

Ellicott Gardens 2

(410) 461-5583 | TTY 711

EllicottGardens@hrehllc.com

5511 Waterloo Road, Ellicott City, MD 21043

Thank you for choosing Ellicott Gardens 2 as your new home.

To Apply Please Complete the Following Steps:

- **Complete & Sign the Application Packet**

Provide the Items Listed Below:

- **Identification:**
 - Photo ID for household members
 - Social Security or ITIN numbers for all household members
- **Application Fee:**
 - An application fee of \$17.00 per applicant is due at the time of application and is payable via certified check or money order
- **Employment/Income Information:**
 - 8 current, consecutive paystubs
 - Name, address, phone, & fax # of employer
 - If self-employed, last year's complete tax return
- **Other income Information:**
 - Current benefits letters - social security, public assistance, pension/annuity
- **Bank/Asset Information:**
 - Checking accounts - 6 recent complete bank statements
 - Savings accounts - most recent complete bank statement
 - Other accounts (401K, mutual funds, etc.) - most recent statements
 - Name, address, phone, & fax # of banking institution
 - Internet based accounts (CashApp, Venmo, PayPal, etc.) - most recent complete statement
- **Rental History:**
 - 3 years of landlord history - name, address, phone number, email of landlord

*The above is not an exhaustive list; our team may request additional documents as we work to process the application.



Ellicott Gardens 2
Application for Housing

Please complete one application per household

Unit Size Requested? _____

When would you like to move in? _____

How did you hear about us? _____

OFFICE USE ONLY, DATE & TIME RECEIVED:	
HHID: _____	Initials: _____

FILL IN ALL SECTIONS AND FIELDS; IF NOT APPLICABLE, INSERT 'N/A.' INCOMPLETE APPLICATIONS WON'T BE PROCESSED.

Contact Information

Primary Mailing Address:

_____			_____			_____														
<i>Street Address</i>			<i>Apt #</i>			<i>Primary Email Address</i>														
_____			_____			_____														
<i>City</i>			<i>State</i>			<i>Zip</i>														
_____			_____			_____														
<i>Primary Phone Number</i>			<i>Secondary Phone Number</i>			<table border="0"> <tr> <td>Cell</td> <td>Home</td> <td>Work</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Cell</td> <td>Home</td> <td>Work</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>			Cell	Home	Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cell	Home	Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Household Composition

Please refer to the Program Eligibility Income Requirement section of the Resident Selection Criteria and list all persons who will live in the unit, and those who will be counted for determining income limits who are not living in the unit.

Name	Relationship to head	Marital Status	Birth Date MM/DD/YYYY	Age	Social Security number	Student Y/N
	Head of Household					

Use the following codes for marital status:

NM – Single and Never Married **M** – Married **D** – Divorced **L** – Legally Separated **E** – Estranged **W** - Widowed

No one else can join the household without prior management approval

Is this the entire household to occupy the unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no , please explain:	
Do you plan to have anyone living with you in the future who is not listed above (<i>pregnancies, etc.</i>)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please explain:	
Do you anticipate any other changes to your household in the next 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , please explain:	
Do you have full custody of your child(ren)?	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
If no , please explain:	
Are any household members foster children or foster adults?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes , who?	

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) Yes No

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: _____

Does anyone in your household above resided in another State? Yes No

If yes, please list all states where they have ever lived and HH Member # describe: _____

Do you or a household member above possess a current Section 8 Voucher/certificate, or is receiving Housing assistance from HUD or a PHA? Yes No

If yes, is the Voucher/Certificate Transferable? Yes No

Please provide the name & address of your County or City Housing Authority:
Name: _____ Phone:() - _____ Voucher size: _____
Which household member(s) possess the Voucher/Certificate: #(s) _____
Street address: _____ City, State & Zip: _____

Full-time Student Information

This apartment is governed by Federal and State Housing Program (s) that restrict full-time students. We must determine your household’s student status prior to eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.)

If unsure of full-time status, inquire with management for determination of “Full-Time” prior to completing the following

Are you or any household member above (including Minors) Currently a Full-time Student? YES No Do you or any household member (including minors) anticipated becoming a Full-Time Student? YES No

If Yes to the above two questions, complete the following:

Are any Full-Time Student(s) married and filling a joint Tax return? YES No Are any of the Full-time Student(s) enrolled in Job Training Program receiving assistance under the Job Training Partnership Act? YES No

Any Full-Time Student(s) a single parent living w/his/her minor child who is not claimed on another’s tax return? YES No Are any of the Full-time Student(s) a TANF or Title IV recipients? YES No

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 rules require you to disclose the following income:

- ✓ 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 purposes.

Contributions from Friends & Relatives | Please keep these answers in mind when completing the income checklist.

Do friends, relatives or other outside sources other than government entities:

Give anyone in the household money on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Make payments or pay bills on behalf of anyone in the household on a regular basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Give anyone in the household necessities (excluding food), and other regularly consumed items? <i>(Such as clothing, diapers, household products, alcohol, cigarettes, etc.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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.

