

How did you hear about us?

Website _____

FaceBook _____

Newspaper _____

Agency _____

Resident _____

Family/Friend _____

Professional _____

Other _____



DATE _____

Apartment Application

22680 Cedar Lane Court, Leonardtown, MD 20650

www.cedar-lane.org

Phone: 301-475-8966 Fax: 301-475-1629

MD Relay 7-1-1 in MD or 1.800.735.2258 (TTY/HCO)

(PLEASE COMPLETE THE ENTIRE APPLICATION)



*Name:		
<i>First</i>	<i>M.I.</i>	<i>Last</i>
*Other Names Used:		
*Social Security Number:		*Birth Date:
*Current Address:		
City:	State:	Zip:
*Phone:	Cell:	
Email Address:		
*How Long At Current Address:		
*Landlord's Name:		*Landlord's Phone:
Landlord's Address:		
Have you been displaced? Yes No If Yes, For How Long? <i>(Displacement that has occurred due to government action or disaster as declared by the President of the United States)</i>		
List other states which applicants have resided:		
*Previous Address: (<i>*only required if less than 2 years at present address</i>)		How Long at this Address?
Address:		
City:	State:	Zip:
Landlord's Name:	Landlord's Phone:	
Landlord's Address:		
*Other Occupants who will live with you in apartment:		
Name:	Social Security Number:	
Relationship:	Birth Date:	
*Do you Have a Pet? Yes No Assistance Pet? Yes No What type? Dog Cat Other:		

You must complete a separate pet application, show proof of vaccinations and health cert. Pet Deposit is \$200

NO SMOKING is allowed anywhere on Cedar Lane property.

Smoking in the apartment is prohibited and may lead to eviction. _____

Initial(s)

Date Received: _____ Time Received: _____ Received By: _____

Please list individuals who should be notified in case of emergency. Include one person who will be your Sponsor or may have Power of Attorney (POA) to handle your personal and financial affairs – someone who can serve as your advocate.			
*Emergency Contact:			
Name:		Phone:	
Address:			
City:	State:	Zip:	
Relationship:		Power of Attorney?	Yes No
Email Address:			
*Sponsor: (If different from Emergency Contact)			
Name:		Phone:	
Address:			
City:	State:	Zip:	
Relationship:		Power of Attorney?	Yes No
Email Address:			
Additional Contact:			
Name:		Phone:	
Address:			
City:	State:	Zip:	
Relationship:		Power of Attorney?	Yes No

***INDICATES REQUIRED INFORMATION**

Please Complete the Entire Application and Answer all questions

*Have you ever been evicted?	Please circle	Yes	No
If yes, was it subsidized housing?	Please circle	Yes	No
*Have you ever been convicted of a crime?	Please circle	Yes	No
<i>If yes, please explain and give dates:</i>			
*Are you subject to lifetime sex offender registration in any state?	Please circle	Yes	No
Do you require any reasonable accommodations in order to live at Cedar Lane Senior Living Community?			
<i>If Yes, Please explain:</i>			
*Do you have a scooter, electric wheelchair or other mobility device?			
<i>If yes, please describe:</i>			
*Are you a student? Y or N Full Time or Part Time? FT PT			
Do you receive income in the form of Financial Student Assistance? Y or N			
Are you a military veteran? Y or N; If Yes, which branch? Army-Navy-Air Force-Marines-Coast Guard			

***Income Information:**

Head of Household

Additional Occupants

Wages/Salaries:		
Social Security (SSI):		
Pension/Annuity:		
Social Security Disability (SSD):		
Other: (define)		
Estimated Gross Monthly Income:		
Estimated Assets (investments, savings, Certificates, Whole Life Policy, Real Estate equity)		
<i>You must list the income of all applicants who will occupy the apartment.</i>		

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***Unit Requested:** (You must indicate the type of unit you prefer)

Please circle or place a check in the box for your 1st and 2nd choice style of apartment	Elizabeth Church Building 1 <u>Income Limit*</u> for Subsidy \$47,600 for 1 person \$54,400 for 2 people	Burch Building 2 <u>Income Limit*</u> for Subsidy \$34,900 for 1 person \$39,850 for 2 people	Colton-Weinberg Building 3 No Subsidies Market Rate Only
First Choice	<input type="checkbox"/> Studio <input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR	<input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR	<input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR
Second Choice	<input type="checkbox"/> Studio <input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR	<input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR	<input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR
236 Market Rate Apartments Available	<input type="checkbox"/> Studio <input type="checkbox"/> 1 BR (see rate sheet)		

*Income Limit means you cannot earn more than the indicated amount to be eligible for the particular Apartment Building. Applicants to Building 1 must meet income limit however; if no subsidy is available will have the option to qualify and pay for an apartment at market rate. **Not all apartments in Building 1 have rental assistance.** Applicants to Building 2 must be below the income limit to apply to that building. If an applicant qualifies for Building 2 they would also qualify for Building 1 however only Building 2 guarantees rental assistance. Building 3 has no income limit but offers no subsidy.*

You may apply for more than one waitlist provided you meet the income requirements. You may state a 1st and 2nd choice preference for any building to which you apply. If you are called and offered an apartment you may ‘accept’ or ‘reject’. Rejecting a second choice preference will not impact your waitlist position on your first choice but will remove the 2nd choice option. A first preference rejection will move you to the bottom of the list and two rejections will remove you from the waitlists and you will need to reapply.

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 Cedar Lane Senior Living Community to secure from a consumer reporting agency an investigative consumer report. This report may contain, but would not be limited to, a consumer credit report and verification of my residences, employment, income as well as criminal background. I further authorize Cedar Lane Senior Living Community and the consumer reporting 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 release all concerned from any liability in connection with the information they give. By signing this document, I am advised that I have the right, under Federal Fair Credit Reporting Act, Section 606(B) to make a written request of Cedar Lane Senior Living Community, and the consumer reporting agency, within a reasonable time, for a complete and accurate disclosure of the nature and scope of the investigation. I also acknowledge the right to disclosure of such information as required by Section 609 of the Fair Credit Reporting Act entitled “A Summary of your rights under the Fair Credit Reporting Act.” I also authorize Cedar Lane Senior Living Community to obtain my consumer credit report at any time during the term of the lease, and after termination of the lease, in order to assist Cedar Lane Senior Living Community in collection efforts against me.

I understand that if I move or if my contact information changes, it is my responsibility to contact Cedar Lane Senior Living Community to update my file. Failure to do so may result in being removed from the waitlist and not being offered an apartment. Once you are contacted regarding an available apartment you must make a rental decision within 48 hours. Names on the wait list will be maintained and honored in the order of the date the completed application of interest was received.

Please Print Name:	
Applicant Signature:	Date:
Co-Applicant Signature:	Date:

The application must be signed by the applicant or by Power of Attorney for the applicant with a copy of the POA submitted with the application. Falsifying or failing to disclose information on your application can lead to eviction. A copy of the Tenant Selection Plan is available upon request.

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