

HUMPHREY MANAGEMENT  
Maryland Rental Application  
TDD 1-800-735-2258

APPENDIX 2

Project Name: River Bay Townhomes

FOR OFFICE USE ONLY:  
Date & Time Received:

PLEASE PROVIDE A RESPONSE FOR ALL REQUESTED INFORMATION

Date Apartment Needed: \_\_\_\_\_

- A. Are you currently receiving a housing allowance from the military: Yes \_\_\_\_\_ No \_\_\_\_\_
- B. If your spouse resides with you, does he/she work? Yes \_\_\_\_\_ No \_\_\_\_\_
- C. Do you have any other household members age 18 or older who are working: Yes \_\_\_\_\_ No \_\_\_\_\_
- D. Do you now own or have you dispensed of any real estate or personal property with value in excess of \$1,000.00 within the past two years: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, and the property is not sold, is your property currently rented to someone? Yes \_\_\_\_\_ No \_\_\_\_\_
- E. Are you currently or do you expect to be receiving child support payments, alimony or similar such payments within the next twelve months: Yes \_\_\_\_\_ No \_\_\_\_\_
- F. Are you currently: Renting \_\_\_\_\_ Own Home \_\_\_\_\_ Live w/ Parents \_\_\_\_\_ Recently Transferred \_\_\_\_\_ Other \_\_\_\_\_
- G. Number in Household: Please circle appropriate number: 1 2 3 4 5 6 7  
Number of Bedrooms requested: 1 2 3 4 5
- H. Please designate if applying for elderly status: Yes \_\_\_\_\_ No \_\_\_\_\_. Must be 62 years of age or older, disabled or handicapped.
- I. Would you or any member in your household benefit from a handicap accessible unit or other reasonable accommodations? Yes \_\_\_\_\_ No \_\_\_\_\_
- J. Are you or any other member of your household currently participating in the illegal use of a controlled substance or have been previously convicted of the same? Yes \_\_\_\_\_ No \_\_\_\_\_
- K. Have you or any other member of your household been convicted of the illegal manufacture or distribution of a controlled substance? Yes \_\_\_\_\_ No \_\_\_\_\_
- L. If answers to J and K above are affirmative, have all persons successfully completed a controlled substance abuse program or are they presently enrolled in such a program? Yes \_\_\_\_\_ No \_\_\_\_\_
- M. Will **ALL** of the persons residing in the apartment be or have they been full-time students during five calendar months for this year at an educational institution (other than a correspondence school) with regular faculty and students? Yes \_\_\_\_\_ No \_\_\_\_\_

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Applicant's Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Current Rent: \_\_\_\_\_ Utilities: \_\_\_\_\_  
Name of Current Landlord: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Length of Residence: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Name of Previous Landlord: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Length of Residence: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Have you ever applied or lived as a tenant on this property? \_\_\_\_\_ If yes, when: \_\_\_\_\_  
Have you ever applied or lived as a tenant on any property managed by HAI dba Humphrey Management? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, name of property: \_\_\_\_\_ Date \_\_\_\_\_

**LIST HEAD OF HOUSEHOLD AND ALL OTHER HOUSEHOLD MEMBERS THAT WILL OCCUPY THE APARTMENT AND THEIR RELATIONSHIP TO THE HEAD OF HOUSEHOLD.**

	Last Name	First Name	Middle Initial	Relationship	Birthdate	Age	SS#	Marital Status
1.	_____							
2.	_____							
3.	_____							
4.	_____							
5.	_____							

Nearest Living Relative:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Head of Household's Place of Birth:

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

Personal References:

Name and Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Referral: How did you hear of this community? \_\_\_\_\_

Source of Income:

List all income sources. This includes, but is not limited to, full and/or part time employment, all income from Welfare Agencies, Social Security, Pension, SSI Disability, Armed Forces Reserves, Unemployment Compensation, Child Care, Alimony, Child Support, Scholarships and grants, contract for deed, interest on assets, dividends, annuities, regular contributions from people not residing with you.