Household Member:							
Contributions from Friends/Relatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Supplemental Security Income (SSI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Social Security Disability Ins. (SSDI)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Unemployment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
TANF/Public Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Pension/Annuity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Workman's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Veterans Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Military Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Net Income from Business	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Other Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$
Education Grants or Scholarships*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$	\$	\$	\$	\$

* Do not include Student Loans

Assets

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.**

	HH Member(s):	Financial Institution:
Checking Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No		
Money Market Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No		
Certificates of Deposit <input type="checkbox"/> Yes <input type="checkbox"/> No		
Retirement Accounts: 401K, IRA, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Stocks <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bonds <input type="checkbox"/> Yes <input type="checkbox"/> No		
Mutual Funds <input type="checkbox"/> Yes <input type="checkbox"/> No		
Trust Accounts <input type="checkbox"/> Yes <input type="checkbox"/> No		
Whole or Universal Life Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		

Does anyone in the household own and/or receive benefits or wages on prepaid 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 own a house, condo or other form of real estate? Yes No

If yes, please explain:

If yes, does anyone in the household receive rental income from real estate? Yes No

Has anyone in the household sold or disposed of any real estate in the last 2 years? Yes No
**Do not include foreclosures, short sales or bankruptcies.*

If yes, please explain:

Has anyone in your household disposed of any other assets in the last 2 years? (*Examples: Given away money to relatives, irrevocable trust account*). **Do not include normal sale of items for market value* Yes No

If yes, please explain:

Excluding necessary personal property such as cars, furniture, clothing, etc., does anyone in your household have any other assets (items of value held as an investment that may be turned into cash) not listed above? Yes No

If yes, please list:

Residential History & Verification References

A verification of residency must be available for all addresses lived in by all adult applicants for 36 months prior to the application date. Please use the additional address spaces to provide information on previous addresses within the past 36 months or for separate addresses of other adults.

Current Address Yes No

Are any household members currently residing in subsidized housing?

Who resided at this address:

Name of Housing Complex or Specify if Privately Owned/Rented:	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 Privately Owned/Rented: Month/Year Tenancy Began: Month/Year Tenancy Ended:

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 Privately Owned/Rented: Month/Year Tenancy Began: Month/Year Tenancy Ended:

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 Privately Owned/Rented: Month/Year Tenancy Began: Month/Year Tenancy Ended:

Street Address: Apt #: Landlord's Name:

City: State: Zip: Landlord's Phone & Fax Number:

To facilitate verification of the various factors of eligibility please provide the contact information for any employers, sources of contributions or informal support, pension/annuity providers, child care providers, and sources of medical expenses.

If any household members are disabled please provide contact information for a physician, psychologist, clinical social worker, other licensed health care provider or the Veterans Administration who can verify disability status (we will only verify the individual meets the program definition of disabled, we do not verify the nature or extent of the disability.)

Contact Information for Verification 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: State: Zip: Fax Number:

Contact Information for Verification of:

<i>Name of Business, Professional or Individual:</i>	<i>Street Address:</i>	<i>Phone Number:</i>
<i>Relevant Household Member:</i>	<i>City:</i> <i>State:</i> <i>Zip:</i>	<i>Fax Number:</i>

Contact Information for Verification of:

<i>Name of Business, Professional or Individual:</i>	<i>Street Address:</i>	<i>Phone Number:</i>
<i>Relevant Household Member:</i>	<i>City:</i> <i>State:</i> <i>Zip:</i>	<i>Fax Number:</i>

Contact Information for Verification of:

<i>Name of Business, Professional or Individual:</i>	<i>Street Address:</i>	<i>Phone Number:</i>
<i>Relevant Household Member:</i>	<i>City:</i> <i>State:</i> <i>Zip:</i>	<i>Fax Number:</i>

Contact Information for Verification of:

<i>Name of Business, Professional or Individual:</i>	<i>Street Address:</i>	<i>Phone Number:</i>
<i>Relevant Household Member:</i>	<i>City:</i> <i>State:</i> <i>Zip:</i>	<i>Fax Number:</i>

Contact Information for Verification of:

<i>Name of Business, Professional or Individual:</i>	<i>Street Address:</i>	<i>Phone Number:</i>
<i>Relevant Household Member:</i>	<i>City:</i> <i>State:</i> <i>Zip:</i>	<i>Fax Number:</i>

Contact Information for Verification of:

<i>Name of Business, Professional or Individual:</i>	<i>Street Address:</i>	<i>Phone Number:</i>
<i>Relevant Household Member:</i>	<i>City:</i> <i>State:</i> <i>Zip:</i>	<i>Fax Number:</i>

Miscellaneous

Are any members of the household subject to a Lifetime Sex Offender Registration in any state? Yes No

Please list all states where any members of the household have resided:

Vehicle & Pet Information

Please provide the following information for vehicles owned or operated by household members:

Year	Vehicle Make	Model	Color	License Plate
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Does anyone in the household own a pet?

