



Thank you for your interest in Village at Blenheim Run!

All applications will be processed in the order in which they were received. No incomplete applications will be accepted/processed.

- Please disclose income and assets for all household members.
- All household members older than 18 years old must execute the application, annual student affidavit, proof of income and assets or any form applicable.
- All proof of income such as paystubs, Social Security Administration Award letter, Child Support, Pension verification, etc. must be within 120 days from the move in date.
- Paystubs must be in sequence, proof of three months' salary (Six paystubs if paid bi-weekly).
- If your assets are more than \$ 5,000, we will need six bank statements for each checking account, and the most recent statement for Savings Accounts, Money Market, or other assets.
- All earned and unearned income for any household member is included towards the household income, any exception Management will provide further information during interview process.
- Provide proof of identification, social security card or birth certificate.
- During the interview process, management may need to collect an additional document, please submit those within 48 hours of request.

Thank you!

### **Income Guidelines**

<b>Number of Persons</b>	<b>50% AMI Maximum Income</b>	<b>60% AMI Maximum Income</b>
1 Person	\$40,650	\$48,780
2 Persons	\$46,450	\$55,740
3 Persons	\$52,250	\$62,700
4 Persons	\$58,050	\$69,660
5 Persons	\$62,700	\$75,240
6 Persons	\$67,350	\$80,820
7 Persons	\$72,000	\$86,400

# RENTAL APPLICATION

**Property Name:** Village at Blenheim Run

**Property Address:** 1921 Pulaski Hwy - Havre de Grace, MD 21078

**Ph:** \_\_\_\_\_ **Fx:** \_\_\_\_\_ **TDD #711**

- Credit and Criminal Background Fee: \$15.00**
- Fee applied per Management policy
- Fee waived per Management policy
- Fee waived per HUD Section 8 policy

Office Hours: _____
Office Use Only:
Date: _____
Time: _____
Received: _____

**NO CASH WILL BE ACCEPTED.**

*Please print all information*

TM Associates Management, Inc. is an Equal Housing Opportunity Company, with projects in compliance with Section 504 and Fair Housing Regulations. TM Associates Management, Inc. accommodates any applicants who need assistance in filling out this application. If you require any assistance, please advise.

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

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

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

Cell/Home Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email: \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. Positive identification of all residents is required. For adult applicants this must be photo identification and a copy of their social security card. For all minor applicants, this must be birth certificate and social security card.

MEMBER'S FULL NAME	RELATIONSHIP	DATE OF BIRTH	AGE	LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER	STUDENT: YES / NO
	Head of Household				

Unit size requested:    One Bedroom    Two Bedroom    Three Bedroom    Four Bedroom

Are you living with anyone now who will not be moving into this unit with you?    Yes    No. If yes, please explain:

---

Are there any changes in the household expected in the next 12 months?    Yes    No. If yes, please explain:

---

Will all listed minors be living in the household at least 50% of the time?    Yes    No. If no, please explain the custody agreement and proof of custody may be required.

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Identify any special housing needs required as a result of a disability: \_\_\_\_\_

Will there be a pet as part of your household?  Yes  No

**Note:** Specific pet policies and/or restrictions may apply at this property. For properties designated as Elderly, refer to the Pet Policy provided by Management regarding pet evaluation. If an approved pet is allowed, an additional security deposit may be applicable.

Have you or anyone else who will be living in your household ever been convicted of a crime?  Yes  No.

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

Are you or anyone else who will be living in your household subject to registration as a sexual offender and/or sexual predator?  Yes  No. If yes, please explain: \_\_\_\_\_

Does any member of your household currently use or have a history of using illegal drugs or currently use or have a history of abusing alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of others?