Name of Current Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

Name of Second Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

If Co-Applicant Works:

Name of Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Length of Employment: \_\_\_\_\_ Annual Gross Income: \_\_\_\_\_

ALIMONY, CHILD SUPPORT, UNEMPLOYMENT, GRANTS, SOCIAL SECURITY, SSI, PENSION, DISABILITY, DIVIDENDS, ADC, INTEREST INCOME FROM ASSETS, ETC:

Source of Income: \_\_\_\_\_ Amount: \_\_\_\_\_

Source of Income: \_\_\_\_\_ Amount: \_\_\_\_\_

Source of Income: \_\_\_\_\_ Amount: \_\_\_\_\_

Checking Account: \_\_\_\_\_  
Bank Address Account No.

Savings Account: \_\_\_\_\_  
Bank Address Account No.

Unusual medical and/or Child Care Expense: List Below to Whom and Address. (Use separate sheet of paper if necessary).

Child Care: \_\_\_\_\_ Amount:\$ \_\_\_\_\_

Medical: \_\_\_\_\_ Amount:\$ \_\_\_\_\_

Credit References

<u>Names and Address</u>	<u>Monthly Payment</u>	<u>Balance</u>	<u>Account #</u>

Driver's License #'s \_\_\_\_\_ State \_\_\_\_\_ Exp \_\_\_\_\_ /# \_\_\_\_\_ State \_\_\_\_\_ Exp \_\_\_\_\_  
 AUTOMOBILE(S) Year \_\_\_\_\_ Make \_\_\_\_\_ License \_\_\_\_\_  
 Year \_\_\_\_\_ Make \_\_\_\_\_ License \_\_\_\_\_

Do you have a pet? \_\_\_\_\_ If yes, Type: \_\_\_\_\_ Weight: \_\_\_\_\_ If yes, do you plan to bring this pet: 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.

TENANT'S STATEMENT: The information on this form is to be used to determine maximum income eligibility. I/we certify that the statements above are true and complete to the best of my/our knowledge and belief and are given under the penalty of perjury. Failure to provide accurate information could result in lease termination.

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

\_\_\_\_\_  
Signature of Applicant Date

\_\_\_\_\_  
Signature of Co-Applicant Date

\_\_\_\_\_  
Resident Manager Date

"The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluation 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 individual applicants on the basis of visual observation or surname." (Please note that completing this section is optional. The information will only be used for our fair housing program).

Ethnicity: \_\_\_\_\_ Hispanic or Latino  
\_\_\_\_\_ Not Hispanic or Latino

Race: ( ) White ( ) Black or African American  
( ) Asian ( ) American Indian/Alaska Native  
( ) Native Hawaiian or other Pacific Islander

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

HAI MANAGEMENT, INC.

(Appendix 13)

**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

\_\_\_\_\_ **(credit agency)**, 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 \_\_\_\_\_ **(credit agency)** 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 a written request of you and \_\_\_\_\_ **(credit agency)**, 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.

\_\_\_\_\_  
Property Name

\_\_\_\_\_  
Community Manager

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

Equal Housing Opportunity  
Handicap Accessible

Penalties For Misusing This Consent: 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 uses 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 see 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 42 USC 208(f)(g) and (h). Violations of these provisions are cited as violation of 42 USC 408 (f)(g) and (h)

HAI MANAGEMENT, INC.  
(Form C)  
**Privacy Protection Act**

As provided by the Privacy Protection Act of 1976, anyone who is requested to provide personal information about himself/herself must be informed whether he is legally required to provide such information, or whether he may refuse to supply the information requested. As an applicant for housing financed either under the Low Income Housing Tax Credit Program, RD and/or HUD, you are requested to provide information that will enable us to complete the necessary verification to determine eligibility.

The information requested will be used to determine the adjusted annual income which you and your family receive from all income sources. This is necessary because the Rules and Regulations adopted by the IRS Tax Credit Act and/or RD, limit eligibility for initial occupancy to families whose adjusted income does not exceed certain established limits. In addition, it is necessary to know the composition of your family (number of dependents) so that the proper size of dwelling unit may be authorized for you and your family.

**Although you are not legally required to provide the information requested, your failure to do so will result in our inability to determine your eligibility for housing in this development.**

Copies of the completed "Tenant Certification", may be sent by this management agent/owner to; HUD, RD, IRS and the State Housing Agency where applicable. It is possible that information provided by you will be revealed to others for the purpose of confirmation, but any information so supplied is subject to the safeguards of the Privacy Protection Act.

\_\_\_\_\_  
Community Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date