



INTERFAITH HOUSING ALLIANCE, INC.
 5301 Buckeystown Pike Suite 320, Frederick, MD 21704 - 301-662-4225 x 1201
 Fax # 301-662-6477

The attached application must be filled out in its entirety listing your combined gross annual income. The application must be signed by all applicants over the age of 18. An incomplete application will delay processing your application.

TENANT SELECTION CRITERIA

Upon submitting your application, a credit check, national criminal background check and sex offender list check will be performed. Prior and present landlord references will be run on every applicant over the age of 18. You must also submit a copy of your drivers license and social security card. Without these items your application will be returned to you for completion.

Applicants **must be income eligible** according to the established income limits displayed on the office bulletin board

Households must qualify under the occupancy standards.

All income and assets will be verified by a "third party" in writing.

A security deposit equal to one month's rent is required at move-in.

Medical Companion Animals are not pets and will be permitted with the proper documentation.

APPLICANTS WILL BE REJECTED DUE TO:

Applicants must show ability to meet financial obligations, such as utility costs and security deposit.

Negative past landlord history, i.e., evictions, violations of previous rental agreement, history of disturbing neighbors bad housekeeping habits, history of late or non-payment of rent.

Judgments, repossessions, bankruptcies that have not been discharged and credit reestablished, or excessive collection activity. If a collection has been posted for a past utility bill, that bill will have to be paid in full before consideration for move-in will be made.

Any conviction of other than acquittal of:

- | | |
|--|---|
| Crimes of violence or hate | Burglary or theft |
| Sex offenses of any kind | Embezzlement |
| Destruction of property, arson, explosives | Sale/Manufacture of a controlled substance |
| Illegal gambling | Forgery |
| Prostitution | Weapon offenses |
| Stalking | |

Crimes involving illegal **use** of a controlled substance, or illegal **use/sale** of prescription medication

Any other offense that poses a threat to the wellbeing or safety of the residents, employees, or property. Any application that is rejected for residency will be mailed a certified denial letter. If the rejection was due to bad credit history, the name, telephone, and address of the credit reporting agency will be printed on the notice.



Date Rec'd	/	/	Time Rec'd	:
Income percentile	___%	Family size	___	
HC Accessibility: Required/Preferred				

Return to:
Interfaith Housing Alliance
5301 Buckeystown Pike Ste 320
Frederick, MD 21704
301-662-4225 Ext. 1201
Fax 301-662-6477

Please check the Community you are applying for:

- | | |
|--|---|
| <u>Senior Apartments</u> | <u>Family Apartments</u> |
| ___ Weinberg House (Frederick, MD) | ___ Natelli Manor (Frederick, MD) |
| ___ Washington Square (Chambersburg, PA) | ___ Union Village (Westminster, MD) |
| | ___ Washington Ridge (Frostburg, MD) |
| <u>Single Family Homes</u> | <u>Family Townhomes</u> |
| ___ Oakwood Family Homes (Glen Burnie, MD) | ___ Penn Ave Townhomes (Cumberland, MD) |

The following information is confidential and will not be disclosed without your consent.

PERSONAL INFORMATION

Name _____ SS# _____ Drivers Lic # _____ DL State _____
 Address _____ City _____ State _____
 Zip Code _____ DOB _____ Home Phone _____ Cell Phone _____
 Email _____

Co-Applicant _____ SS# _____ Drivers Lic # _____ DL State _____
 Address _____ City _____ State _____
 Zip Code _____ DOB _____ Home Phone _____ Cell Phone _____
 Email _____

HOUSEHOLD MEMBERS – LIST ALL OTHER MEMBERS WHO WILL OCCUPY THE APARTMENT

Last Name	First Name	Middle	SS#	Relationship	Birthdate

RENTAL INFORMATION - APPLICANT

Current Landlord: _____ Length of Residence _____ Phone _____
 Address _____ City _____ State _____
 Rent Amount _____ Total Utilities _____ Phone _____ Reason for Leaving _____

Previous Landlord: _____ Length of Residence _____ Phone _____
 Address _____ City _____ State _____
 Rent Amount _____ Total Utilities _____ Phone _____ Reason for Leaving _____

EMPLOYMENT INFORMATION - Applicant

Employer (Applicant) _____ Hire Date _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Annual Gross Income _____ OR \$ _____/HR _____/HRS PER WEEK

Employer (**Secondary Employer**) _____ Hire Date _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Annual Gross Income _____ OR \$ _____/HR _____/HRS PER WEEK

EMPLOYMENT INFORMATION – Co-Applicant

Employer (Applicant) _____ Hire Date _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Annual Gross Income _____ OR \$ _____/HR _____/HRS PER WEEK

Employer (**Secondary Employer**) _____ + _____ Hire Date _____

Phone _____ Address _____ City _____ State _____

Zip Code _____ Annual Gross Income _____ OR \$ _____/HR _____/HRS PER WEEK

EMPLOYMENT INFORMATION – Adult Household Member (18 Years and Older)

Employer (Applicant) _____ Hire Date _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Annual Gross Income _____ OR \$ _____/HR _____/HRS PER WEEK

Employer (**Secondary Employer**) _____ Hire Date _____ Phone _____

Address _____ City _____ State _____ Zip Code _____

Annual Gross Income _____ OR \$ _____/HR _____/HRS PER WEEK

ANNUAL INCOME – Please put Amount- You must list ALL income

SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 YEARS OR OLDER	TOTAL
Gross Salary	_____	_____	_____	_____
Overtime Pay	_____	_____	_____	_____
Commissions/Fees Tips/Bonuses	_____	_____	_____	_____
Unemployment	_____	_____	_____	_____
Child Support/ Alimony	_____	_____	_____	_____
Social Security Pensions	_____	_____	_____	_____
Retirement Funds	_____	_____	_____	_____
Net Business Income	_____	_____	_____	_____
Net Rental Income	_____	_____	_____	_____
Other	_____	_____	_____	_____
			TOTAL INCOME	_____

ASSET INFORMATION

Type of Asset	Name of Financial Institution	Account Number	Cash Value	Income from Assets
Checking Account	_____	_____	_____	_____
Checking Account	_____	_____	_____	_____
Checking Account	_____	_____	_____	_____
Savings Account	_____	_____	_____	_____
Savings Account	_____	_____	_____	_____
Savings Account	_____	_____	_____	_____
Certificate of Deposit	_____	_____	_____	_____
Mutual Funds/ Stocks/Bonds	_____	_____	_____	_____
Real Estate	_____	_____	_____	_____
Life Insurance	_____	_____	_____	_____
Other:	_____	_____	_____	_____
			TOTAL ASSET INCOME	_____

I _____ have _____ have not disposed of any asset(s) valued at \$1,000.00 or more in the past two years for less than fair market value of the item. If yes, please list the asset value under the “other” column in the above listing or assets.

Please provide a response for each question