Yes  No If yes, explain \_\_\_\_\_

Are you or a member of your household now being evicted?  Yes  No

Have you or a member of your household ever been evicted?  Yes  No. If yes, date of eviction: \_\_\_\_\_

How long have you resided at your current residence? \_\_\_\_\_

What are your monthly costs for all utilities except Telephone or TV cable? \$ \_\_\_\_\_

What is your current rent? \$ \_\_\_\_\_

List names/addresses/phone numbers of two relatives or friends who know how to contact you:

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

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

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

**RENTAL HISTORY:** (We must be able to verify at least five years of residency. Please use complete addresses. Failure to do so may result in not being able to process application.)

PRESENT LANDLORD: Name: \_\_\_\_\_ Phone# \_\_\_\_\_

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

Dates: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

FORMER LANDLORD: Name: \_\_\_\_\_ Phone# \_\_\_\_\_

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

Dates: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

FORMER LANDLORD: Name: \_\_\_\_\_ Phone# \_\_\_\_\_

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

Dates: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_



**ELIGIBILITY INFORMATION: For each question, check either Yes or No. For each “yes” answer, provide the details in the chart below. “Household” is defined as ANYONE who will be residing in the apartment.**

1. Is any member of your household employed full time, part time, or seasonally?  Yes  No
2. Are there any income changes expected in the next 12 months?  Yes  No  
 If yes, please explain: \_\_\_\_\_
3. Does any member of your household work for someone who pays them in cash?  Yes  No
4. Is any member of your household on leave of absence from work due to layoff, maternity, or military leave?  Yes  No
5. Does any member of your household receive unemployment benefits?  Yes  No
6. Does any member of your household receive child support?  Yes  No
7. Is any member of your household legally entitled to child support that he/she is not now receiving?  Yes  No
8. Does any member of your household receive alimony payments?  Yes  No
9. Is any member of your household legally entitled to alimony payments that he/she is not now receiving?  Yes  No
10. Does any member of your household receive or expect to receive welfare assistance other than food stamps and Medicaid? (Do not count food stamps.)  Yes  No
11. Does any member of your household receive or expect to receive Social Security benefits?  Yes  No
12. Does any member of your household receive or expect to receive income from a pension or annuity?  Yes  No
13. Does any member of your household receive regular cash contributions from individuals not living in the unit or from agencies?  Yes  No
14. Does any member of your household receive income from assets, including interest on checking or savings accounts, interest on dividends on certificates of deposit, stocks, or bonds? Or income from the rental of a property?  Yes  No
15. Does any member of your household participate in a 401k retirement account?  Yes  No  
 If yes, does the member have access to the account (excluding loans) without termination or retirement?  Yes  No
16. Does any member of your household own a home or other real estate?  Yes  No  
 If yes, Type: \_\_\_\_\_ Location: \_\_\_\_\_  
 Market Value: \_\_\_\_\_ Outstanding Loan: \_\_\_\_\_
17. Do you currently or have you ever served in any branch of the US Military, including the National Guard or the Reserves?  Yes  No
18. Are you a spouse or surviving spouse of anyone who served in the US military, including the National Guard or the Reserves?  Yes  No



**INCOME:** For each type of income that your household receives, give the source of the income, address, and the amount that can be expected from the source within the next 12 months.

Family Member	Source of Income & Address	Date of Hire	Estimated Gross Annual Income

**ASSETS:** For each asset that is associated with a bank/direct debit accounts for employment, social security, SSI, child support, or public assistance.

Family Member	Financial Institute	Account Type	Current Balance

List all additional assets such as cash on hand, assets held in safety deposit boxes, equity in real estate property, whole life insurance policies, demand deposits, stocks, bonds. Cash value is the market value less any reasonable costs that would be incurred in converting the asset to cash; i.e. broker and legal fees.

