



Application for Housing

BELVEDERE GREEN **WOODBOURNE WOODS**

HEAD OF HOUSEHOLD

Name _____

Social Security Number _____

Address _____

How long at present address? _____

Telephone Number: (h) _____
(w) _____

Sex: Female Male

Date of Birth: _____

Were you born in the U.S.? Yes No

Marital Status: Married Single Widowed Divorced

Are you currently employed? Yes No

CO-HEAD OF HOUSEHOLD

Name _____

Social Security Number _____

Address _____

How long at present address? _____

Telephone Number: (h) _____
(w) _____

Sex: Female Male

Date of Birth: _____

Were you born in the U.S.? Yes No

Marital Status: Married Single Widowed Divorced

Are you currently employed? Yes No

EMERGENCY CONTACTS

List names, addresses and telephone numbers of two relatives or friends who we may contact in the event of an emergency:

a. Name _____
Address _____
Telephone Number: (h) _____
(w) _____

b. Name _____
Address _____
Telephone Number: (h) _____
(w) _____

RENTAL HISTORY

Please enter the information requested for your current address and prior addresses. Include places where you lived under a different name. Please use a separate sheet, if necessary.

a. Applicant Address _____
Telephone Number _____
Monthly Rent \$ _____
Landlord or Person in Charge _____
Move-in Date ____/____/____
Date Lease Expires ____/____/____

b. Applicant Address _____
Telephone Number _____
Monthly Rent \$ _____
Landlord or Person in Charge _____
Move-in Date ____/____/____
Date Lease Expires ____/____/____

PETS

Do you have a pet? Yes No

If yes, does your pet weigh more than 25 pounds? Yes No

List what kind of pet(s) you have:

PARKING

Do you own a car? Yes No

If yes, what is your license tag number? _____

Will you require a parking space? Yes No

UNIT SIZE

We have efficiency and one bedroom apartments. What is your preference? Efficiency One bedroom

Should an efficiency apartment become available before a one-bedroom apartment, would you consider this option?

Yes No

SUPPORT SERVICES

For those residents who need help in managing the daily activities of living (i.e. cooking, shopping, cleaning), we will provide the assistance of the Senior Supportive Services Program (SSSP). SSSP is sponsored by The Maryland Office on Aging. The program provides two daily meals, weekly housekeeping, laundry, and personal care. There is a fee for program services, which the resident pays on a sliding scale based on income. State subsidies are provided for eligible, low-income participants who cannot afford to pay the total program cost.

Are you in need of the Senior Supportive Services Program?

Yes No

MEDICAL

Would you require a handicapped unit? Yes No

a. Are you visually impaired (legally blind)? Yes No

b. Are you hearing impaired (50 percent or greater)?
 Yes No

c. Do you have a mobility handicap? Yes No

d. Other (be specific)

Please write your monthly cost for medical insurance:

Medicare \$ _____

Blue Cross/Blue Shield \$ _____

AARP \$ _____

Other \$ _____

(continued on next page)

Do you have any outstanding medical bills that you will be paying? Yes No

Do you expect to have any medical bills during the next 12 months? Yes No

Are your Medicare premiums being paid on your behalf by a government agency? Yes No

What do you estimate is your cost of monthly medications? \$ _____

Do you have a personal physician? Yes No
If yes, name _____
Address _____

If no, what clinic or hospital do you visit?
Name _____
Address _____

FUNERAL ARRANGEMENTS

Do you have planned funeral arrangements? Yes No
If yes, please list _____

INCOME

a. Employment

List all full-time, part-time and/or seasonal employment for all household member(s), including self-employed earnings. If you have income from other sources, see the next section.

Family Member	Place of Employment	Employer's Address	Employer's Telephone	Annual Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

b. Other Sources

List all income from sources other than employment for all household members. This includes, but is not limited to, public assistance, Social Security, SSI disability compensation, unemployment compensation, alimony, child support, educational grants or scholarships, etc. Financial assistance given to you by family member(s) also must be listed.

Family Member	Source of Income	Source's Address	Source's Telephone	Annual Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

c. Assets

All assets must be listed, including trusts, whole life insurance and cash value. Please use a separate sheet, if necessary.

I. Checking Account

Family Member	Account Number	Bank Name/ Address	Average Six Month Balance	Current Interest Rate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

II. Savings Account

Family Member	Account Number	Bank Name/ Address	Current Balance	Current Interest Rate
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

III. Stocks, Bonds, Life Insurance Value

Family Member	Account Number	Description of Asset	Current Value	Annual Income
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IV. Real Estate

Do you now own real estate? Yes No
If yes, what is the current assessed value of the property? \$ _____

If yes, are you receiving any income from this property? Yes No

If yes, complete the following:

Property Location	Annual Property Income
_____	_____
_____	_____

FAIR CREDIT REPORTING ACT

This is to inform you that as part of our procedure for processing your application, an investigative report may be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others acquainted with you. This inquiry includes information as to your character, general reputation, mode of living, income, and credit background. All information you or others give us will be held in strict confidence.

CRIMINAL ACTIVITY

Is the applicant or any member of the applicant's household subject to state lifetime sex offender registration in any state? Yes No

Please provide a listing of states where the applicant and members of the applicants household have resided.

We do not discriminate on the basis of race, religion, national origin, color, creed, age, sex, handicap, or familial status. Please be advised that any information given to this office that is falsified in any way will automatically result in the denial of your application.

I/we have read and understand the above.

Applicant Signature _____ Date / / _____

Applicant Signature _____ Date / / _____

