

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

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.

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 with your application - Non-Refundable.**

**A. GENERAL INFORMATION**

Applicant Name(s) \_\_\_\_\_  
Full First Full Middle Full Last

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

Tel.# \_\_\_\_\_ Present Monthly Rent \$ \_\_\_\_\_ No. of Bdrms. in Current Unit \_\_\_\_\_

Check Utilities Paid by You: \_\_\_\_\_ Approximate Monthly Cost of Utilities Paid  
Heat \_\_\_\_\_ by You (Excluding phone & cable t.v.)  
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:

NAME	RELATIONSHIP	BIRTH DATE	PLACE OF BIRTH	SOCIAL SECURITY NUMBER
1. _____	HEAD	_____	_____	_____
2. _____				
3. _____				
4. _____				
5. _____				

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

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

FAMILY MEMBER NAME	SOURCE OF INCOME	
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\_\_\_\_\_ a. Social Security.....Monthly Amount \$ \_\_\_\_\_

\_\_\_\_\_ Social Security.....Monthly Amount \$ \_\_\_\_\_

\_\_\_\_\_ Social Security.....Monthly Amount \$ \_\_\_\_\_

\_\_\_\_\_ b. Pension.....Monthly Amount \$ \_\_\_\_\_

\_\_\_\_\_ Pension.....Monthly Amount \$ \_\_\_\_\_

\_\_\_\_\_ Source of Pension(s) \_\_\_\_\_

\_\_\_\_\_ 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 \$ \_\_\_\_\_  
 # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Savings Account(s) # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 # \_\_\_\_\_ 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 \_\_\_\_\_  
 Address \_\_\_\_\_  
 Projected Costs NOT Covered by Insurance NOR Reimbursed for the Next 12 Months \$ \_\_\_\_\_  
 Any Other Medical Expenses: List Type & Amounts: \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

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 You a Full-Time Student? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been or will you 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 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

- |   |     |    |
|---|-----|----|
| <u>EVER</u> been arrested, cited, prosecuted, plead guilty to, or been convicted of a crime?        | YES | NO |
| <u>EVER</u> been arrested, cited, prosecuted, plead guilty to, or been convicted of a felony?       | YES | NO |
| <u>EVER</u> been placed on probation, parole, or any other release from jail or prison?             | YES | NO |
| <u>EVER</u> been or currently are a member of a gang?   | YES | NO |
| Is <u>ANY</u> member of the household subject to a lifetime sex offender registration in any state? | YES | NO |
| Is there a current warrant for your or <u>ANY</u> other member of your household's arrest?          | YES | NO |
| Are you, or <u>ANY</u> member of your household currently involved in <u>ANY</u> criminal activity? | YES | NO |
| <u>EVER</u> been evicted or had a forcible detainer filed against you?                              | YES | NO |
| <u>EVER</u> 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:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F. REFERENCE INFORMATION**

**Current Landlord:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

**Previous Rental Information:**  
Prior Landlord \_\_\_\_\_  
Address \_\_\_\_\_  
Prior Landlord \_\_\_\_\_  
Address \_\_\_\_\_

**Credit References:**

- Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Personal References:**

- Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_  
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 \_\_\_\_\_

**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

\_\_\_\_\_  
SPOUSE/CO-HEAD

DATE \_\_\_\_\_

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

\_\_\_\_\_  
SPOUSE/CO-HEAD

DATE \_\_\_\_\_

DATE \_\_\_\_\_

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"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 and sex 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."