



WELCOME TO YOUR NEW APARTMENT!

Date _____

APPLICATION FOR RESIDENCY

APT# _____ ADDRESS _____ RENT _____
TENTATIVE M/I DATE _____ LEASE TERM _____

PERSONAL INFORMATION

PLEASE PRINT

FULL NAME _____ HOME PH: (____) _____
LAST FIRST MIDDLE INIT

DO YOU HAVE A PET? YES _____ NO _____ WHAT KIND/ TYPE? _____ U.S. CITIZEN? _____

LIST ALL PERSONS TO RESIDE IN APARTMENT:

FULL LEGAL NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH	SOCIAL SECURITY #
	(SELF)		

RESIDENCE HISTORY

PRESENT ADDRESS _____
STREET APT# CITY STATE ZIP
COMMUNITY NAME, LANDLORD OR MORTGAGE HOLDER _____
NAME CITY STATE (____) PHONE
MONTHLY PAYMENT \$ _____ LENGTH OF OCCUPANCY _____ / _____ LEASE EXPIRES _____
YRS MOS

REASON FOR MOVING _____
PREVIOUS ADDRESS _____
STREET APT# CITY STATE ZIP
COMMUNITY NAME, LANDLORD OR MORTGAGE HOLDER _____
NAME CITY STATE (____) PHONE
LENGTH OF OCCUPANCY _____ / _____ REASON FOR MOVING? _____
YRS MOS
HAVE YOU EVER BEEN EVICTED FROM AN APARTMENT? _____ WHERE? _____

Do you now have or have you had an infestation of bed bugs in the past 12 months? YES _____ NO _____

EMPLOYMENT INFORMATION

APPLICANT EMPLOYED BY _____ HOW LONG? _____ / _____
YRS MOS
EMPLOYERS ADDRESS _____
STREET CITY STATE ZIP
YOUR LOCAL BUS. ADD. _____ PHONE (____) _____
POSITION HELD _____
GROSS ANNUAL SALARY \$ _____ SUPERVISOR _____ PHONE (____) _____

OTHER INCOME SOURCES _____ EXTRA YEARLY INC.\$ _____

PREVIOUS EMPLOYER _____ HOW LONG? _____ / _____
YRS MOS
ADDRESS _____ PHONE (____) _____

POSITION HELD _____ SUPERVISOR _____

CO-APPLICANT EMPLOYED BY _____ HOW LONG? _____ / _____

YRS MOS

EMPLOYERS ADDRESS _____ STREET _____ CITY _____ STATE _____ ZIP _____

YOUR LOCAL BUS. ADD. _____ PHONE (_____) _____

POSITION HELD _____

GROSS ANNUAL SALARY \$ _____ SUPERVISOR _____ PHONE (_____) _____

OTHER INCOME SOURCES _____ EXTRA YEARLY INC.\$ _____

PREVIOUS EMPLOYER _____ HOW LONG? _____ / _____

YRS MOS

ADDRESS _____ PHONE (_____) _____

POSITION HELD _____ SUPERVISOR _____

BANKING AND CREDIT

BANK _____ / _____ (_____) _____
NAME CITY & STATE PHONE

CHECKING ACCOUNT NO. _____ SAVINGS ACCOUNT NO. _____

BANK _____ / _____ (_____) _____
NAME CITY & STATE PHONE

CHECKING ACCOUNT NO. _____ SAVINGS ACCOUNT NO. _____

TRUSTS, CD'S, MISC. _____

AUTO LOAN WITH _____ MONTHLY PAYMENT \$ _____ BALANCE OWING \$ _____

ADDRESS _____ ACCOUNT NO. _____
CITY & STATE

CREDIT REFERENCE _____ MONTHLY PAYMENT \$ _____ BALANCE OWING \$ _____

ADDRESS _____ ACCOUNT NO. _____
CITY & STATE

CREDIT REFERENCE _____ MONTHLY PAYMENT \$ _____ BALANCE OWING \$ _____

ADDRESS _____ ACCOUNT NO. _____
CITY & STATE

OTHER INFORMATION

AUTO MAKE _____ YEAR _____ COLOR _____ TAG NO. _____ STATE _____

AUTO MAKE _____ YEAR _____ COLOR _____ TAG NO. _____ STATE _____

AUTO MAKE _____ YEAR _____ COLOR _____ TAG NO. _____ STATE _____

APP.DR LIC. # _____ STATE _____ CO-APP DR LIC.# _____ STATE _____

APP. EMERGENCY CONTACT (NOT LIVING WITH YOU) _____ (_____) _____
NAME ADDRESS PHONE

APP. EMERGENCY CONTACT (NOT LIVING WITH YOU) _____ (_____) _____
NAME ADDRESS PHONE

CANCELLATION POLICY

TO RESERVE AN APARTMENT, THE APPLICANT MUST PAY A RESERVATION DEPOSIT AND AN APPLICATION FEE. SHOULD THE APPLICANT CANCEL HIS/HER APARTMENT RESERVATION WITHIN 48 HOURS OF THE DATE OF APPLICATION, THE APARTMENT DEPOSIT WILL BE FULLY REFUNDED. CANCELLATIONS RECEIVED AFTER THE 48 HOUR WAITING PERIOD ARE NOT ELIGIBLE FOR DEPOSIT REFUND. CANCELLATIONS SHOULD BE SUBMITTED IN WRITING. APPLICATION FEES ARE NON-REFUNDABLE.