Family Member	Financial Institute	Account Type	Current Balance

Did you have any assets in the last two years not listed above?  Yes  No  
 If yes, did you dispose of any assets for less than fair market value?  Yes  No  
 (This means that the assets were either given away or sold at less than the market value.) If yes, list the assets, market value, amount received and date you disposed of the assets: \_\_\_\_\_

**EDUCATION:**

Are any adult household member(s) going to be a student during the current calendar year?  Yes  No  
 Will all members in the household be or will be full time students during five or more calendar months of the current calendar year or plan to be in the next calendar year at an educational institution other than correspondence school?  Yes  No  
 If Yes to any of the above, please answer the following:  
 Are there any full-time student(s) married and filing a joint tax return?  Yes  No  
 Is there at least one single parent that is not a dependent of someone else and has the child(ren) is/are not dependents of someone other than the adult student?  Yes  No  
 Are any student(s) enrolled in a job training program receiving assistance with the Workforce Investment Act?  Yes  No  
 Are any full-time student(s) a TANF recipient?  Yes  No  
 Are any full-time student(s) ever been under the care and placement responsibility for administering foster care?  Yes  No



**COMMENTS / ADDITIONAL INFORMATION (Use back of this page, if necessary)**

**APPLICANT CERTIFICATION**

This application is subject to approval and does not constitute an agreement or lease. I/We certify that the unit applied for will be my/our permanent residence and I/we will not maintain a separate subsidized rental unit in a different location. I/we understand that my eligibility for housing will be based on applicable income limits by management selection criteria.

I authorize the Management Agent to investigate my credit and criminal background and to verify all information and references given. The information obtained will be used for management purposes only and will be held in confidence.

**All application information is true and correct to the best of my knowledge. I understand that if any information I provide is found to be untrue, it will result in denial of my application or termination of my tenancy after occupancy.**

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Signature of Co-Applicant

**DISCLOSURE**

The information regarding race, ethnicity, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

**Please mark the appropriate codes below for the Head of Household.**

Race: *(select one or more)*

- American Indian/Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Other: \_\_\_\_\_

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

Information Supplied by:

\_\_\_\_\_ Applicant Initials  
 \_\_\_\_\_ Management Initials



# Annual Student Status Affidavit

Property Name: Village at Blenheim Run

Applicant/Tenant: \_\_\_\_\_ Unit: \_\_\_\_\_

**Please Select option A, B, or C as applicable:**

*Students include those attending public or private elementary schools, middle or junior high schools, senior high schools, colleges, universities, technical, trade, online, or mechanical school. This does not include on the job training courses.*

**A.** Household contains at least one occupant who **is not** a student and has not been/will not be a student for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed (Do not answer questions 1-5). Sign and date below.

**B.** Household contains all students, but is qualified because the following occupant(s) **is/are a part-time student(s)** who have not been/will not be a full-time student for five months or more of the current and/or upcoming calendar year. Verification of part-time student status is required for at least one occupant. If this item is checked, no further information is needed (Do not answer questions 1-5). Sign and date below.

**C.** Household contains all students who **were, are, or will be full-time** for five months or more out of the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, questions 1-5 below must be completed by answering yes or no:

1. Is any member married and entitled to file a joint tax return?  Yes  No  
*Please attach marriage certificate or tax return.*
2. Is at least one student a single parent with child(ren) and this parent is not a dependent of someone else, and the child(ren) is/are not dependent(s) of someone other than a parent?  Yes  No  
*Please attach student's most recent tax return and, if applicable, divorce/custody decree or other parent's most recent tax return.*
3. Is at least one student receiving Temporary Assistance to Needy Families (TANF)?  Yes  No  
*Please provide release of information for verification purposes.*
4. Does at least one student participate in a program receiving assistance under the Workforce Innovation and Opportunity Act or under other similar federal, state, or local laws?  Yes  No  
*Please attach verification of participation.*
5. Does the household consist of at least one student who has ever been under the care and placement responsibility of the state agency responsible for administering foster care?  Yes  No  
*Please provide verification of participation.*

