



THE Leggett

Application Instructions

Thank you for your interest in The Leggett (62+) - offering 1, and 2 bedroom senior apartments for rent in Silver Spring!

A non-refundable fee of \$25 for each adult member listed on the application will be charged to process the application.

2 Ways to Apply

1. Online

Visit our website at
www.LeggettSeniorApts.com.

The application fee payment can be submitted via
ACH or debit/credit card.*

**Online payments made with a credit card will incur a non-refundable 2.5% convenience fee. Debit cards will incur a non-refundable fee of \$3.95.*

If you start an application online and do not complete it within 14 days, your application will be automatically canceled. You will always be welcome to submit a new application in the future, should you wish to apply for an apartment at a later date.

2. Mail

By printing this Application Packet and mailing it in for submission along with the application fee payment. The application fee can be paid in the form of a certified check or money order made payable to *The Leggett*.

**Cash cannot be accepted.*

Paper applications and payments can be mailed to the following address:

The Leggett
1315 Apple Avenue
Silver Spring, Maryland 20910

Applications will be reviewed on a first-come, first-served basis.

After your application is reviewed, a member from the office will contact you to schedule an interview appointment.



Professionally Managed by Habitat America, LLC

The Leggett
1315 Apple Avenue
Silver Spring, Maryland 20910





THE Leggett

We appreciate your interest in our stunning apartment homes. **The Leggett** offers affordable one- and two-bedroom housing for older adults 62 and up. The Leggett is revolutionary with programs that will merge health, wellness, arts, entertainment, technology, and sustainability – all within one community!

Your Application Package includes a copy of the Resident Selection Criteria, which outlines the rents and income guidelines for the apartments, along with an application and a helpful Required Documents Checklist.

If you wish to make The Leggett your home, please bring the following items for **each** applicant. We require all when applying.

- One Completed Application
- One Questionnaire form.
- One signed Resident Selection Criteria.
- State-issued photo identification for each applicant
- Birth certificate or passport for each applicant
- Social Security Card for each applicant
- The \$25 application fee per person by check or money order.
- Proof of Income – A current award letter from social security, pension, disability, six consecutive, most recent pay stubs, if self-employed, two most recent tax returns, etc.
- Proof of Assets – Six consecutive bank statements for the last six months for all checking accounts, and the most current statements for all bank or financial accounts, including savings, certificates of deposit, annuities, stocks, IRAs, mutual funds, trust accounts, whole or universal life insurance, etc.
- Real Estate Transaction Information - Settlement sheet including appraisal, property tax, mortgage balance, and pay-off amount.
- If applicable:
 - Pet Information-Rabies Vaccination and Picture
 - Vehicle registration and valid driver's license

Our team looks forward to assisting when needed. Please reach out to us at 301-563-3030 for any questions.

Sincerely,

The Staff at The Leggett

1315 Apple Avenue, Silver Spring, MD 20910 | Office telephone 301-563-3030



Habitat America, LLC, Management Company
RESIDENT SELECTION CRITERIA
For Senior /Tax Credit / HUD Subsidized Properties

Property Name: The Leggett
1315 Apple Avenue, Silver Spring, MD 20910

Effective Date: May 2, 2024
PH: 301-563-3030 TTY: 711

Thank you for applying to live at our community. This document is provided to explain the process we use to select our residents. Habitat America, LLC is an Equal Housing Opportunity provider. It is our policy to treat all residents and visitors at our properties fairly and consistently without regard to race, color, religion, sex, national origin, disability, familial status, sexual orientation, gender identity, marital status, or source of income. This community and its employees comply with the provisions of Title VIII of the Civil Rights Act of 1968, the Fair Housing Amendments Act of 1988 ("Fair Housing Act") and, to the extent applicable, the Americans with Disabilities Act. Furthermore, this community complies with the State and Local fair housing regulations of the jurisdictions in which it is located.

PROJECT ELIGIBILITY

This community may be designated for a special population. Applicants must be adults and must meet the restrictions as indicated below in order to proceed with the application process.

Elderly preference (Household in which the head of household, spouse, or sole member is age 62 years or older).

