

APPLICATION FOR RESIDENCY

Weinberg Senior Living

****Other forms may be required depending on property selected***



PROPERTY: _____ Telephone: _____

TTY: _____

For Office Use Only

Date _____ AM PM

Time: _____ (Hour/Minute/Sec)

Or Electronic Stamp in area below:

If Pre-Application was used, transfer date & time of Pre-app here. Retain Pre-Application in file.

Size unit you are applying for: _____ Status of Applicant: () Head () Co-Head () Other Adult Occupant

Name: _____ Sex: () M () F Date of Birth: _____

Maiden or other name (if applicable) _____ Spouse's Name: _____

Social Security Number: _____ Current Telephone Number: _____

Disability Status: Do you or any member of the household require an Accessible Unit? () Yes () No

(You are not required to answer this question; however it is necessary to establish Program and Project Eligibility and Determine Allowances for rent reduction)

Do you or any member of the household require the *design features of an accessible unit? () Yes () No

*Definition: A unit that is located on an accessible route. A unit when designed, constructed, altered or adapted can be approached, entered, and used by individuals with a physical impairment.) (Example: ground floor, grab bar in bath, visual alarm for hearing impaired, audible alarm for sight impaired, assistance animal, etc.)

CURRENT RESIDENCY

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Dates at Address: (From): _____ (To): _____ Rent or Own

Landlord: _____ Is Landlord a relative? () Yes () No

Landlord Address: _____ City: _____ State: _____ Zip: _____ Phone: () _____

Reason for Moving: _____

Are you currently under a lease agreement? () Yes () No Expiration Date: _____

What notice will be given to Landlord? _____

Have you ever lived in subsidized housing? () Yes () No If Yes, provide address and date of residency: _____

Do you currently owe money or any type of claim to any Housing Authority or Utility Company? Yes No If Yes, please explain: _____

Have you ever been evicted for a lease violation? Yes No If Yes, please explain: _____

LIST TWO PREVIOUS RESIDENCES (IF LESS THAN FIVE YEARS, PROVIDE INFORMATION)

Previous Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Dates at Address: (From): _____ (To): _____ Rent or Own

Previous Landlord: _____ Relative: () Yes () No

Landlord's Address: _____ City: _____ State: _____ Zip: _____ Phone: () _____

Reason for Moving: _____

Has any adult household member ever resided in another State other than the ones listed above? () Yes () No

If Yes, for each State provide year, name, full address: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Dates at Address: (From): _____ (To): _____ Rent or Own

Previous Landlord: _____ Relative: () Yes () No

Landlord's Address: _____ City: _____ State: _____ Zip: _____ Phone: () _____

Reason for Moving: _____

Has any adult household member ever resided in another State other than the ones listed above? () Yes () No

If Yes, for each State provide year, name, full address: _____

EMPLOYMENT (COMPLETE NEXT SECTION UNTIL EMPLOYMENT HISTORY INCLUDES 5 YEARS)

Current Employer: _____ Employed From: _____ To: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Position: _____ Supervisor: _____

Gross Annual Salary: \$ _____ Or Hourly Wage: \$ _____

Average Number of Hours Worked Per Week: _____

Are you subject to transfer? () Yes () No

Previous Employer: _____ Employed From: _____ To: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Position: _____ Supervisor: _____
 Gross Annual Salary: \$ _____ Or Hourly Wage: \$ _____
 Average Number of Hours Worked Per Week: _____
 Are you subject to transfer? () Yes () No

Previous Employer: _____ Employed From: _____ To: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Position: _____ Supervisor: _____
 Gross Annual Salary: \$ _____ Or Hourly Wage: \$ _____
 Average Number of Hours Worked Per Week: _____
 Are you subject to transfer? () Yes () No

PERSONAL REFERENCES

Name: _____ Address: _____ Phone: _____
 (Include City, State, Zip)
 Name: _____ Address: _____ Phone: _____
 (Include City, State, Zip)