Yes No

If yes, please describe:

Prospective Resident Consumer Report Authorization

I hereby affirm that my answers on this application to lease are true and correct and that I have not knowingly withheld any fact or circumstance, which would, if disclosed, affect my application unfavorably. I authorize you to secure from **Real Page**, 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, and verification of my residences, employments and income.

I authorize **Real Page** 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 liability, in right, under the federal Fair Credit Reporting Act (FCRA), Section 606(B) to make written request of you and **Real Page**, within a reasonable time, for a complete and accurate receipt of the summary of consumer rights required by Section 609 of the FCRA, entitled, A Summary of Your Rights Under the Fair Credit Reporting Act.

Certification

Certification by Applicant(s): I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on the funding program and housing agency's eligibility criteria and this community's resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on the applicant screening criteria listed in the Resident Selection Criteria.

I/We have understood and answered all questions on this rental application. I/We certify that all answers are true to the best of My/Our knowledge and that any misrepresentations of information or any omission of any significant information or false statements are punishable under Federal Law and could be grounds for cancellation of this application or termination of residency after occupancy.

Head of Household's Signature

Date

Other Adult Member's Signature

Date

Spouse or Co-head's Signature

Date

Other Adult Member's Signature

Date

Other Adult Member's Signature

Date

Other Adult Member's Signature

Date

Community Manager'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



Information Release Authorization and Consent

I, _____, the undersigned, hereby authorize those third parties listed below in section 1 to release, without liability, information stated below in section 2 for purposes of documenting information required under Federal, State, and/or Local housing program guidelines and the community's Resident Selection Criteria.

I, _____, the undersigned, hereby authorize Humphrey Management, Inc. as management agent for Ellicot Gardens 2 Limited Partnership to contact those third parties listed below in section 1 to request information stated below in section 2 for the purpose of documenting information required under Federal, State, and/or Local housing program guidelines and the community's Resident Selection Criteria.

Section 1: Entities Authorized to Release Information

This authorization applies to the following entities whom may be contacted for information:

- | | |
|--|---|
| 1. Current and Previous Employer(s) | 9. Department of Veteran Affairs |
| 2. Providers of alimony, child support, pensions, annuities. | 10. Federal, State, or Local Government Agencies and Departments |
| 3. Banks and Other Financial Institutions | 11. Internal Revenue Service |
| 4. Schools and Colleges | 12. Credit Reporting Agencies |
| 5. Social Security Administration | 13. Local, state and federal courts & law enforcement agencies |
| 6. State unemployment | 14. Current and Previous Landlord(s) |
| 7. Child Support Enforcement | 15. Providers of medical care, childcare, accessibility assistance. |
| 8. Welfare Agencies | 16. Utility Companies and providers |

Section 2: Authorized Information for Release

The undersigned understands that previous or current information regarding their household may be needed for the stated purpose of determining initial or ongoing eligibility for housing at this community.

This authorization applies to the following types of verifications and inquiries that may be requested:

- | | |
|--------------------------------------|---|
| 1. Employment status and income | 9. Participation in Federal, State, or Local programs |
| 2. All other types of income | 10. Tax Information |
| 3. Assets | 11. Personal Identity |
| 4. Student Status | 12. Address/Landlord/Renter's History |
| 5. Household Composition | 13. Medical Expenses |
| 6. Marital Status | 14. Childcare Expenses |
| 7. Custody of Minors | 15. Accessibility Assistance Expenses |
| 8. Federal, State, or Local benefits | 16. Utility Data |

Section 3: Conditions for Release

This authorization is given with the understanding that it cannot be used to obtain any information that is not relevant to eligibility for and/or continued participation as a qualified resident under Federal, State and/or Local housing program guidelines and the community's Resident Selection Criteria.

This authorization form expires 15 months after the date the form is signed.

This authorization allows HAI Management, Inc. to use a photocopy of this authorization for the purposes stated above.

Applicant's Printed Name

Applicant's Signature

Date

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).

ACKNOWLEDGEMENT OF RECEIPT OF VAWA DOCUMENTS

Property: Ellicott Gardens 2

Resident(s): _____

Please sign below to acknowledge you have received the two following Violence Against Women Act (VAWA) documents:

- 1) VAWA Notice of Occupancy Rights Under the Violence Against Women Act, Form HUD-5380
- 2) VAWA Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking, Form HUD-5382

I certify that I am the Head/Co-Head/Spouse or other Adult member of the household and I certify that I have received a copy of the VAWA documents listed above.

Head of Household Date

Co-Head Date

Adult Household Member over 18 Date

I certify that I have provided VAWA Form HUD-5380 and VAWA Form HUD-5382 to the household listed above.

Community Manager / Office Date