



NOTICE:



Please note that it is your responsibility to update your address, phone number(s), email(s) and all income changes for all correspondence on prospective units or current tenant notices.

We will not be held responsible for any correspondence that is not sent to the correct address due to you not notifying Garrettland, Inc. of these changes listed above.

Please call 301-334-9915 to update all contact information and income changes.

REVISED: 11/16/2021

GARRETTLAND INC.
1000 Thayer Center
Oakland, MD 21550
(301) 334-9915

PROJECT _____
DATE & TIME RECEIVED _____
CREDIT FEE PAID ____ YES ____ HOLD FOR FEE
PAID BY ____ APPLICANT ____ OTHER SOURCE
PET POLICY INITIAL _____ DATE _____

ALL QUESTIONS MUST BE COMPLETELY ANSWERED OR THIS APPLICATION WILL BE RETURNED TO YOU. ALSO IF ANY INFORMATION IS FOUND TO BE INCORRECT OR NOT ACCURATE, THIS COULD AFFECT YOUR OCCUPANCY. PLEASE INCLUDE A COPY OF DRIVER'S LICENSE AND/OR I.D. AND COPIES OF SOCIAL SECURITY CARDS OF ALL APPLICANTS LISTED ON APPLICATION.

APPLICATION - RHCDS 515 PROGRAM/TAX CREDIT

PLEASE NOTE THAT EACH UNRELATED ADULT MUST FILL OUT THEIR OWN APPLICATION.
PLEASE PRINT

This is an application for housing in the _____ located in _____. Please complete this application and return to Garrettland, Inc. (Agent for management) at the address above. Applications are placed in order of date and time received. An applicant may be interviewed only after Garrettland Inc. receives the tenant application.

A \$25.00 credit report fee is required for anyone 18 years of age or older - Non-Refundable.

A. GENERAL INFORMATION

Applicant Name: _____
Full First Full Middle Full Last Maiden/Other

Address: _____
Street Apt.# City State Zip

Phone # _____ Present Monthly Rent \$ _____ # of Bed in Current Unit: _____

Email: _____

Check Utilities Paid by You: _____ Approximate Monthly Cost of Utilities Paid
Heat _____ by you (excluding phone & TV.)
Electricity _____ \$ _____
Gas _____
Other _____

Bedroom Size Requested: One Bedroom _____ Two Bedroom _____
Three Bedroom _____ Four Bedroom _____ available in Cumberland, MD ONLY.
Handicap Access Unit _____

List ALL persons who will live in the apartment. List Head of Household first:
SEX: (1) F (2) M (3) Chose not to disclose

NAME	RELATIONSHIP	DOB	SEX	PLACE OF BIRTH	SS#
1. _____					
2. _____					

- 3. _____
- 4. _____
- 5. _____
- 6. _____

B. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:

FAMILY MEMBER NAME: SOURCE OF INCOME

_____ a.	Social Security.....Monthly Amount	\$ _____
_____	Social Security.....Monthly Amount	\$ _____
_____	Social Security.....Monthly Amount	\$ _____
_____ b.	Pension.....Monthly Amount	\$ _____
_____	Pension.....Monthly Amount	\$ _____
	Pension Source: _____	
_____ c.	Veterans Benefits.....Monthly Amount	\$ _____
_____	Veterans Benefits.....Monthly Amount	\$ _____
_____ d.	SSI Benefits.....Monthly Amount	\$ _____
_____	SSI Benefits.....Monthly Amount	\$ _____
_____ e.	Unemployment Comp.Monthly Amount	\$ _____
_____	Unemployment Comp.Monthly Amount	\$ _____
_____ f.	AFDC.....Monthly Amount	\$ _____
_____ g.	Wages....Gross.....Monthly Amount	\$ _____
	Employer _____	
	Position Held _____	How Long Employed _____
_____	Wages....Gross.....Monthly Amount	\$ _____
	Employer _____	
	Position Held _____	How Long Employed _____
_____ h.	Full Time Student Income (Only Full Time Students 18 & Over)	
	Monthly Amount \$ _____	
_____	Full Time Student Income (Only Full Time Students 18 & Over)	
	Monthly Amount \$ _____	
_____ i.	Earned Income _____	
	Tax Credit.....ANNUAL Amount	\$ _____
_____ j.	Alimony.....Monthly Amount	\$ _____
_____ k.	Child Support.....Monthly Amount	\$ _____
	Child Support.....Monthly Amount	\$ _____
_____ l.	Interest Income.....Monthly Amount	\$ _____
_____	Interest Income.....Monthly Amount	\$ _____
_____ m.	Other Income..... Monthly Amount	\$ _____
_____	Other Income.....Monthly Amount	\$ _____

