

MOUNTAIN TOP DEVELOPMENT, LLC  
15 MAIN STREET  
WESTERNPORT, MD 21562  
301-359-9181

Dear Applicant:

We take pride in our management and in our apartment community. We actively seek good residents to make their home with us, and we strive to provide the best services we possibly can while they live at our Apartments.

We screen our applicants very carefully, and we completely verify all information provided to us on the rental application that you complete and from other sources available to us. We verify employment, criminal background, credit check and we check previous rental history.

The screening and verification process is used for every applicant the same way – fairly, consistently, uniformly. We work diligently to observe both the spirit and the letter of the fair housing laws – not just because they are the law of the land, but because we sincerely believe, personally and as a company, in fair housing and equal opportunity in fair housing for everyone.

An applicant who passes the screening criteria is offered an apartment when a suitable one is available. An applicant who does not satisfy the screening criteria is not accepted as a resident.

By making an application at our Apartments, you acknowledge that these checks and verifications will be done, and give your permission for us to do so.

Please completely fill out your application. If you do not provide us with complete information, we will be unable to process the application successfully. If there is any item on the application that you do not understand, please ask for assistance from the manager. If there is additional information that you feel might be of assistance to us in processing your application, please let us know. We are here to be of service to you and to others seeking housing.

**Please return the following items with your application to ensure timely processing:**

**Copies of Birth Certificates & Social Security Cards**

**Copies of Drivers License or State Issued ID Card for all members over the age of 18**

**Copies of Award Letters from DHHR, Social Security, Child Advocate/Support, etc.**

**Copies of your last six (6) Pay Stubs**

**\*\* The last page of the application MUST be completed and notarized by the Magistrate Clerk or Sheriff Dept in all counties you have resided (copies can be made if needed) – failure to return these will result in denial of your application.**

A copy of our “Tenant Selection Plan” is available for you to view at your request. On the Tenant Selection Plan it gives you details to the total process that we use to determine eligibility. A household whose income is less than 30% of the median income has priority on the waiting list.

We will do our best to process your application quickly and give you an answer within a reasonable time.

Please sign and date this letter where indicated below, and give it to the manager or return via mail to address above.

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**An Equal Opportunity Housing Provider**



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**APPLICATION FOR ASSISTANCE**

Applicant Name: \_\_\_\_\_ Desired Apt.Size:  2 Bedroom  3 Bedroom  
 Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Home Phone # : \_\_\_\_\_ Work Phone #: \_\_\_\_\_  
 Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 How did you hear about this apartment community? \_\_\_\_\_

**I. HOUSHOLD COMPOSITION AND CHARACTERISTICS**

List the Head of Household and all other members who will be living in the apartment. Indicate the relationship of each family member to the Head of Household.

Name (Last, First, MI)	Social Security Number	Relationship to Head of Household	Sex*	Age*	U.S Citizen?	Date of Birth*	Occupation
		Head of Household					

\*Federal Regulations require us to report the sex, age, and date of birth of all household members.

Are you or a member of your household a student?  Yes  No

If yes, list member name(s) & where they are going to school: \_\_\_\_\_

Does anyone plan to live with you in the future who is not listed above?  Yes  No

If yes, explain: \_\_\_\_\_

Have you or any member of your household ever used different names from the above names shown?  Yes  No

If yes, please list names used and dates when such names were used: \_\_\_\_\_

Will any of the above household members live anywhere except the apartment?  Yes  No

If Yes, please explain: \_\_\_\_\_

Are there any other persons who will live in the apartment on less than a full-time basis?  Yes  No

If either question is answered yes, please explain: \_\_\_\_\_

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Federal Regulations require us to report the race and ethnicity of the Head of Household. This response is **optional**, and your entry will have no bearing on your eligibility for housing.