Valid identification will be required (photocopy may be kept on file). The Department of Housing and Urban Development (HUD) requires applicants to declare that all family members residing in dwelling units are: U.S. Citizens, or eligible Non-Citizens. Non-citizens 62 years of age or older must sign a declaration of eligible immigration status. All applicants will be required to show proof of age at the time of application. Proof of Age includes but is not limited to U.S. Passport, U.S. Birth Certificate, Social Security Administration Benefits printout and/or Temporary Resident Card, etc. Applicants must disclose social security numbers (SSN) for all family members and submit acceptable documentation as proof. Acceptable documentation is a valid SSN card issued by the Social Security Administration (SSA) or a letter from SSA that a social security number has been assigned, but a card has not yet been issued. This requirement applies to all applicants and family members except those individuals who do not contend eligible immigration status or applicants who are age 62 or older as of January 31, 2010, and whose Social Security initial eligibility began prior to January 31, 2010. United States Code Title 8, subsection 1324 (a) (1) (A) prohibits the harboring of illegal aliens. The provision of housing to illegal aliens is a fundamental component of harboring. All applicants will be required to provide proof of citizenship or legal immigration status.

STUDENTS

HUD has specific regulations concerning students applying for assistance of rent. The definition of a student for this purpose is any person part-time or full-time enrolled in an institution of higher education for the purposes of earning a degree, certificate or other program leading to a recognized educational credential. This community also follows the student regulations written in Section 42 of the Internal Revenue Code. The regulation states that a household comprised of all full-time students will not be eligible for this program. There are five exceptions to this rule. For more information concerning student eligibility, contact the Community Manager.

OCCUPANCY STANDARDS

Habitat America, LLC has established occupancy standards to permit the resident to select the apartment size they deem appropriate to their needs while preventing overcrowding and underutilization of the apartment. The occupancy standard is based on 2 persons per bedroom plus one: Note: no adult members can be added to the household in the first 12 months of occupancy that would compromise the tax credit section 42 restrictions.

Number of Bedrooms	Minimum & Maximum # of Occupants Allowed
1	1 - 3
2	2 - 5

INCOME REQUIREMENTS

The household's total gross annual income shall not exceed the property's applicable area median income as posted by HUD each year. All forms of household income must be disclosed. In addition, minimum income limits may apply. Proof of all income and assets is required.

TAKING APPLICATIONS

The Application: Each adult must complete and sign the Rental Application. **There is a non-refundable application fee of \$25 per adult due at the time the application is submitted.** An application cannot be processed unless it is fully complete, and the application fee has been paid. Applicants must list all members who will reside in the apartment unit and designate the number of bedrooms being requested. Apartments specially designed for the disabled will be marketed only to persons with disabilities. If an apartment is not available when the application is submitted, the applicant will be put on waiting list. The application will be fully screened and verified when an apartment becomes available for occupancy. Once the application is approved and the available unit accepted, the applicant will be required to sign a lease agreement in which applicant agrees to abide by all property rules and regulations. If assistance is needed in completing the application or lease documents, contact the Community Manager. If any information provided by the applicant proves to be untrue during the verification process, these applications will be denied on the basis of attempted fraud.

Screening: A report will be obtained through a commercial credit reporting agency which will determine the application accepted or denied.

Credit/Rental History:

- Applicants with negative credit may be denied.
- Rental history will be verified and must indicate the ability to abide by the terms of the lease contract, care for the property without damage and pay rent on time. Applicants owing balances at other Habitat America properties will be denied.
- Applicant must be able to establish the necessary utilities with the appropriate utility provider and must not have unpaid gas and/or electric bills.
- Discharged bankruptcies will be considered for a period of one year from date of discharge.
- Medical bills and student loans are excluded from consideration.

Criminal Background History: Applicant may be denied if:

- Any household member has been evicted from Federally assisted housing for drug-related criminal activity or is currently engaging in the illegal use of a drug.
- There is a reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol and/or an illegal drug may interfere with the health, safety, or right to peaceful enjoyment of the premises for other residents.
- Any household member with a felony conviction of drug-related criminal activity including but not limited to possession (other than marijuana), distribution, transport, sale, manufacture, or storage of

illegal drugs and/or drug paraphernalia, or conviction of any State or Federal laws relating to illegal drugs and/or paraphernalia.

- Any household member is subject to lifetime registration requirements under a state or federal sex offender registration program.
- Any other criminal history exists that would threaten the health, safety, or peaceful enjoyment of the premises by other residents or the health and safety of the owner, employee, contractor, or agent who is involved in the housing operations, or otherwise threatens the owner’s investment in the property.

Rejection Procedures: The denial letter will advise the applicant that if they believe there are errors in their screening report or believe that there may be extenuating factors that you wish for us to consider, they have fourteen (14) days to respond in writing to request an appeal. If an applicant disputes the accuracy of any information provided to the landlord by a screening service, the applicant may contact the screening company to obtain a copy of screening results. The name, address and phone number of the screening company will be provided in the denial letter. Applicants who choose not to appeal the denial may reapply at the community in 60 days.