TOTAL GROSS ANNUAL INCOME (Monthly amounts listed above multiplied by 12) \$ _____

Do you anticipate any changes in this income in the next 12 months? YES ___ NO ___

IF YES, Explain: _____

C. ASSETS

Checking Account(s)	# _____	Bank _____	Balance \$ _____
Savings Account(s)	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Trust Accounts	# _____	Bank _____	Balance \$ _____
Certificates	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Credit Union	# _____	Name _____	Balance \$ _____
	# _____	Name _____	Balance \$ _____
Savings Bonds	# _____	Maturity Date _____	Value \$ _____
	# _____	Maturity Date _____	Value \$ _____
Life Insurance Policy	# _____	Face Value _____	

Real Property: Do you own any property? Yes _____ No _____
 IF YES, Type of Property _____
 Location _____
 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 _____
 IF YES, 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 _____
 IF YES, Describe Asset _____
 Date of Disposition _____
 Amount Disposed _____

Do You Have Any Other Assets Not Listed Above (Excluding Personal Property)?
 Yes _____ No _____
 IF YES, List _____

D. MEDICAL/CHILDCARE/HANDICAP ASSISTANCE EXPENSES

Medical Costs: Complete this part ONLY if Head or Spouse is 62 or Older, Disabled or Handicapped.
 Medicare Premiums.....Monthly Amount \$ _____
 Monthly Amount \$ _____
 Medical Insurance Coverage--Name of Insurance Company _____
 Address _____
 Monthly Amount \$ _____

Anticipated Medical/Drug/Prescription Costs NOT covered by Insurance NOR Reimbursed:
 Monthly Amount \$ _____

Medical Bills or Outstanding Costs You Are Making Monthly Payments For:
 Balance Due \$ _____ Monthly Payments \$ _____ Payable To: _____

Are You Seeing a Physician Regularly? _____ Name: _____
 Projected Costs NOT Covered by Insurance NOR Reimbursed for the Next 12 Months \$ _____

Childcare Costs: Complete ONLY for Children 12 & Younger:

Name(s) of Children Cared For _____ Age _____
_____ Age _____
_____ Age _____
_____ Age _____

Name & Address of Person OR Agency Caring for Children: _____

Weekly Cost for Childcare Due to Employment \$ _____

Weekly Cost for Childcare Due to Education \$ _____

Handicap Assistance Expenses: Complete ONLY if Handicap Expenses Allow the Handicap or Another Household Member to WORK? _____

List Type Expenses, Weekly Amount, Paid to Whom: _____

E. PROGRAM INFORMATION

Are there any adult household members that are full-time students? Yes _____ No _____

Have any adult household members been or will be a full-time student during this calendar year? Yes _____ No _____

Are You Displaced? Yes _____ No _____

IF YES, Displacement Agency _____

Is Your Current Unit Condemned? Yes _____ No _____

IF YES, By Whom? _____

Would you benefit from a unit designed for persons with mobility impairments? Yes _____ No _____

Are You a Veteran? Yes _____ No _____ IF YES, Dates of Service _____

Are You Currently Living in Subsidized Housing? Yes _____ No _____

Have You Ever Resided in a Project Financed and/or Subsidized by the Government? Yes _____ No _____

IF YES, Name & Address _____

Have You Ever Been Evicted from Public Housing or Any Other Federal Housing Program?