**Race of Head of Household.** Please check one:  I do not wish to furnish the information below.

- White/Caucasian     Black/African-American     American Indian/Alaskan Native     Asian/Pacific Islander  
 Other

**Ethnicity of Head of Household.** Please Check one:  I do not wish to furnish the information below.

- Hispanic     Non-Hispanic

Are reasonable accommodations needed for any household members?  Yes     No

If yes, what kind?    Barrier-free Apartment    Sight Impaired Apartment  
Hearing Impaired Apartment    Other \_\_\_\_\_

If any of the above categories were checked, is a reasonable modification required?  Yes     No

Do you have a pet?  Yes     No    If yes, please explain \_\_\_\_\_

**II. RENTAL HISTORY** (3 References are needed to process, either Landlord or Personal)

Present Landlord: \_\_\_\_\_ Move-in Date: \_\_\_\_\_ Move out Date \_\_\_\_\_

Address: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone No: \_\_\_\_\_

Household Member Names: \_\_\_\_\_

Former Landlord \_\_\_\_\_ Move-in Date: \_\_\_\_\_ Move-out Date \_\_\_\_\_

Address: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone No: \_\_\_\_\_

Household Member Names: \_\_\_\_\_

Former Landlord \_\_\_\_\_ Move-in Date: \_\_\_\_\_ Move-out Date \_\_\_\_\_

Address: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone No: \_\_\_\_\_

Household Member Names: \_\_\_\_\_

Are you or any member of your household currently or have ever resided in subsidized housing?  Yes     No

If yes, please list names, addresses and dates: \_\_\_\_\_

Have you or any member of your household ever had subsidized housing terminated?  Yes     No

If yes, please list names, addresses and dates: \_\_\_\_\_

Has any place where you or any member of your household were living been destroyed or damaged by fire?

Yes     No    If Yes, please provide details: \_\_\_\_\_

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**III. ILLEGAL DRUG USE/CRIMINAL ACTIVITY**

Do you or any member of your household currently use any illegal drug or other illegal controlled substance?

Yes No If yes, which household member(s)? \_\_\_\_\_

Is household member seeking treatment? Yes No

If yes, name of facility: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Have you or any member of your household ever been arrested for, or convicted of, any drug-related criminal activity, such as use, possession, distribution, trafficking or manufacturing of an illegal drug?  Yes  No

Are you or any member of your household subject to life time registration as a sex offender?  Yes  No

Has any household member been arrested or convicted of any other criminal activity?  Yes  No

If yes, which household member(s)? \_\_\_\_\_

Where/when did the incident(s) take place? \_\_\_\_\_

Explain the circumstances, outcome, and present status: \_\_\_\_\_

Please list all states in which you (and co-head/spouse/other household members 18 and over) have lived:

\_\_\_\_\_

**IV. CREDIT HISTORY**

Applicant(s) authorize Landlord (Agent for Owner) to obtain one or more “consumer reports” as defined in the Fair Credit Reporting Act, 15 U.S.C. Section 1681a(d), to seek information on (each) applicant’s credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

**V. EMPLOYMENT**

Complete this section for each household member over age 18. Attach additional pages if necessary.

Member Name: \_\_\_\_\_

Check all applicable: Employed: Full-time Part-time Self-Employed Unemployed Non-employed

Current Employer: \_\_\_\_\_ Former Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Member Name: \_\_\_\_\_

Check all applicable: Employed: Full-time Part-time Self-Employed Unemployed Non-employed

Current Employer: \_\_\_\_\_ Former Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_



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**VI. INCOME AND ASSET INFORMATION**

Please answer each of the following questions. For each “yes”, provide details in appropriate sections below.

Do you or any member of your household:

**YES NO**

- Work full-time or part-time or seasonally?
- Expect to work for any period during the next year?
- Work for someone who pays cash?
- Receive tips?
- Expect a leave of absence from work due to layoff, strike, medical, maternity, or military leave?
- Now receive or expect to receive unemployment benefits?
- Now receive or expect to receive workers’ compensation?
- Now receive or expect to receive alimony/child support?
- Entitled to alimony/child support not being received?
- Do you have an alimony/child support order?
- Are you seeking/enforcing alimony/child support order?
- Do you receive TANF or WV Works?
- Do you now receive or expect to receive Public Assistance?
- Do you now receive or expect to receive Social Security benefits?
- Do you now receive or expect to receive V.A. benefits/G.I. Bill benefits?
- Do you now receive or expect to receive income from pension or annuity?
- Do you now receive or expect to receive income from trusts?
- Do you now receive or expect to receive periodic payments of lottery winnings?
- Do you now receive or expect to receive inheritances or settlements?
- Do you now receive or expect to receive regular contributions from organizations or individuals not living with you?