SECTION 504

Habitat America, LLC has developed a Section 504 Policy that addresses all reasonable accommodation requests for persons with disabilities. For more information on reasonable accommodation requests, contact the Community Manager.

WAITING LIST

A waiting list is always maintained at this community. Periodically Management may find it necessary to close the waiting list and stop accepting new applications if there are significant number of applicants waiting. The Community Manager will advertise according to the Affirmative Fair Housing Marketing Plan when opening the waiting list.

THE LEGGETT

Security Deposit:	Option 1: Minimum of \$500 with Approved Credit or Maximum of 1 Months’ rent with Conditional Credit
	Option 2: Purchase a Security Bond through Sure Deposit- see Manager for details.
Lease Term:	1 year or 2-year lease term option
Utilities Included:	Water, Sewer and Trash

Income Requirements & Rental Rates:

Total household income will be reviewed and verified for occupancy in our community in accordance with the following minimum and maximum income limits (if applicable) based on family composition. Voucher holders do not have a minimum income requirement but must meet all the other requirements. (Limits are subject to change)

Floor Plan	# Of Apts.	Square Footage	RENT	Minimum & Maximum # of Occupants Allowed	MINIMUM Income	MAXIMUM Income
1 BR / 1 BA – 30% Project Based Voucher Units	26	714 - 904	See Management for details	1 - 3	N/A	1 Person - \$32,500 2 People - \$37,150 3 People - \$41,800
1 BR / 1 BA – 30% RAD/Project Based Rental Assisted Units	80	714 - 904	See Management for details	1 - 3	N/A	
1 BR / 1 BA 60%	14	727 - 808	\$1,365	1 - 3	\$40,950	1 Person - \$64,980 2 People - \$74,280 3 People - \$83,580
1 BR / 1 BA Jr units 80%	40	714 - 879	\$1,685	1 - 3	\$50,550	1 Person - \$86,650 2 People - \$99,000 3 People - \$111,400

1BR / 1BA 80%	65	727 - 963	\$1,790	1 - 3	\$53,700	
1BR / 1BA with Den 80%	8	1,062	\$1,840	1 - 3	\$55,200	
2BR / 2BA 80%	5	1,370	\$2,203	1 - 5	\$66,090	1 Person - \$86,650 2 People - \$99,000 3 People - \$111,400 4 People - \$123,750 5 People - \$133,650

Apartments with no maximum income requirements:

Market Rate	# Of apts.	Square Footage	Market Rate Rent	Maximum # of Occupants Allowed	Minimum Income	Maximum Income
1BR / 1BA	18	754 - 808	\$1,861	3	\$55,830	No Maximum Income Restriction
1BR / 1BA w/Den	8	1,062	\$2,111	3	\$63,330	No Maximum Income Restriction
2BR / 2BA	3	1370	\$2,315	5	\$69,450	No Maximum Income Restriction

Pet Policy: Dogs, cats, birds, turtles, and fish in small aquariums (20- gallon max) are welcome. A maximum of two dogs, cats or birds in any combination are permitted in each apartment with a maximum weight of 40lbs. full grown. A refundable pet deposit of \$300 will be required at move in and a monthly fee of \$35.00 per animal. Management must see all pets prior to their move in and has the right to deny any pet that may violate the community rules and regulations or be a danger to the Community. Dog and Cat owners are required to present a copy of a current license and proof of current rabies inoculation at move in and annually. Dog owners must purchase and maintain renter's insurance coverage with a minimum of \$300,000 in liability coverage. A copy of the policy renewal must be given to management once a year. The policy must name the following as Certificate Holders: The name of the Community and Habitat America, LLC. This requirement is to protect the dog owner against liability claims in the event their dog causes injury to others. Dogs, specifically, "Pit bulls" or other perceived vicious breeds (including but not limited to Pit bull crossbreeds, Pit bull mix, American Staffordshire terrier, Staffordshire bull terrier) are not permitted on the property at any time. Visiting Pets, puppies under the age of six (6) months, and other reptiles are not permitted. Management has the right to revoke the privilege of having a pet if the pet policies are violated. Animals which are designated as assistance animals to the disabled are accepted with the appropriate documentation.

Smoking/Fire Risk Reduction Policy: Smoking will not be permitted in the units or anywhere on property grounds. Smoking is defined as carrying or inhaling or exhaling smoke from any lighted cigar, cigarette, electronic-cigarette, vaporizer, pipe, or consumer product modified for smoking or any other lighted tobacco or plant product. Additionally, burning of incense and candles is prohibited to reduce risk of fire. All leaseholders will be required to sign a Non-smoking Lease Addendum agreeing to these rules prior to occupancy.

