____

Security Deposit: \$ _____

Total payment with Application: \$ _____

Check () Cash () Money Order ()

Upon execution of Lease first month's rent due.

1. It is understood that the sums deposited herewith as Processing Fee are not refundable.
2. The sums deposited herewith as Security Deposit are refundable if this Application is not approved by the owners of the apartment community.
3. If the owners of the apartment community accept this Application, either orally or in writing, Applicant(s) agree that within five (5) days of having been mailed notice of the approval of this Application, to enter into a Lease in conformity with this Application on the owner's standard form of Lease Agreement (a copy of which has been made available for Applicant(s) to review).
4. If the owners of the apartment community accept this Application, and Applicant(s) do not enter into a Lease as aforesaid, Applicant(s) shall remain liable for all damages, including lost rental, incurred by the owners as a result thereof, and the entire sum paid as a Security Deposit may be applied by the owners to such damages and losses, if any. In the event of no losses or damages, the Security Deposit shall be returned.
5. If a Landlord requires from a prospective tenant any fees other than a Security Deposit as defined by Section 8-203(a) of the Real Property Article of the Annotated Code of Maryland, and these fees exceed \$25.00, then the Landlord shall return the fees, subject to the exceptions below, or be liable for twice the amount of the fees in damage. The return shall be made no 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.
6. The Landlord may retain only that portion of the fees actually expended for a credit check or other expenses out of the Application, and shall return that portion of the fees not actually expended on behalf of the tenant making application.
7. Items 5 and 6 of this Lease Application, aforesaid, do not apply to a Landlord who offers four (4) or less dwelling units for rent on one (1) parcel of property or at one (1) location, or to seasonal or condominium rentals.
8. The Landlord agrees to lease to the Applicant(s) the above specified apartment so long as Applicant(s) qualify for tenancy under the criteria established by the owners of the apartment community.
9. It is understood that the Security Deposit, or any portion thereof, may be withheld for unpaid rent, damage due to breach of this Lease or for damage by Tenant or the Tenant's family, agents, employees, guests or invitees in excess of ordinary wear and tear to the Premises, common areas, major appliances and furnishings owned by the Landlord.
10. The Tenant shall have the right to be present when the Landlord, or the Landlord's agent, inspects the Premises in order to determine if any damage was done to the Premises, if the Tenant notifies the Landlord by certified mail of the Tenant's intention to move, the date of moving, and the Tenant's new address. The notice to be furnished by the Tenant shall be mailed to the Landlord at least fifteen (15) days prior to the date of moving. Upon receipt of the notice, the Landlord shall notify the Tenant by certified mail of the time and date when the Premises is to be inspected. The date of inspection shall occur within five (5) days before or five (5) days after the date of moving as designated in the Tenant's notice.
11. Upon written request of Tenant, within fifteen (15) days of occupancy, Tenant shall have the right to have the Premises inspected by the Landlord, in the Tenant's presence, for the purpose of making a written list of damages that exist at the commencement of the tenancy.

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 secure from a consumer reporting agency an investigative consumer report. This report may contain, but would not be limited to, a consumer credit report, a criminal history records investigation, a rental history and verification of my residences, employment and income. I further authorize you and the consumer reporting agency to verify any and all information contained in this Application and to inquire into my character, general reputation, personal characteristics and mode of living, and I release all concerned from any liability in connection with the information they give. I have also been advised that I have the right, under the federal Fair Credit Reporting Act, Section 606(B) to make a written request of you and the consumer reporting agency, within a reasonable time, for a complete and accurate disclosure of the nature and scope of the investigation. I also consent to, and authorize the use of, any subsequent consumer report(s) under this authorization in connection with the collection of any debt associated with the rental of a residence for which application was made. Finally, I acknowledge receipt of the summary of consumer rights required by Section 609 of the Fair Credit Reporting Act entitled "A Summary of Your Rights Under the Fair Credit Reporting Act".

I/We have fully read and understand all of the provisions of this Application and acknowledge receipt of a completed copy of same.

 APPLICANT

 APPLICANT

 RENTAL AGENT

 APPROVED/REJECTED

 DATE