



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

Mail to:
Interfaith Housing Alliance
22 S. Market St., Ste 217
Frederick, MD 21701
301-662-4225 Ext. 1218
Fax 301-662-6477

Please check the Community you are applying for:

- Senior Apartments
 - Weinberg House (Frederick, MD)
 - Washington Square Apts. (Chambersburg, PA)
- Family Townhomes
 - Penn Ave Town Homes (Cumberland, MD)
- Family Townhomes and Apartments
 - Washington Square Townhomes (Chambersburg, PA)
- Single Family Homes
 - Oakwood Family Homes (Glen Burnie)
- Family Apartments
 - 520 N. Market St. (Frederick, MD)
 - Washington Ridge (Frostburg, 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	_____	_____	_____	_____
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.

Please provide a response for each question

Are all household members full-time students? _____ Yes _____ No

Are you currently using a Section 8 Housing Voucher? _____ Yes _____ No

Are you currently receiving a housing allowance from the military? _____ Yes _____ No

Would you or anyone in your household benefit from a handicap accessible unit or other reasonable accommodation? _____ Yes _____ No

Have you ever applied or lived as a resident at any Interfaith Housing Alliance property? _____ Yes _____ No

If so, where and what date: _____

Have you or any other member of your household been convicted of the illegal use, manufacture, or distribution of a controlled substance? _____ Yes _____ No

This application is subject to approval and does not constitute an agreement to lease. All information must be verified before application can be processed.

APPLICANT'S STATEMENT: The information provided in this rental application is true and complete to the best of my/our knowledge and belief and are given under the penalty of perjury. I/we consent to the disclosure of income or financial information from my/our employer and financial institutions for purposes of income and asset verification related to my/our application. I/we also consent to a previous and present landlord reference, criminal background and credit check to be performed on all applicants 18 and older.

YOUR SIGNATURE BELOW GIVES CONSENT TO THE MANAGEMENT TO VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION.

Applicant Signature Date Co-Applicant Signature Date

Household Member 18 or older Date Household Member 18 or older Date

Please mail completed application to:

**Interfaith Housing Alliance
22 S. Market St., Suite 217
Frederick, MD 21704**

Fax: 301-662-6477

If you have any questions, please call 301-662-4225. Ext. 1218



Please note providing the following demographic information is optional. The information will only be used for our fair housing program.

- () American Indian () Black () Asian or Pacific Islander () Hispanic () White
- () Single () Married () Divorced () Other

"This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) at program.intake@usda.gov."