*Full-time student households satisfy one of the above conditions are considered eligible. If C is checked and questions 1-5 are marked NO or verification does not support the exception indicated, the household is considered ineligible.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency and that misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. I hereby authorize the management agent to make inquiries regarding the information listed above for the purpose of determining my eligibility for occupancy. Under penalties of perjury, I certify the above representations to be true as of the date shown above.*



11.2022-TC



# Employment Verification

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant/Tenant: \_\_\_\_\_  
Property Address: Village at Blenheim Run  
1921 Pulaski Hwy, Havre de Grace, MD 21078

## TO WHOM IT MAY CONCERN:

The person listed above has indicated that he or she is an employee at your company. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,  
Community Manager

## AUTHORIZATION FOR THE RELEASE OF INFORMATION:

I hereby authorize the above management agent to make inquiries regarding my employment status for the purpose of determining my eligibility for occupancy.

Signature: \_\_\_\_\_

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

## TO BE COMPLETED BY THE EMPLOYER:

Please fill in all blanks. Write "N/A" if an item is not applicable to the above employee.

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Presently Employed: YES: Date First Employed: \_\_\_\_\_ NO: Last date of Employment: \_\_\_\_\_

Hourly Rate of Pay: \$ \_\_\_\_\_ Average number regular hours per week: \_\_\_\_\_

Overtime Rate: \$ \_\_\_\_\_ Average Overtime hours per week: \_\_\_\_\_

Shift Differential Rate: \$ \_\_\_\_\_ Average number shift differential per week: \_\_\_\_\_

If salaried, Gross Salary amount \$ \_\_\_\_\_ per \_\_\_\_\_ (list pay frequency)

Is the employee's work seasonal or sporadic? YES NO

If yes, indicate the average number of weeks in the layoff period: \_\_\_\_\_

Does the employee earn commissions, bonuses, tips, or other pay? YES NO

If yes, please list the applicable pay type amount and how often it is earned: \_\_\_\_\_

If the employee receives tips, are all tips reported? YES NO

Are there any anticipated change in the rate of pay within the next 12 months? YES NO

If yes, Rate of Pay: \_\_\_\_\_ Effective date: \_\_\_\_\_

Does the employee participate in a 401K retirement account? YES NO

If yes, do they have access to the funds of the account without termination or retirement? YES NO

Additional Remarks and/or Comments: \_\_\_\_\_

## Authorized Official:

I hereby certify that the statements above are true and complete to the best of my knowledge.

\_\_\_\_\_  
(Signature) \_\_\_\_\_ (Title) \_\_\_\_\_ (Date)  
\_\_\_\_\_  
(Printed Name) \_\_\_\_\_ (Company) \_\_\_\_\_ (Phone/Fax)

## PLEASE RETURN FORM TO:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (Property Name)  
\_\_\_\_\_ (Phone & Fax)  
\_\_\_\_\_ (Email)

I understand that this verification is made as part of the qualification procedure to determine eligibility for residency and that misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. I hereby authorize the management agent to make inquiries regarding the information listed above for the purpose of determining my eligibility for occupancy. Under penalties of perjury, I certify the above representations to be true as of the date shown above.



5.21-TC





# Tip Income Affidavit

Property Name: Village at Blenheim Run

Applicant/Tenant: \_\_\_\_\_

Unit #: \_\_\_\_\_

*This form should be completed by each adult applicant/resident who earns tips as part of their income or works a position that may earn tips.*

**Please Select One:**

I, \_\_\_\_\_, am currently employed at \_\_\_\_\_ and **I do** receive tips or gratuities.