Parking:

- Parking will be on a first come, first served basis. There may be a monthly fee associated for reserved spaces, please see Management for details.

Amenities: Fees may be required for some of the amenities, see management for details.

Violence against Women Act

The VAWA Act protects victims of domestic violence, dating violence, sexual assault, or stalking, as well as their immediate family members generally, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. The VAWA also provides that an incident of actual or threatened domestic violence, dating violence or stalking does not qualify as a serious or repeated violation of the lease nor does it constitute good cause for terminating the assistance, tenancy, or occupancy rights of the victim.

If you need additional information concerning the Selection Criteria, please see the Community Manager. Please note this Resident Selection Criteria in its entirety is subject to change without notice.

Acknowledgment/Receipt:

By signing below, I/We acknowledge that we were given and have received a copy of the Resident Selection Criteria for The Leggett. I/We also understand that the property owner may disclose the application status to any agency with program regulations applicable to the community.

Applicant Signature

Date

Applicant Signature

Date

Applicant Signature

Date

Management

Date



Application

Household Information

List all household members that are applying to live in this apartment with you.

Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	M/F	Social Security Number	Age	Birth Date <i>Month, Date, Year</i>

Current Address: _____

Email Address: _____

Daytime Phone: _____ **Evening Phone:** _____

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <p>1. Do you expect any additions to the household within the next twelve months?</p> <p>Name & Relationship: _____</p> <p>Explanation: _____</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>2. Is there anyone living with you or are you living with anyone now who won't be living with you at this property?</p> <p>Name & Relationship: _____</p> <p>Explanation: _____</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>3. Do you have full custody of your child(ren)? <i>(If no, obtain proof of amount of time child(ren) will be living in unit.)</i></p> <p>Explanation: _____</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>4. Are there any absent household members who under normal conditions would live with you? <i>(For example, a spouse away in the military.)</i></p> <p>Explanation: _____</p> |
| <input type="checkbox"/> | <input type="checkbox"/> | <p>5. Does your household have or anticipate having any pets other than those used as service animals?</p> |

Emergency Contact

List someone in the area that is not already on the application.

Name: _____

Address: _____

Phone: _____ Relationship: _____ Years Known: _____

Rental History

YES

NO

6. Have you or anyone else named on this application filed for bankruptcy?

Explanation: _____

7. Have you or anyone else named on this application been accused, arrested, or convicted of a crime of sexual nature and/or are you currently listed on any sex offender registry?

Explanation: _____

8. Have you or anyone else named on this application been evicted from a rental unit of any type including an apartment, home, mobile home or trailer?

Explanation: _____

Housing References

List the past THREE years of housing references. (If additional space is required, use the back of this page.)

	<u>Landlord's Name/Address</u>	<u>Your Address</u>	<u>Own/Rent</u>	<u>Dates</u>
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	() _____	_____		
Name:	_____	_____	Own <input type="checkbox"/>	From: _____
Address:	_____	_____	Rent <input type="checkbox"/>	To: _____
Phone:	() _____	_____		

Vehicle Identification

List vehicle information for all vehicles that are owned or operated by any household member.

	<u>Tag/License Plate #</u>	<u>State Issued</u>	<u>Make/Model/Year</u>
Vehicle #1:	_____	_____	_____
Vehicle #2:	_____	_____	_____

Signature Clause

I understand that management is relying on this information to prove my household's eligibility for the Housing Credit Program. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. I also understand that such action may result in criminal penalties.

I authorize my consent to have management verify the information contained in this application for purposes of proving my eligibility for occupancy. I will provide all necessary information including source names, addresses, phone numbers, and account numbers where applicable and any other information required for expediting this process. I understand that my occupancy is contingent on meeting management's resident selection criteria and the Housing Credit Program requirements.

All ADULT household members must sign below:

_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date

For Office Use Only

Date of Interview: _____ Desired Apt. #: _____ Desired Move-in Date: _____

Unit # _____



Household Name: _____

Property: The Leggett

Date Received: _____

Time Received: _____

Certification Questionnaire

Household Composition

Please list all permanent household members as well as household members temporarily absent from the household.

Household Member Name <i>First, Middle Initial, Last</i>	Relationship to Head of Household	Social Security Number	M/F	Age	Date of Birth Month, Day, Year	Student Status (No, FT, or PT)

Vehicle Information

Please list all cars or any other other vehicles owned by all members of the household.