Do you or any member of your household receive Income from Assets, including but not limited to:

**YES NO**

- Interest on Savings, Checking, and/or Money Market Accounts?
- Interest/Dividends on Annuities, Certificates of Deposit, Stocks, Bonds, Mutual Funds, Life Insurance Policies, Treasury Bills, Trusts, IRA’s, retirement funds, etc.?
- Rental income from real estate or personal property?
- Do you have Cash on Hand/Sums in Safe Deposit Boxes?
- Do you have IRA’s, 401K’s, Keoghs, or other retirement funds?
- Do you own real estate or other assets held for investment or for which you do not receive income?
- Have you sold, given away, or otherwise disposed of any assets (including cash) in the past two years for less than fair market value?**

Other income or assets? \_\_\_\_\_

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**INCOME:**

List all sources of income of household members.

MEMBER NAME	SOURCE OF INCOME/ADDRESS	TYPE OF INCOME	MONTHLY INCOME

**ASSETS:**

- List all checking, savings, and other accounts (including but not limited to IRAs, 401Ks, Keogh accounts and Certificates of Deposits) of all household members.

MEMBER NAME	ORGANIZATION NAME/ADDRESS	TYPE OF ACCOUNT	ACCOUNT NO.	BALANCE

- List the value of all stocks, bonds, trusts, real estate and other assets owned by any household member:

- List the date and value of any assets disposed of for less than their fair market value during the past two years: \_\_\_\_\_

- Do you own a car?  Yes  No If yes – Year, Make, & Model: \_\_\_\_\_  
Who pays the insurance, gas, taxes, etc: \_\_\_\_\_ How Much? \_\_\_\_\_

**VII. EXPENSES**

**YES NO**

- Do you have expenses for child care of a child age 12 years or younger? If yes, provide the name, address, and telephone number of the care provider.  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
What is the weekly cost to you of the child care? \$ \_\_\_\_\_
- Do you pay a care attendant or for any equipment for any disabled household member(s) necessary to permit that person or someone else in the household to work? If yes, provide the name, address, and telephone number of the provider.  
Name: \_\_\_\_\_ Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_



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What is the weekly cost to you for the care attendant and/or equipment? \$ \_\_\_\_\_

**ELDERLY FAMILIES ONLY** (Head, Co-Head, or Spouse is age 62 or older, handicapped or disabled).

YES NO

- Do you have Medicare? If yes, what is your monthly premium? \$ \_\_\_\_\_
- Do you have any other kind of medical insurance? If yes, provide the following information:  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 Policy No.: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
 Premium Amount: \$ \_\_\_\_\_ Premium Amount: \$ \_\_\_\_\_
- Do you have outstanding medical bills? If yes, explain. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What medical expenses do you expect to incur in the next twelve months? \_\_\_\_\_  
 \_\_\_\_\_

If you use the same pharmacies regularly, please provide the following:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_

If you use the same doctor(s) regularly, please provide the following:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_

**VIII. EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**IX. ALTERNATE CONTACT PERSONS**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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Upon receipt of your completed application package, a preliminary determination of eligibility will be made. If your household appears to be eligible, your application will be placed on the property waiting list. This does not guarantee that your household will be offered an apartment. If later processing establishes that your household is not eligible or not qualified for housing, your application will be rejected. Your application will be processed based upon federal housing program requirements/guidelines and our applicant screening policy/criteria which are summarized in the Resident Selection Plan available in the management office. As long as your application is on file with us, it is your responsibility to advise us in writing whenever any information changes.

**APPLICANT CERTIFICATION**

I/We certify that all information given in this Application is true, complete, and accurate. I/We understand that if any of this information is false, misleading, or incomplete, the Landlord (Agent for Owner) to make any and all inquiries to verify this information either directly or through information exchanged now or later with rental and credit screening services, and to contact current and previous Landlords or other sources for verification confirmation which may be released to appropriate Federal, State, or Local Agencies.