Yes _____ No _____ IF YES, Where _____ When _____

Describe Reasons _____

Have you ever been evicted from other housing? Yes _____ No _____

How Did You Hear About This Housing? _____

Will You Take an Apartment When One is Available? Yes _____ No _____

Briefly Describe Your Reasons for applying: _____

Have you or any member of the applicants in the household ever engaged in the illegal use, attempted use, possession or sale of a controlled substance? Yes _____ No _____

Have you or any member of the applicants household been convicted of illegal use, attempted use, manufacture, possession, storing, distribution or sale of a controlled substance? Yes _____ No _____

IF YES, are you currently enrolled in a substance abuse program? Yes _____ No _____

Have **you** or **any household member** ever been convicted of any criminal offense? Yes _____ No _____

Please answer the next set of questions: (See attached selection criteria for details.)

Have you or any member of your household INCLUDING JUVENILES: Please circle your answer

EVER been arrested, cited, prosecuted, plead guilty to, or been convicted of a crime? YES NO

EVER been arrested, cited, prosecuted, plead guilty to, or been convicted of a felony? YES NO

EVER been placed on probation, parole, or any other release from jail or prison? YES NO

EVER been or currently are a member of a gang? YES NO

Is ANY member of the household subject to a conviction or on a sex offender registration in any state? YES NO

Is there a current warrant for you or ANY other member of your household's arrest? YES NO

Are you, or ANY member of your household currently involved in ANY criminal activity? YES NO

EVER been evicted or had a forcible detainer filed against you? YES NO

EVER moved to avoid eviction or because of problems with other tenants or landlord? YES NO

Have you ever refused to pay your rent? YES NO

Have you filed for bankruptcy in the past ten years? YES NO

Do you plan to have a waterbed or aquarium? YES NO

Have you ever lived here before or know someone living here now? YES NO

EXPLAIN ALL YES ANSWERS IN DETAIL: _____

List all states you have resided in: _____

F. REFERENCE INFORMATION

Current Landlord: Name _____ Address _____
Home Phone _____ Business Phone _____

Previous Rental Information:
Prior Landlord _____ Address _____
Prior Landlord _____ Address _____

Credit References:

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

Personal References:

1. Name _____ Address _____ Phone _____
2. Name _____ Address _____ Phone _____
3. Name _____ Address _____ Phone _____

In Case of Emergency Notify: Name: _____
Address _____ Phone _____

G. OTHER REQUIRED INFORMATION

VEHICLES: List any cars trucks or other vehicles owned. (Parking will be provided for one vehicle.)

Type of Vehicle _____ Year/Make _____ Color _____
License Plate # _____

Type of Vehicle _____ Year/Make _____ Color _____
License Plate # _____

PETS: Do you own any pets? Yes _____ No _____ IF Yes, DESCRIBE _____

ASSISTED ANIMALS: Do you have any assisted animals such service animals, therapy animals, support animals or companion animals?

Yes _____ No _____ IF Yes, DESCRIBE _____

H. CERTIFICATION/AUTHORIZATION

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 that my/our eligibility for housing will be based on Rural Housing & Community Development income/occupancy limits and by Garrettland, Inc. 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.

EACH RELATED ADULT (18 OR OLDER) THAT WILL BE RESIDING IN THE UNIT MUST SIGN THE APPLICATION.

SIGNATURE:

HEAD DATE SPOUSE/CO-HEAD DATE

AUTHORIZATION

I/We hereby authorize Garrettland, Inc. and its staff or authorized representative to contact any agencies, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by Garrettland, Inc.

SIGNATURE:

HEAD DATE SPOUSE/CO-HEAD DATE

"The following information is requested by the apartment owner in order to assure the Federal Government, acting through the Rural Housing & Community Development, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, national origin, sex, color, religion, creed, age, handicap and familial status are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of the individual applicants on the basis of visual observation and surname."