\*Are all tips reported to the employer and is reflected on the current paystub?  Yes  No  
If no, list the average weekly amount of unreported tips \$ \_\_\_\_\_

I, \_\_\_\_\_, am currently employed at \_\_\_\_\_ and **I do not** receive tips or gratuities as a \_\_\_\_\_.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency and that misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. I hereby authorize the management agent to make inquiries regarding the information listed above for the purpose of determining my eligibility for occupancy. Under penalties of perjury, I certify the above representations to be true as of the date shown above.*



5.21- TC



## Under \$5000 Asset Affidavit

Property Name: Village at Blenheim Run

Applicant/Tenant: \_\_\_\_\_

Unit #: \_\_\_\_\_

*This form should be completed for household whose combined net assets do not exceed \$5,000. Complete only one form per household; include assets of children.*

**Section A:** Please enter the asset value for each represented asset type below that are fully accessible by you. If an asset type is *not* owned, then write "N/A" or "None".

Source	(A) Cash Value*	(B) Int. Rate	(AxB) Annual Income	Source	(A) Cash Value*	(B) Int. Rate	(AxB) Annual Income
Savings Account(s)		%		Checking Account(s)***		%	
Cash on Hand		N/A	N/A	Direct Deposit Card		%	
Certificates of Deposit		%		Money Market Funds		%	
Stocks		%		Bonds		%	
IRA Account(s)		%		401(k)/403(b) Accounts		%	
Keogh Account(s)		%		Trust Funds		%	
Equity in Real Estate		%		Land Contracts		%	
Lump Sum Receipts		%		Capital Investments		%	
Bitcoin/Cryptocurrency		%		GoFundMe/Crowdsourcing		%	
Whole Life Insurance		%					
Other Retirement/Pension Funds not named above		%		Explanation:			
Personal Property Held as an Investment**		%		Explanation:			
Other (list)		%		Explanation:			

\*Cash Value is defined as market value minus the cost of converting the asset to cash, such as broker's fees, settlement costs, outstanding loans, early withdrawal penalties, etc.

\*\*Personal Property held as an investment may include, but is not limited to, gem or coin collections, art, antique cars, etc. Do not include personal property such as, but not limited to, household furniture, daily-use autos, clothing, assets of an active business, or special equipment for use by persons with disabilities.

\*\*\*Checking Account cash value should be the average in the checking account over the last six (6) months.

I/we do not have any assets at this time.

**Section B:** Please select one.

Within the past two years, I/we have sold or given away assets (including cash, real estate, etc.) for more than \$1000 below fair market value (FMV). Those amounts equal a total of \$ \_\_\_\_\_.

I/We have not sold or given away assets (including cash, real estate, etc.) for less than fair market value during the past two years.

**Section C:** Please answer the following.

The net family assets (as defined in 24 CFR 813.102) above do not exceed \$5000, and the annual income from the net family assets is \$ \_\_\_\_\_ (enter the total of all values listed in the columns "(AxB) Annual Income"). This amount is the total gross income from assets.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency and that misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. I hereby authorize the management agent to make inquiries regarding the information listed above for the purpose of determining my eligibility for occupancy. Under penalties of perjury, I certify the above representations to be true as of the date shown above.*



# Asset Verification

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant/Tenant: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

The client listed above has indicated that he or she has account(s) with your institution. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,  
 Community Manager

**AUTHORIZATION FOR THE RELEASE OF INFORMATION:**

I hereby authorize the above management agent to make inquiries regarding my income for the purpose of determining my eligibility for occupancy.

Signature: \_\_\_\_\_

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

**TO BE COMPLETED BY THE FINANCIAL INSTITUTION:**

*The use of whiteout will void this form. Any corrections must be initialed.*

Account Holder's Name: \_\_\_\_\_

Account Type	Asset/Account Number	Withdrawal Penalty	Average Balance for the Last six Months	Current Balance/Value of Asset	Current Interest Rate or Yearly Dividend

Authorized Official: \_\_\_\_\_  
*(Signature)*
*(Title)*
*(Date)*
*(Phone)*

**PLEASE RETURN FORM TO:**    Village at Blenheim Run \_\_\_\_\_ *(Property Name)*  
 \_\_\_\_\_ *(Name and Title)*  
 1921 Pulaski Hwy \_\_\_\_\_ *(Address)*  
 Havre de Grace, MD 21078 \_\_\_\_\_ *(City/State/Zip)*  
 \_\_\_\_\_ *(Phone & Fax)*  
 \_\_\_\_\_ *(Email)*

