

# The Towns at Patuxent Overlook

## Application for Housing

Please complete one application per household

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

Unit Size Requested? \_\_\_\_\_

When would you like to move in? \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

### Contact Information

Primary Mailing Address:

_____			_____			_____		
			<i>Primary Email Address</i>					
_____		_____	_____		_____	<b>Cell</b>	<b>Home</b>	<b>Work</b>
<i>Street Address</i>		<i>Apt #</i>	<i>Primary Phone Number</i>		<i>Secondary Phone Number</i>	<i>Circle One</i>	<i>Circle One</i>	<i>Circle One</i>
_____	_____	_____	_____	_____	_____	<b>Cell</b>	<b>Home</b>	<b>Work</b>
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>Secondary Phone Number</i>			<i>Circle One</i>	<i>Circle One</i>	<i>Circle One</i>

### 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					Y N
						Y N
						Y N
						Y N
						Y N
						Y N
						Y N

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?  Yes  No

If no, please explain:

Do you plan to have anyone living with you in the future who is not listed above (*pregnancies, etc.*)?  Yes  No

If yes, please explain:

Do you anticipate any other changes to your household in the next 12 months?  Yes  No

If yes, please explain:

Do you have full custody of your child(ren)?  N/A  Yes  No

If no, please explain:

Are any household members foster children or foster adults?  Yes  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:** \_\_\_\_\_

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?  Yes  No

Make payments or pay bills on behalf of anyone in the household on a regular basis?  Yes  No

Give anyone in the household necessities (**excluding food**), and other regularly consumed items?  Yes  No  
*(Such as clothing, diapers, household products, alcohol, cigarettes, etc.)*

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:

## Deductions

### Elderly/Disabled Family Deduction

Is the head, spouse or co-head 62 years old or older?  Yes  No

Is the head, spouse or co-head disabled?  Yes  No

**\*Note:** if any of the above listed members are receiving or eligible to receive Social Security Disability (SSDI) or Supplemental Security Income (SSI) payments, the household is eligible to check the disabled box and claim this deduction.

### Medical Expense Deduction

Complete the following section ONLY IF you answered yes to EITHER of the above questions.

Do any household members have any of the following medical expenses, which are not reimbursed by an outside party such as insurance?

Services of doctors and health care professionals	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Services of health care facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical insurance premiums or costs of an HMO	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prescription/nonprescription medicines that have been prescribed by a physician	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Transportation to treatment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dental Expenses	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eyeglasses, hearing aids, batteries for medical devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Live-in or periodic medical assistance such as nursing services or costs for an assistance animal	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Monthly payments on accumulated medical bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical care of a permanently institutionalized household member	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Child Care Expense Deduction

Does the household have child care expenses for the care of children under the age of 13?  Yes  No

Complete the following section ONLY IF you answered yes to the above question.

Is the care necessary to enable a household member to (you may select more than one if applicable):		
Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seek employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Further his/her education (academic/vocational)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the child care expense reflect reasonable charges for child care? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the expense reimbursed by an agency or individual outside the family? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are any adult household members capable of providing care during the hours needed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are the expenses paid to a household member living in the unit? <input type="checkbox"/> Yes <input type="checkbox"/> No		



## Disability Assistance Expense Deduction

Are any household members employed?  Yes  No

Are any household members disabled?  Yes  No

Complete the following section ONLY IF you answered yes to BOTH questions above.

Does the household have unreimbursed costs for attendant care or "auxiliary apparatus" for a household member with disabilities, which are necessary to enable any adult family member to be employed?  Yes  No

## Dependent Deduction

Excluding the head of household, spouse, co-head, foster children, unborn children, children who have not yet joined the household and live-in aides, are any household members a person with a disability?  Yes  No

**\*Note:** if any household members are receiving or eligible to receive Social Security Disability (SSDI) or Supplemental Security Income (SSI) payments, the household is eligible to check "yes" and claim this deduction.

If yes, please list each disabled household member:

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Are any adult household members a full-time student, as defined as one who is carrying a full time subject load at an institution with a degree of certificate program, including high school. A full-time load is defined by the institution where the student is enrolled.  Yes  No

If yes, please list each household member who meets the definition above:

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## 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

Are any household members currently residing in subsidized housing?  Yes  No

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:
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Street Address:	Apt #:	Landlord's Name:
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City:	State:	Zip:	Landlord's Phone & Fax Number:
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Who resided at this address:

Name of Housing Complex or Specify if Privately Owned/Rented:	Month/Year Tenancy Began:	Month/Year Tenancy Ended:
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Street Address:	Apt #:	Landlord's Name:
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City:	State:	Zip:	Landlord's Phone & Fax Number:
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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 and are not receiving SSI or SSDI payments 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:
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Relevant Household Member:	City:	State:	Zip:	Fax Number:
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**Contact Information for Verification of:**

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

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

### Social Security Number Disclosure Exemption

All applicant household members must disclose and provide verification of the complete and accurate SSN assigned to them except for those individuals who do not contend eligible immigration status or applicants who were age 62 or older as of January 31, 2010, and whose initial determination of eligibility for a HUD rental assistance program was begun before January 31, 2010.

Were any household members 62 or older as of January 31, 2010 **AND** their initial determination of eligibility for a HUD rental assistance program was made prior to January 31, 2010?  Yes  No

### Miscellaneous

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

Please list all states where every member of the household has resided:  
 \_\_\_\_\_  
 \_\_\_\_\_

### Vehicle & Pet Information

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

Year	Vehicle Make	Model	Color	License Plate

Does anyone in the household own a pet?  Yes  No  
 If yes, please describe (color, breed, name, etc.):  
 \_\_\_\_\_



## 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 **TransUnion**, 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 **TransUnion and/or Equifax** 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 **TransUnion and/or Equifax**, 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.

<i>Head of Household's Signature</i>	<i>Date</i>	<i>Other Adult Member's Signature</i>	<i>Date</i>
<i>Spouse or Co-head's Signature</i>	<i>Date</i>	<i>Other Adult Member's Signature</i>	<i>Date</i>
<i>Other Adult Member's Signature</i>	<i>Date</i>	<i>Other Adult Member's Signature</i>	<i>Date</i>

### The Towns at Patuxent Overlook

22001 Valley Estates Drive / Lexington Park, MD 20653  
301.863.6229, TTY: 711 / ValleyDrive@hrehllc.com



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**

