



COLONNADE AT THE CREEK APPLICATION FOR HOUSING

For Office Use Only:

Date Rcvd: _____

Agent Initials: _____

Application #: _____

FILL IN ALL SECTIONS AND FIELDS; IF NOT APPLICABLE, INSERT 'N/A.' INCOMPLETE APPLICATIONS WON'T BE PROCESSED.

A. Head of Household (HOH) Information

Name: _____ <i>Last First MI</i>		Social Security # : _____	Date of Birth: _____
Additional Names Used: _____		Email Contact: _____	
Contact Phone #: _____ () -	Preferred Apartment Size: <i>(can list more than 1)</i>	How did you hear about the property?	

B. Household Composition

Please see Resident Selection Criteria for Occupancy Standards

Please be sure to include your HOH information (from above) in this section, Member #1 - HOH

All persons who will reside in the apartment.	Relationship to HOH	Name Last, First MI	Marital Status	Social Security Number	Date of Birth (mm/dd/yyyy)	Student Y/N
Applicant #1	HOH					
Applicant #2						
Applicant #3						
Applicant #4						
Applicant #5						
Applicant #6						
Applicant #7						

Do you anticipate any household changes within the next twelve months? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Expected # of: Additions: _____ or Reductions: _____	Changes could make you ineligible for occupancy
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C. Residential History – 2 Years Minimum

Current Address	Street Address: _____		Unit #: _____	City _____	State _____	Zip Code _____	
	Landlord: <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Apartment <input type="checkbox"/> Other			From (MM/YY)	To (MM/YY)	Monthly Payment:	
	Name: _____			Select applicants from this application currently residing at residence: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7			
	Landlord Contact Name and Phone #: _____			City _____	State _____	Zip Code _____	
	Landlord Street Address _____			How Many Bedrooms were at this residence? <input type="checkbox"/> SRO <input type="checkbox"/> #0 <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> 5+		Utilities Paid <input type="checkbox"/> Heat <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Other \$ _____	

Current/ Prior Address	Street Address: _____		Unit #: _____	City _____	State _____	Zip Code _____	
	Landlord: <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Apartment <input type="checkbox"/> Other			From (MM/YY)	To (MM/YY)	Monthly Payment:	
	Name: _____			Select applicants from this application currently residing at residence: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7			
	Landlord Contact Name and Phone #: _____			City _____	State _____	Zip Code _____	
	Landlord Street Address _____			How Many Bedrooms were at this residence? <input type="checkbox"/> SRO <input type="checkbox"/> #0 <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> 5+		Utilities Paid <input type="checkbox"/> Heat <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Other \$ _____	

Current/ Prior Address Do you: Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	Street Address:		Unit #:	City	State	Zip Code
	Landlord: <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Apartment <input type="checkbox"/> Other		From (MM/YY)	To (MM/YY)	Monthly Payment:	
	Landlord Contact Name and Phone #:		Select applicants from this current application who resided at this residence: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7			
	Landlord Street Address		City	State	Zip Code	
	How Many Bedrooms were at this residence? <input type="checkbox"/> SRO <input type="checkbox"/> #0 <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> 5+		Utilities Paid <input type="checkbox"/> Heat <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Other		Avg Cost/Month \$ _____	

E. Household Personal Information

Have you or any member of your household above resided in another State?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list all states where they have ever lived and Member # (from above):
Have you or any member of your household above been convicted of a Felony or Other Crime	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain and provide the date(s) and Member #(from above):
Have you or any member of your household above ever been evicted from a rental?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain and provide the date(s) and Applicant #(from above):
Do you or any household member above possess a current Section 8 Voucher/Certificate, or is receiving housing assistance from HUD or a PHA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Please provide the name & address of your County or City Housing Authority: Name: _____ Phone: () - _____ Street Address: _____ City, State & Zip: _____ Voucher Bedroom Size: _____
If Yes, Is the Voucher/Certificate transferable?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Which household member(s) possess the Voucher/Certificate: #(s): _____ From Above
Have you or any member of your household above ever filed for Bankruptcy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list member # and provide the date(s) of Bankruptcy:
Do you or any household member above plan to have pets in the unit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain pet details:
Do you or any member of your household above require special accommodations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list member # and explain what accommodations you require:
Do you or any household member above have custody arrangement of any child (ren) listed above?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list member # and explain custody arrangements?
Do you or any household member above owe any apartment community money?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list member # and explain:
Do you or any member of your household above have renter's insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list member #, Insurance Company, Policy #, and Agent Info:

Full-Time Student Information

(This apartment is governed by Federal and State Housing Program(s) that restrict full-time students. We must determine your household student status prior to eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.)

If unsure of Full-Time status, inquire with Management for determination of "Full-Time" prior to completing the following section.

Are you or any household member above (including minors) currently a Full-Time Student?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you or any household member (including minors) anticipate becoming a Full-Time Student?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If Yes to the above two questions, complete the following:					
Are any Full-Time Student(s) married and filing a joint tax return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are any of the Full-Time Student(s) enrolled in a Job Training Program receiving assistance under the Job Training Partnership Act?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Any Full-Time Student(s) a single parent living w/ his/her minor child who is not claimed on another's Tax Return?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are any of the Full-Time Student(s) a TANF or Title IV recipients?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Demographic Data

The following information is required to determine program utilization and for statistical purposes only. This information will not affect the processing of this application.	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	

F. Income & Assets

Describe all Household Members' (from above) income from employment, self-employment, and any other source, including assistance.