*I understand that this verification is made as part of the qualification procedure to determine eligibility for residency and that misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. I hereby authorize the management agent to make inquiries regarding the information listed above for the purpose of determining my eligibility for occupancy. Under penalties of perjury, I certify the above representations to be true as of the date shown above.*



# Non-Employment Status Affidavit

Property Name: Village at Blenheim Run

Applicant/Tenant: \_\_\_\_\_

Unit #: \_\_\_\_\_

*This form should be completed by each adult household member who currently has the non-employment status.*

## Section A: (Select One)

I, \_\_\_\_\_, state that I am currently unemployed and that I do not anticipate becoming employed within the next twelve months.

I, \_\_\_\_\_, state that I am currently unemployed, but that I have been offered/promised employment with a start date of \_\_\_\_\_ with the pay rate of \$ \_\_\_\_\_ per hour or \$ \_\_\_\_\_ per year. *Please provide a copy of the offer letter.*

## Section B: (Select One)

I **do** receive or expect to receive unemployment benefits as a result of my unemployment status.

I **do NOT** receive or expect to receive unemployment benefits as a result of my unemployment status.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency and that misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. I hereby authorize the management agent to make inquiries regarding the information listed above for the purpose of determining my eligibility for occupancy. Under penalties of perjury, I certify the above representations to be true as of the date shown above.*



5.21-TC



# Zero Income Affidavit

Property Name: Village at Blenheim Run

Applicant/Tenant: \_\_\_\_\_ Unit #: \_\_\_\_\_

*This form should be completed for each adult household member who states to have \$0 income.*

## **Section A: (Answer Yes or No for each option below)**

Within the next 12 months, will you receive income from any of the following sources?

*(If 'Yes', additional information must be supplied)*

- |   |  |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No Wages, commissions, tips, etc.   | <input type="checkbox"/> Yes <input type="checkbox"/> No Pensions, IRS, 401K   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Unemployment Benefits  | <input type="checkbox"/> Yes <input type="checkbox"/> No Income from Rental Properties   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Worker's Compensation  | <input type="checkbox"/> Yes <input type="checkbox"/> No Death Benefits  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Cash Welfare Assistance  | <input type="checkbox"/> Yes <input type="checkbox"/> No Interest/Dividends from assets  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Alimony  | <input type="checkbox"/> Yes <input type="checkbox"/> No Cash Jobs ( <i>babysitting, lawncare, etc.</i> )  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Child Support  | <input type="checkbox"/> Yes <input type="checkbox"/> No Any other Source. If yes, explain: _____  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Social Security/Disability   |  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Self-Employment ( <i>Uber/Lyft, online sales, sales consultant, etc.</i> ) | <input type="checkbox"/> Yes <input type="checkbox"/> No Help with paying bills or other expenses or regular gifts of money from family or friends who do not live with you ( <i>including online donations such as GoFundMe</i> ) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Annuities, Insurance Policies, Stocks, etc.                                |  |

## **Section B: (Select one)**

- I do not** expect to have any source of income in the next 12 months
- I have** been hired for a new job or **I will** be receiving another source of income soon. I will provide further information for verification purposes.