OTHER SOURCES OF INCOME (PLEASE INDICATE ANNUAL AMOUNT OF INCOME RECEIVED)
(Items indicated below will require additional forms to be completed including source verifications)

INCOME – Please check all that apply:

Column One	Column Two	Column Three
<input type="checkbox"/> AFDC <input type="checkbox"/> Alimony <input type="checkbox"/> Annuities <input type="checkbox"/> Bonds <input type="checkbox"/> Bonuses <input type="checkbox"/> Business <input type="checkbox"/> Certificates of Deposit <input type="checkbox"/> Child Support <input type="checkbox"/> Commissions <input type="checkbox"/> Employment <input type="checkbox"/> Long Term Care Life Ins <input type="checkbox"/> Lottery Winnings	<input type="checkbox"/> Military Service <input type="checkbox"/> Monetary Gifts (Rent pmt, utility pmt, etc) <input type="checkbox"/> Money Market Accounts <input type="checkbox"/> Mortgage or Deed of Trust <input type="checkbox"/> Mutual Funds <input type="checkbox"/> Part-Time Employment <input type="checkbox"/> Pensions <input type="checkbox"/> Permanently confined individual counted as family member <input type="checkbox"/> Public Assistance <input type="checkbox"/> Retirement <input type="checkbox"/> SSI	<input type="checkbox"/> Social Security <input type="checkbox"/> Special Needs Trust <input type="checkbox"/> Stocks <input type="checkbox"/> Student -Financial Assistance in excess of tuition <input type="checkbox"/> TANF <input type="checkbox"/> Treasury Bills <input type="checkbox"/> Trust Account <input type="checkbox"/> Trust (Revocable or Non-revocable) <input type="checkbox"/> Unemployment <input type="checkbox"/> Veteran's Benefits <input type="checkbox"/> Worker's Comp or Disability <input type="checkbox"/> Other (Explain) _____

Of those items listed above indicate annual amount received:

Column One (Amounts)	Column Two (Amounts)	Column Three (Amounts)
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____
\$ _____	\$ _____	\$ _____

CREDIT INFORMATION

(Assets: items of value that may be turned into cash. Interest is the income from an asset. Necessary personal property is not counted as an asset. Once an Asset is converted to cash it is no longer an Asset. Example A pension is an Asset until a person begins to receive periodic payments then it is no longer an Asset and becomes Income). Assets include (Please check those that apply to your family members):

<input type="checkbox"/> Cash in Savings, Checking	<input type="checkbox"/> Equity in rental property/other capital investments	<input type="checkbox"/> Pension Funds
<input type="checkbox"/> Safe Deposit Box	<input type="checkbox"/> Stocks, Bonds, Treasury bills	<input type="checkbox"/> Mortgage or Deed of Trust
<input type="checkbox"/> Homes	<input type="checkbox"/> Certificates of Deposit, Mutual Funds, Money Market Account	
<input type="checkbox"/> Revocable Trusts (Cash Value)	<input type="checkbox"/> Trust – Payment of Principal (Lump Sum)	
<input type="checkbox"/> Retirement Account (IRA, 401K, Keogh – Lump Sum Amt)	<input type="checkbox"/> Whole Life or Universal Life Insurance Policy (Cash Value)	

Lump-sum receipts or One-time receipts (inheritances, capital gains, insurance settlements, Lottery winnings, etc)
 Personal property as investment (gems, jewelry, coin collections, antique cars, etc.)

Current Assets Owned: _____

Have you disposed of any assets for less than "Fair Market Value" within the last two years? Yes No Date Disposed: _____
 (DO NOT count assets disposed of as a result of foreclosure, bankruptcy, divorce, separation; or, assets placed in a Nonrevocable Trust if the asset placed in trust were received through settlements or judgments.)

