



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:

- | | |
|---|---|
| Senior Apartments | Single Family Homes |
| <input type="checkbox"/> Weinberg House (Frederick, MD) | <input type="checkbox"/> Oakwood Family Homes (Glen Burnie) |
| <input type="checkbox"/> Washington Square Apts. (Chambersburg, PA) | |
| Family Townhomes | Family Apartments |
| <input type="checkbox"/> Penn Ave Town Homes (Cumberland, MD) | <input type="checkbox"/> 520 N. Market St. (Frederick, MD) |
| | <input type="checkbox"/> Union Village (Westminster, MD) |
| | <input type="checkbox"/> Washington Ridge (Frostburg, MD) |
| Family Townhomes and Apartments | |
| <input type="checkbox"/> Washington Square Townhomes (Chambersburg, PA) | |

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	_____	_____	_____	_____
Social Security/	_____	_____	_____	_____
Pensions	_____	_____	_____	_____
Child Support/	_____	_____	_____	_____
Alimony	_____	_____	_____	_____
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.