If the Application is approved and move-in occurs, I/We certify that only those persons listed on this application will occupy the apartment, that they will maintain no other place of residence, and that there are no other persons for whom we have or expect to have, responsibility to provide housing. I/we understand that if this Application is placed on the Property Waiting List, we may request sample copies of the Lease Agreement and Resident Handbook (House Rules). If this Application is approved and move-in occurs, we certify that we will accept and comply with all conditions of occupancy.

_____	_____
Date	Signature of Head of Household
_____	_____
Date	Signature of Spouse or Co-Applicant
_____	_____
Date	Signature of Co-Applicant
_____	_____
Date	Signature of Co-Applicant

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The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), by Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the social security number of each household member who is 6 years old or older.

**Purpose:** Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities.

**Other Uses:** HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government’s financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate federal, state, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law.

**Penalty:** You must provide all of the information requested by the owner, including all social security numbers you, and all other household members age 6 years and older, have and use. Giving the social security numbers of all household members 6 years of age and older is mandatory, and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

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 use 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. 408 (a) (6), (7) and (8).\*

Date Application Received	Time Application Received	Person Receiving Application

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Date: \_\_\_\_\_

County Magistrate Court/Sheriff Dept

Dear Sir/Madam,

As part of the Tenant Screening at our apartment community, applicants are required to provide a Criminal Record Check through the local Magistrate Court/Sheriff Dept. If you would please provide the following information on the person listed below, it would be greatly appreciated.

---

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Our records show: \_\_\_\_\_ No Charges

\_\_\_\_\_ The following Criminal Charges

<u>Date Charged</u>	<u>Charges</u>	<u>Disposition</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attachments: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
County Magistrate Court Clerk/Sheriff Deputy

\_\_\_\_\_  
County/State Records were searched

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# AUTHORIZATION TO RELEASE INFORMATION

I \_\_\_\_\_ consent to, and authorize Mountain Top Development, LLC to, obtain information from the individuals or organizations listed below for determining or verifying my eligibility for federally assisted housing programs.

Banks and Financial Institutions  
Credit Bureaus  
Courts, Local, State and Federal  
Dept. of Veteran Affairs

Landlords Past and Present  
Law Enforcement Agencies  
Pensions and Annuities  
Providers of Alimony or Child Support

Educational Institutions  
Employers Past and Present  
Health and Human Resources Agencies  
Informaiton Protected by HIPPA  
Housing Assistance Agencies  
Housing Authorities

Providers of Child Care  
Social Security Administration  
Unemployment Agencies  
Workers Compensation Agencies  
Public Information  
Enterprise Income Verfication (EIV)

I agree that photocopies of this RELEASE will be used for the purpose stated above and that the original of this form will remain in the possession of Mountain Top Development,LLC. This Release form will be valid for 18 Months from the date it was signed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Last 4 Social

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Last 4 Social

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Fill out this form if you are receiving any cash contributions from Family or Friends for general living expenses, or you are receiving cash child support payments.

## FAMILY CASH CONTRIBUTION STATEMENT

Date: \_\_\_\_\_

Applicant(s): \_\_\_\_\_

This is to certify that I/we am/are receiving funds monthly from Family/or Friends in the amount of \$\_\_\_\_\_.

This assists me with daily living expenses and **I am receiving no other income at this time.**

*I/We certify that the information on this form is true and complete to the best of my/our knowledge and belief. I/We understand that I/We can be fined up to \$10,000.00, or imprisoned up to five years, or lose the subsidy HUD pays and have my/our rent increased, if I/We furnish false or incomplete information.*

\_\_\_\_\_  
INITIAL

\_\_\_\_\_  
Tenant Date

\_\_\_\_\_  
Tenant Date

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# DOCUMENT CHECKLIST TO RETURN WITH APPLICATION

- 1) BIRTH CERTIFICATES ON ALL HOUSEHOLD MEMBERS
- 2) SOCIAL SECURITY CARDS ON ALL MEMBERS
- 3) CHILD SUPPORT DOCUMENTS
- 4) PROOF OF INCOME ( 4WKS PAY STUBS)
- 5) SOCIAL SECURITY INCOME VERIFICATION
- 6) DRIVERS LICENSE OR STATE ID

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