If Yes, what was sold/converted to cash and for how much?
 (Stocks, Bonds, Treasury Bills, CD's, Property, Trust Funds, IRA's, Annuity, Etc)

\$ _____ Bank or Financial Institution: _____
 \$ _____ Bank or Financial Institution: _____

Branch Address: _____
 Account #: (Checking) _____ (Savings) _____ (Other) _____

CREDIT CARD OR LOAN PAYMENTS

Company Name	Monthly Payment	Balance

CURRENT MONTHLY EXPENSES:

Utilities \$ _____ Insurance \$ _____ Telephone \$ _____
 Child Care \$ _____ Medical \$ _____ Other \$ _____
 Car Payment \$ _____ Dental \$ _____ Outstanding Utility Bills \$ _____
 Furniture \$ _____ Cable \$ _____
 Prescription Drug _____
 Premium (Medicare Part D) \$ _____ Re-Payment Plan (monies owed to previous utility company, landlord, housing authority, etc) \$ _____ owed to: _____

Automobile: Year _____ Make _____ License Tag (Number & State) _____
 Driver's License Number: _____ State: _____

FAMILY COMPOSITION

Is any applicant pregnant? () YES () NO *(THIS INFORMATION WILL BE USED TO DETERMINE UNIT SIZE ONLY)*

Are there any anticipated changes in the household over the next 12 months? () YES () NO IF YES, PLEASE EXPLAIN:

Are there any temporarily absent household members? () YES () NO
 If Yes, please provide name(s) _____

Will any permanently confined member of the household be included as a family member? If YES, please list income above on Page 2 (Example: in a nursing home or hospital) () YES () NO

RACE & ETHNICITY

This information is to be completed by individuals wishing to be served in housing assisted by the Department of Housing and Urban Development. We are required to offer the Head of each household the option to complete this information. There is no penalty for persons who do not complete this information. Please complete one item from (A) and one item from (B) below:

- (A) White, Black, American Indian, Alaskan Native, Asian or Pacific Islander _____
 - (B) Hispanic, Non-Hispanic _____
 - (C) As Head of Household, I choose not to disclose this information _____
- Signature of Head of Household

LIST NAMES OF ALL OTHERS WHO WILL OCCUPY THE APARTMENT:

NAME	SEX	DATE OF BIRTH	AGE	RELATIONSHIP TO HEAD	SOCIAL SECURITY #
				HEAD	

STUDENT STATUS

(A "Yes" answer will require additional Verification)

ARE YOU A FULL -TIME STUDENT? () YES () NO **PART-TIME STUDENT?** () YES () NO
IF NO, there is no need to answer the remaining Student questions, please skip to the next section.

IF YES, is any member:

- A student at an institution of higher education? () YES () NO
- An "Independent Student" as defined by Title IV aid? () YES () NO
- A full time student 18 years or older and the Head, Spouse or Co-Head? () YES () NO
- Claimed as a dependent by your parents or legal guardians pursuant to IRS regulations? () YES () NO
- A student over the age of 23? () YES () NO A student over the age of 24? () YES () NO
- A veteran? () YES () NO
- An adult (emancipated or over the age of 18) student and living independently from your parents for the last 12 months? () YES () NO
- Are you receiving financial assistance (i.e. Parents, Guardians, Pell Grant, Federal Supplement Education Opportunity, Opportunity Grants, Academic Achievement Incentive Scholarship, State Assistance Under the Leveraging Educational Assistance Partnership Program, Robert G. Byrd Honors Scholarship Program or Federal Work Study program?) (If so, list the amount above in Income) () YES () NO
- If you or a family member is disabled, have you received Section 8 assistance as of November 30, 2005? () YES () NO (You are not required to answer if you or someone in your family has a disability; however, if a family Member has a disability you may qualify for additional deductions in your rent amount.)
- Are all Adult household members enrolled as Full Time Students? () YES () NO
- Married? () YES () NO
- Receiving benefits under AFDC, TANF or other benefits under TITLE IV of the Social Security Act? . . () YES () NO
- Enrolled in a Job Training program receiving assistance under the Job Training Partnership Act (JTPA) or similar State, Federal or local program? () YES () NO
- A single parent? (Children are claimed by either you or the other parent for Federal tax purposes). () YES () NO

