DONALDSON

Application for Housing

Name of Community:	Yorkshire Apartments
Street Address:	11401 July Drive
City, State, Zip	Silver Spring, MD 20904

Applications are placed in order of date and time received. Every question must be answered. Do NOT leave blanks. Use N/A when applicable.

I. General Information

Applicant Name:

Applicant Current Address:

Email Address:

Phone Number:

Preferred Method of Contact: ☐ Phone ☐ Email ☐ Text Message

Number of Bedrooms in current housing: Do You: ☐ Own ☐ Rent

Amount of current monthly rent or mortgage payment: $

If owned, do you receive monthly rental income from the property? ☐ Yes ☐ No

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other:

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR ☐ Four BR ☐ Handicapped

II. Household Composition

	Name	Relationship to Head	Birth Date	Age (optional)	Social Security Number
Head		Self			
Co-Head					
3.					
4.					
5.					
6.					
7.					
8.					

Will all listed minors be living in the unit 100% of the time? ☐ Yes ☐ No

If no, explain custody agreement (proof of custody may be required):

1. Have there been any changes in the household composition in the last twelve months? ☐ Yes ☐ No
   If yes, please explain:

2. Do you anticipate any changes in household composition in the next twelve months? ☐ Yes ☐ No
   If yes, please explain:

3. Is there someone not listed above who would be normally be living in the household? ☐ Yes ☐ No
   If yes, please explain:

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

III. Household Income

Household Member Name	Source of Employment Income	Monthly Amount
	Employer: Position Held: How long employed:	
	Employer: Position Held: How long employed:	
	Employer: Position Held: How long employed:	
	Employer: Position Held: How long employed:	
	Employer: How long employed: Position Held:	

III. Income (continued)

Household Member Name	Source of Income	Monthly Income
	Alimony	
	Are you legally entitled to receive alimony? ☐ Yes ☐ No	
	If yes, list the amount your are entitled to receive:	
	Do you receive alimony? ☐ Yes ☐ No	
	If yes, list the amount your received:	
	Child Support	
	Are legally entitled to receive child support? ☐ Yes ☐ No	
	If yes, list the amount you are entitled to receive:	
	Do you receive formal/informal (money, items, etc.) child support? If court orders exists, it will need to be provided with a current payment history from the enforcement agency. ☐ Yes ☐ No	
	If yes, list the amount you receive:	
	Other Income	

List all sources of income including Social Security, SSI Benefits, Pensions, Veteran's Benefits, Unemployment Benefits, Public Assistance (Title IV/Tanf, etc.), Student Financial Aid, Annuities, Long Term Medical Care Insurance Payments in excess of $180 per day, Scheduled Payments from Investments and Any Other Income Received.

Household Member Name	Source of Income	Gross Monthly Income

Total Gross Monthly Income (Add all sources of monthly income)

III. Income (continued)

Total Gross Annual Income (Multiply Total Gross Monthly Income by 12)

Total Gross Annual Income From Previous Year (Do not leave this blank):

- Do you anticipate any changes in your Total current Gross Annual Income in the next 12 months? ☐ Yes ☐ No
- Is any member of the household legally entitled to receive income assistance? ☐ Yes ☐ No
- Is any member of the household likely to receive income or assistance (monetary or not) from someone who is not a member of the household as listed above? ☐ Yes ☐ No
- If yes to any of the above, explain:

- Is the income received? ☐ Yes ☐ No

IV. Assets

Household Member	Account Type (Checking Savings, CD, Money Market, Direct Deposit Cards for SS, SSI, SSP, TANF, Child Support, Work)	Name of Bank	Balance $

IV Assets (continued)

Household Member

Savings Bonds	Maturity Date	Value

Life Insurance Policy	Policy Issued by	Cash Value

Mutual Funds	Fund Name	# of Shares	Interest or Dividend	Value

Stocks/Bonds	Stock/Bond Name	# of Shares	Dividend Paid	Value

Investment Property	Property Type	Appraised Value

Do you own more stocks, bonds, life insurance policy, mutual funds, stocks, bonds than listed above? ☐ Yes ☐ No

If so, provide a brief description:

IV Assets (continued)

Real Estate Property:

Do you or anyone in the household own any property? ☐ Yes ☐ No

If Yes, Type of Property:

Location of Property:

Appraised Market Value: Mortgage or Outstanding Loan Balance:

Annual Amount of insurance premium(s); Amount of real estate taxes:

Is the property subject to foreclosure, bankruptcy or eviction? ☐ Yes ☐ No

If yes, describe:

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household listed above? ☐ Yes ☐ No

If yes, describe:

Do they have access to the asset(s)? ☐ Yes ☐ No

Have you or any member of the household disposed of any real property in the last two years? ☐ Yes ☐ No

If yes, type of property?

Market value when sold/disposed: Amount sold/disposed:

Date of transaction:

Have you or any member of the household disposed of any other assets in the last two years (example: Given away money to relatives, set up Irrevocable Trust Accounts): ☐ Yes ☐ No

If yes, describe the asset:

Date of disposition: Amount disposed:

Do you have any other assets not listed above (excluding personal property): ☐ Yes ☐ No

If yes, list:

V. Additional Information

Are you or any member of the household currently using an illegal substance? ☐ Yes ☐ No

Have you or any member of the household ever been convicted of a felony? ☐ Yes ☐ No

If yes, describe:

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V. Additional Information (continued)

Have you or any member of the household ever been evicted from any housing? ☐ Yes ☐ No

If yes, describe:

Have you or any member of the household ever filed for bankruptcy? ☐ Yes ☐ No

If yes, describe:

VI. Reference Information

Current Landlord

How Long?

Name:

Address:

City, State, Zip:

Phone:

If less than 2 years, Prior Landlord

How Long?

Name: Address:

City, State, Zip:

Phone:

In case of emergency notify:

Address:

Relationship:

Phone #:

VII Vehicle and Pet Information (if applicable)

List any cars, trucks or other vehicles owned. Please inquire about the property's parking policy.

Type of Vehicle:

License Plate/State:

Year/Make

Color:

Type of Vehicle:

License Plate/State:

Year/Make:

Color:

Type of Vehicle:

License Plate/State:

Year/Make:

Color:

Do you own any pets? ☐ Yes ☐ No

If yes, describe:

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VIII. Certification

I/We herby certify that I/We Do/Will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true and correct to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to the cancellation of this application or termination of tenancy after occupancy. All adults applicants 18 or older must sign application.

Signature(s)

Primary Applicant	**Date:**
Signature of Co-Applicant	**Date:**
Signature of Co-Applicant	**Date:**
Signature of Co-Applicant	**Date:**
Signature of Co-Applicant	**Date:**