## **Section C: (Answer the following. Write "N/A" if the cost does not apply to your household.)**

If you selected No for each income source in Section A and you do not expect to have any source of income in the next 12 months, explain how you will pay for the following:

Rent (*including garage rent, if applicable*) \_\_\_\_\_

Utilities \_\_\_\_\_

Food \_\_\_\_\_

Clothing \_\_\_\_\_

School Supplies \_\_\_\_\_

Cell Phone or Phone \_\_\_\_\_

TV (*cable, dish, satellite*) and/or internet \_\_\_\_\_

Medical Care, medications, and Prescriptions \_\_\_\_\_

Personal Care Products \_\_\_\_\_

Vehicle expenses (*car payments, insurance, fuel, etc.*) \_\_\_\_\_

Other Expenses not listed above \_\_\_\_\_

Additional Comments \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency and that misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. I hereby authorize the management agent to make inquiries regarding the information listed above for the purpose of determining my eligibility for occupancy. Under penalties of perjury, I certify the above representations to be true as of the date shown above.*



## Supplemental Income Verification

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Applicant/Tenant: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

The person listed above has indicated that he or she is receiving supplemental income from you. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,  
 Community Manager

**AUTHORIZATION FOR THE RELEASE OF INFORMATION:**

I hereby authorize the above management agent to make inquiries regarding my income for the purpose of determining my eligibility for occupancy.

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

**TO BE COMPLETED BY THE PERSON OR SOURCE SUPPLYING INCOME/CONTRIBUTION:**

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

*Please complete all sections and list the **monthly** contribution. If not applicable, then write \$0 or "N/A".*

Cash	\$
Rent and Utilities ( <i>Electric/Water/Etc.</i> )	\$
Food Expenses Payment	\$
Automobile Insurance, Maintenance, and Gas	\$
Transportation costs such as bus fares, cab fares, etc.	\$
TV Subscriptions, Cable, and/or Internet	\$
Cell Phone and/or Phone Service	\$
Clothing and/or Laundry service fees	\$
Education Expenses and/or Supplies	\$
Medical Expenses	\$
Personal Items such as cigarettes, diapers, toiletries, cleaning supplies and soap	\$
Other:	\$

Signature: \_\_\_\_\_ (Date) \_\_\_\_\_ (Phone) \_\_\_\_\_

**PLEASE RETURN FORM TO:** Village at Blenheim Run (Property Name)  
 \_\_\_\_\_ (Name and Title)  
1921 Pulaski Hwy (Address)  
Havre de Grace, MD 21078 (City/State/Zip)  
 \_\_\_\_\_ (Phone & Fax)  
 \_\_\_\_\_ (Email)

*I understand that this verification is made as part of the qualification procedure to determine eligibility for residency and that misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. I hereby authorize the management agent to make inquiries regarding the information listed above for the purpose of determining my eligibility for occupancy. Under penalties of perjury, I certify the above representations to be true as of the date shown above.*



5.21-TC



# Self-Employment Income Affidavit

Property Name: Village at Blenheim Run

Applicant/Tenant: \_\_\_\_\_

Unit #: \_\_\_\_\_

*This form should be completed by each adult applicant/resident who earns income due to being self-employed. This includes sources of income as a business owner, independent contractor, sole proprietor, hail-riding, cash paid, and other miscellaneous jobs that generates income.*

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

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

Date Business Opened: \_\_\_\_\_

Type of Business: \_\_\_\_\_

I, \_\_\_\_\_, do hereby certify that I am self-employed and that for the most current tax year of \_\_\_\_\_ my net earnings of profit (or loss) for the previous year was \$ \_\_\_\_\_.

I anticipate my annual earnings for the next calendar year to be as follows:

Anticipated Gross Annual Income: \$ \_\_\_\_\_

Anticipated Annual Expenses: \$ \_\_\_\_\_

Anticipated Net Annual Income: \$ \_\_\_\_\_

**Please submit one of the following:**

1. Tax returns for the past **two** years along with a Schedule C
2. IRS transcript of the tax returns for the past **two** years from [www.irs.gov](http://www.irs.gov)

\*If tax return is not available, please state why: \_\_\_\_\_

\_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency and that misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. I hereby authorize the management agent to make inquiries regarding the information listed above for the purpose of determining my eligibility for occupancy. Under penalties of perjury, I certify the above representations to be true as of the date shown above.*



5.21-TC



# Child Support Affidavit

Property Name: Village at Blenheim Run

Applicant/Tenant Name: \_\_\_\_\_ Unit #: \_\_\_\_\_

Child(ren) Name: \_\_\_\_\_

Absent Parent Name: \_\_\_\_\_

NOTE: This form should be completed for each absent parent.