Is any applicant in the military or a dependent of a serviceman? () YES () NO

How did you hear about us? PLEASE CHECK:

- () NEWSPAPER () DRIVING/WALKING BY () OTHER: (PLEASE SPECIFY) _____
- () RESIDENT () FRIEND

Has any household member ever been convicted of a crime (Other than a simple traffic offense) within the past five years?*() YES () NO If Yes, please explain: _____

Has any adult household member ever been evicted from Federally assisted housing for drug related criminal activity in the last three years? () YES () NO If Yes, please explain: _____

Is any adult household member subject to a lifetime registration requirement under a State Sex Offender Registration program? () YES () NO

Is any adult household member abusing, or engaging in a pattern of abuse, of alcohol, or engaging in illegal use, or a pattern of illegal use, of a drug, in such a way that it would interfere with the health, safety or peaceful enjoyment of the premises by other residents? () YES () NO

***NOTE: CONVICTION OF A MISDEMEANOR IS NOT AUTOMATICALLY DISQUALIFYING.**

PLEASE NOTE: ALL MEMBERS OF THE HOUSEHOLD 18 YEARS AND OLDER ARE REQUIRED TO COMPLETE AN APPLICATION FOR RESIDENCY.

This Application is made subject to approval of _____ or its Agent and may without designating cause be disapproved by them. It being agreed that any such disapproval shall not be considered a reflection upon the Applicant. This Application is to be made a part of the Lease entered into by the Applicant and the Landlord.

The truth of the information contained herein is essential, and if _____ or its Agent deems any answer or statement herein to be false or misleading, it shall be considered that any Lease granted by virtue of this Application may be canceled at their option.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance, which would, if disclosed, affect my application unfavorably. As an inducement to enter into the Lease, I authorize you to verify any and all information contained in this application and to inquire into my character, general reputation, investigative consumer report (criminal), personal characteristics, employment, consumer report (credit history) and income and sources thereof, and I release all concerned from any liability in connection with any information they give. I have been advised that I have the right, under Section 606(B) of the Fair Credit Reporting Act, to make a written request, within reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation. I/We do hereby authorize any individual representing this community or its Managing Agent to call me for any reason relating to my residency.

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF LEASING SPECIALIST: _____ DATE: _____

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 seek 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 **208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**"

It is illegal to discriminate against anyone because of race, color, creed, religion, sex, national origin, marital status, physical or mental disability or any other prohibited basis of discrimination. If you feel that you have been discriminated against, please contact Edgewood Management (301) 562-1600.

This property does not discriminate on the basis of disability status in the admission of or access to, or treatment or employment in its federally assisted programs or activities.

Applicants must report all changes in address, telephone, or family size/composition to the Rental Office. Failure to do so may prevent us from contacting you when an appropriate apartment is available.

FOR OFFICE USE ONLY:

APPROVED: _____ DATE: _____

DENIED: _____ DATE: _____

Warning: Penalties for Committing Fraud: Under 18 U.S.C. 1001, whoever willingly makes or uses a document or writing he/she knows has any false or fraudulent statement or entry, in any matter under the jurisdiction of any department or agency of the United States, may be fined up to \$10,000 or imprisoned for up to five years, or both.

All persons wishing to be admitted to the property or placed on the Wait List must fully complete this application form. At the request of an applicant, management will allow the applicant to take the application with them to complete and to mail the completed application back to the Rental Office. Management will mail this Application for Residency as requested by applicants. Management will accommodate persons with disabilities who as a result of their disability cannot utilize the preferred application process.

Applications that are complete will be date & time stamped as of the date and time the **COMPLETE** Application is **RECEIVED**. Applicants who have not signed and dated the application or who have not completed the application in its entirety will receive a Denial Notice. If a Denial Notice is received, the Applicant will be required to re-apply. **All questions must be answered.**



SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<p>Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.</p>	
<p>Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.</p>	
<p>Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-55, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.</p>	

Check this box if you choose not to provide the contact information.

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-1520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-55, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.