APPLICANT'S CONSENT

I HEREBY AUTHORIZE MANAGEMENT OR ITS AGENT TO INVESTIGATE MY PAST HISTORY FOR THE PURPOSE OF DETERMINING APPROVAL OF THIS APPLICATION FOR RESIDENCY. THIS CONSENT INCLUDES ANY HISTORY OF RESIDENCY, EMPLOYMENT, CREDIT AND ANY OTHER REFERENCES THE MANAGEMENT DEEMS NECESSARY.

APPLICANT'S SIGNATURE

DATE

RECEIVED BY

DATE

CO-APPLICANT'S SIGNATURE

DATE

OFFICE VERIFICATION SECTION

REFERENCE VERIFICATION

COMMENTS

<input type="checkbox"/> PRESENT RESIDENCE	
<input type="checkbox"/> PREVIOUS RESIDENCE	
<input type="checkbox"/> PRESENT EMPLOYER (APP.)	
<input type="checkbox"/> PREVIOUS EMPLOYER (APP.)	
<input type="checkbox"/> PRESENT EMPLOYER (CO-APP.)	
<input type="checkbox"/> PREVIOUS EMPLOYER (CO-APP.)	
<input type="checkbox"/> CREDIT REPORT COMPLETE	
<input type="checkbox"/> OTHER	

Revised 05/01/2011



"Habitat America, LLC, is pledged to the letter and spirit of the U.S. Policy for the achievement of equal housing opportunity throughout the Nation. We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, familial status or national origin."

THANK YOU FOR RESIDING WITH US!

APPLICANT or CO-SIGNER CONSENT

“I hereby authorize Riverwatch Apartments to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment salary details, and/or any other necessary information.”

“I hereby expressly release Riverwatch Apartments, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.”

“I understand that should I lease an apartment, Riverwatch Apartments and its agent, shall have a continuing right to review my consumer report information, rental application, payment history and occupancy history for account review purposes and for improving application methods.”

Applicant or Co-signer Signature

Date

Applicant or Co-signer Signature

Date

Applicant or Co-signer Signature

Date

Applicant or Co-signer Signature

Date

Community Manager/Agent's Signature



PRIVACY PROTECTION ACT LETTER (Maryland)

RiverWatch Apartments
(Property Name)

NOTICE OF DISCLOSURE FOR APPLICATION

As provided by the Maryland Privacy Protection Act of 1976, any one who is requested to provide personal information about himself must be informed whether he/she is legally required to provide such information, or whether he/she may refuse to supply the information requested. As an applicant for housing he/she is required to provide certain information that will enable Habitat America, LLC to complete the eligibility process for Section 42 Low Income Housing Tax Credit Program or other federal housing programs.

A Photostat or facsimile copy of your signature may be used to retrieve information required to determine gross annual income. It may be used to verify information listed on our application or re-certifications for the purpose of approval and/or retrieval of income and asset information during the compliance period of the property, deemed necessary for the Section 42 Low Income Housing Tax Credit Program or other federal housing program guidelines set forth for this property.

Your signature below indicates authorization to request verifications of necessary information concerning any income or asset sources by phone, fax or Photostat copy of this form, along with the necessary identifying verification form during the declared compliance period of this property.

The information requested will be used to determine an adjusted annual income, which you and your family receive from all income sources. This is necessary because the Rules and Regulations adopted pursuant to the Authority conferred on the Maryland Department of Housing and Community Development limit eligibility for initial occupancy to families whose adjusted income does not exceed certain established limits. In addition, it is necessary to know the composition of your family (number of dependents) so that the proper size of dwelling unit may be authorized for you and your family.

Although you are not legally required to provide the information requested, your failure to do so will result in our inability to determine your eligibility for housing in this development.

This paperwork is retained in your file and is subject to audits by Maryland Department of Housing and Community Development, 100 Community Place, Crownsville, Maryland, 21032. It is possible that information provided by you will be revealed to others for the purpose of confirmation or for other purposes in accordance with the Maryland Freedom of Information Act, but any information so supplied is subject to the safeguards of the Maryland Privacy Protection Act.

My/Our signature(s) below indicate my/our acceptance of the application for occupancy in its entirety.

Applicant #1 Signature

Date

Applicant #2 Signature

Date

Applicant #3 Signature

Date

Authorized Agent Habitat America, LLC

Date