## Section A: (Select One)

- I **do** have physical custody of the minor(s) listed above for 50% or more of the time.
- I **do not** have physical custody of the minor(s) listed above for 50% or more of the time.

## Section B: (Select One)

**I am not entitled** to receive any child support or other compensation pursuant to any court order or other non-court agreement. Further, I am not under any affirmative obligation to seek monies nor do I anticipate seeking over the next 12 months.

**I am currently entitled** to and receiving child support in the amount of \$ \_\_\_\_\_ with the frequency of \_\_\_\_\_ (weekly, biweekly, or monthly).  
\*\* Attach third party verification and/or Court order

**I am entitled** to receive child support or other compensation pursuant to a court order or other non-court agreement in the amount of \$ \_\_\_\_\_ with the frequency of \_\_\_\_\_ (weekly, biweekly, or monthly). However, **I am not** receiving the ordered/agreed amount due to:

- Unable to locate the absent parent
- Absent parent is incarcerated
- Absent parent not making the ordered payments
- Other: \_\_\_\_\_

\*\*Attach documentation for the ordered/agreed amount with support documentation of the payments not being received.

\*\*Note: The court-ordered amount is required to be counted as income unless it is proven that payments are not being received and reasonable attempts have been made to collect the monies.

**I am receiving** a non-court agreement of child support or other compensation in the amount of \$ \_\_\_\_\_ with the frequency of \_\_\_\_\_ (weekly, biweekly, or monthly).  
\*\*Attach statement/clarification

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that this affidavit is made as part of the qualification procedure to determine eligibility for residency and that misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. I hereby authorize the management agent to make inquiries regarding the information listed above for the purpose of determining my eligibility for occupancy. Under penalties of perjury, I certify the above representations to be true as of the date shown above.



5.21-TC





## Pension Verification

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant/Tenant: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

### TO WHOM IT MAY CONCERN:

The person listed above has indicated that he or she is receiving income from Pension. Information provided will remain confidential and will be used solely for the purpose of determining eligibility for occupancy.

Sincerely,  
Community Manager

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### AUTHORIZATION FOR THE RELEASE OF INFORMATION:

I hereby authorize the above management agent to make inquiries regarding my income for the purpose of determining my eligibility for occupancy.

Signature: \_\_\_\_\_

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

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### TO BE COMPLETED BY THE COMPANY:

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

Retirement Pension Number: \_\_\_\_\_

Current Gross Monthly Retirement Income: \$ \_\_\_\_\_

Amount Deducted for Medical Insurance: \$ \_\_\_\_\_

Total Gross Pension Income expected for the next 12 months: \$ \_\_\_\_\_

Additional Comments *(please include any anticipated changes)*: \_\_\_\_\_  
\_\_\_\_\_

Authorized Official: \_\_\_\_\_  
(Signature) (Title) (Date) (Phone)

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**PLEASE RETURN FORM TO:** \_\_\_\_\_ *(Property Name)*  
\_\_\_\_\_ *(Name and Title)*  
\_\_\_\_\_ *(Address)*  
\_\_\_\_\_ *(City/State/Zip)*  
\_\_\_\_\_ *(Phone & Fax)*  
\_\_\_\_\_ *(Email)*

*I understand that this verification is made as part of the qualification procedure to determine eligibility for residency and that misrepresentation herein will be considered a material breach of the lease agreement and subject me to immediate eviction. I hereby authorize the management agent to make inquiries regarding the information listed above for the purpose of determining my eligibility for occupancy. Under penalties of perjury, I certify the above representations to be true as of the date shown above.*



5.21-TC