Current Employer:		Supervisor:			Phone: () -	
Address: _____ Street Address City State Zip Code					Household Member # <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7	
Job Title:	Salary: \$ _____ Dollar Amount	_____ <i>Hours per week</i>	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Monthly		From (MM/YY)	To (MM/YY)
HR Contact Name:			HR Contact Phone Number: () -			
Total Employment Income	<input type="checkbox"/> Zero Income	<input type="checkbox"/> \$1-\$12,500	<input type="checkbox"/> \$12,501-\$20,000	<input type="checkbox"/> \$20,001-\$27,000	<input type="checkbox"/> \$27,001-\$35,000	
	<input type="checkbox"/> 35,001-\$42,000	<input type="checkbox"/> \$42,001-\$50,000	<input type="checkbox"/> \$50,001-\$57,500	<input type="checkbox"/> \$57,501-\$65,500	<input type="checkbox"/> \$65,501-\$75,000+	

Current or Previous Employer:		Supervisor:			Phone: () -	
Address: _____ Street Address City State Zip Code					Household Member # <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7	
Job Title:	Salary: \$ _____ Dollar Amount	_____ <i>Hours per week</i>	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Monthly		From (MM/YY)	To (MM/YY)
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	<input type="checkbox"/> 35,001-\$42,000	<input type="checkbox"/> \$42,001-\$50,000	<input type="checkbox"/> \$50,001-\$57,500	<input type="checkbox"/> \$57,501-\$65,500	<input type="checkbox"/> \$65,501-\$75,000+	

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	<input type="checkbox"/> 35,001-\$42,000	<input type="checkbox"/> \$42,001-\$50,000	<input type="checkbox"/> \$50,001-\$57,500	<input type="checkbox"/> \$57,501-\$65,500	<input type="checkbox"/> \$65,501-\$75,000+	

Current or Previous Employer:		Supervisor:			Phone: () -	
Address: _____ Street Address City State Zip Code					Household Member # <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7	
Job Title:	Salary: \$ _____ Dollar Amount	_____ <i>Hours per week</i>	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Monthly		From (MM/YY)	To (MM/YY)
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	<input type="checkbox"/> 35,001-\$42,000	<input type="checkbox"/> \$42,001-\$50,000	<input type="checkbox"/> \$50,001-\$57,500	<input type="checkbox"/> \$57,501-\$65,500	<input type="checkbox"/> \$65,501-\$75,000+	

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	<input type="checkbox"/> 35,001-\$42,000	<input type="checkbox"/> \$42,001-\$50,000	<input type="checkbox"/> \$50,001-\$57,500	<input type="checkbox"/> \$57,501-\$65,500	<input type="checkbox"/> \$65,501-\$75,000+	

Other Income Sources	Source Name, Address & Telephone No.	Gross Monthly	Member #
Social Security (SS, SSI, AFDC)			
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Pensions (VA, Retirement Plan, etc.)			
Pensions (VA, Retirement Plan, etc.)			
Pensions (VA, Retirement Plan, etc.)			
Financial Investments			
Financial Investments			
Financial Investments			
Gifts from Household			
Gifts from Household			
Other:			
Other:			
Other:			
Other:			
Other:			
TOTAL MONTHLY INCOME FROM OTHER SOURCES:			ALL

Zero Income Verification

Are **YOU** or **ANY ADULT** member of your household claiming zero (\$0) income? YES NO

Indicate which household member(s) here:

#1 #2 #3 #4 #5 #6 #7

Asset Source	Source Name, Address & Telephone No.	Value or Balance	Member #
Checking or Credit Union Banking			
Checking or Credit Union Banking			
Checking or Credit Union Banking			
Checking or Credit Union Banking			
Savings			
Savings			
Savings Bonds			
Whole Life Insurance			
Whole Life Insurance			
Mutual Fund		Cash Value: _____	
Mutual Fund		Cash Value: _____	
Stocks		Cash Value: _____	
Bonds		Cash Value: _____	
Other:		Cash Value: _____	

Do you own any Real Estate Property?
 YES NO

If Yes, Type of Property: _____

Location of Property: _____

Owned by Household Members: _____

Mortgage or Outstand Loan Due: _____

Appraised Market Value: _____

Have you or any other household member disposed of or given away ANY asset(s) for LESS than Fair Market Value within the last two years?

Amount: \$ _____ Explanation: _____ YES NO

I. Certification -Signature & Consent

Applicant's Statement: I/We declare under penalty of perjury under the laws of the State of Maryland that the information contained in this application and any information or documents that support this application is true and correct. I acknowledge that false information herein may constitute grounds for rejection of this application and termination of any rights of occupancy and constitutes a criminal offense under the laws of this state. As part of the procedure for processing this application, I recognize that an investigative consumer report will be prepared with information obtained through personal interviews with my landlord, neighbors, friends, and others with whom I am acquainted. This includes my employment, income, character, general reputation, personal characteristics, and mode of living. A routine criminal records check will also be run. I authorize such investigation of myself and any other applicant listed above on B. Household Composition as a household member and obtaining a credit report.

NOTE: Qualifying as an income-eligible household does not give you any lease or rental rights. **You will be approved and offered a unit only after being presented with a written lease.**

_____ Applicant Signature (HOH) #1	_____ Printed Name	_____ Date
_____ Applicant Signature (Other Adult/Co-Head) #2	_____ Printed Name	_____ Date
_____ Applicant Signature (Other Adult) #3	_____ Printed Name	_____ Date
_____ Applicant Signature (Other Adult) #4	_____ Printed Name	_____ Date

The undersigned agent certifies that the information sought herein is for evaluating the applicant's tenancy and for no other purpose. Additionally, I have verified the identification of the individual named above by reviewing government-issued identification:

_____ Office Staff Signature	_____ Printed Name	_____ Date
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