Type of Vehicle: _____ License Plate Number: _____

Year/Make: _____ Color: _____ State: _____

Type of Vehicle: _____ License Plate Number: _____

Year/Make: _____ Color: _____ State: _____

Emergency Contact Information

In case of emergency notify: _____

Address: _____

Phone: _____ Relationship: _____

Email: _____



Unit # _____

Household Name: _____

Pet Information

Do you own any pets? Yes No

Type: _____ Type: _____

Household Changes

Yes No

1- Do you anticipate any changes to the number of people in your household within the next 12 months?

If yes, please explain: _____

Student Information

Yes No

2- Are there currently any full time or part time students living in the household?
If yes, who? _____

3- Has any member of the household been a full time student for any part of 5 months in the current calendar year?
If yes, who? _____

4- Is any member of the household **planning** to become a full time student in the next 12 months?
If yes, who? _____

Income Information

Please include all income anticipated for the next 12 months.

Yes No

5- Is any member of the household who is 18 years of age or older employed or self-employed?

Household Member	Employer	Monthly Gross Income

6- Does any member of the household receive Social Security benefits? (SSA, SSI, SSDI, etc.)

Household Member	Benefit Type	Monthly Gross Income

7- Does any member of the household receive Veteran's benefits or other government pensions?

Household Member	Benefit Type	Monthly Gross Income



Unit # _____

Household Name: _____

Yes No

- 8- Does any member of the household receive annuities, private pensions, or regular withdrawals from retirement account(s)?

Household Member	Benefit Type	Monthly Gross Income

- 9- Does any member of the household receive military pay? (Include all allowances.)

Household Member	Pay/Allowance Types	Monthly Gross Income

- 10- Does any member of the household receive spousal or child support; either **voluntary** or court ordered? Including all non-cash assistance.

Household Member	Source	Monthly Gross Income

- 11- Does any member of the household receive government assistance? (TANF, SNAP, housing assistance, utility grants, etc.)

Household Member	Source	Monthly Gross Income

- 12- Does any member of the household receive unemployment compensation?

Household Member	Source	Monthly Gross Income

- 13- Does any member of the household receive disability compensation or Workman's Comp?

Household Member	Source	Monthly Gross Income

- 14- Does any member of the household receive Student Financial Aid? (Excluding student loans.)

Household Member	Source	Amount

- 15- Does any member of the household receive **recurring** non-cash items for personal or household use from a person or organization outside of the household?

Household Member	Source	Monthly Gross Amount



Unit # _____

Household Name: _____

Yes No

- 16- Does any member of the household receive **recurring** cash contributions from parties outside the household? (Excluding birthdays, graduations, weddings, holidays, etc.)

Household Member	Source	Monthly Gross Income

- 17- Does any member of the household have any bills or expenses paid on their behalf by a person or organization outside of the household?

Household Member	Source	Monthly Gross Income

- 18- Does any member of the household anticipate any changes to in the household income within the next 12 months?

If yes, please explain: _____

Asset Information

Please include all assets held and the income derived from the asset. Include all assets held by all household members INCLUDING MINORS.

Yes No

- 19- Does any member of the household have checking accounts?

Household Member	Source	Acct #	Cash Value	Interest

- 20- Does any member of the household have savings accounts?

Household Member	Source	Acct #	Cash Value	Interest

- 21- Does any member of the household have any retirement accounts? (IRA, 401k, 403b, TSP, etc.)

Member	Source	Acct #	Cash Value	Interest



Unit # _____

Household Name: _____

Yes No

22- Does any member of the household have money markets or mutual funds?

Household Member	Source	Acct #	Cash Value	Interest

23- Does any member of the household have Certificate of Deposits (CDs)?

Household Member	Source	Acct #	Cash Value	Interest

24- Does any member of the household have any cash?

Household Member	Amount

25- Does any member of the household have any Direct Express cards or Pre-paid debit cards?

Household Member	Source	Acct #	Cash Value

26- Does any member of the household have a whole or universal life insurance policy? (Excluding term policies.)

Household Member	Source	Acct #	Cash Value	Income

27- Does any member of the household have publicly traded or privately held company stocks?

Household Member	Source	# Shares	Cash Value	Income

28- Does any member of the household have treasury, municipal, corporate or other types of bonds?

Household Member	Source	# Bonds	Cash Value	Income

29- Does any member of the household have revocable or non-revocable trusts?

Household Member	Source	Acct #	Cash Value	Income



Unit # _____

Household Name: _____

Yes No

- 30- Does any member of the household have personal property that is held solely for the investment value? (Stamp or coin collections etc.)

Household Member	Source	Cash Value	Income

- 31- Does any member of the household have a safety Deposit Box? (Do not include any assets already disclosed above.)

Household Member	Cash Value

- 32- Does any member of the household own real estate, land, timeshares, etc.?

Household Member	Address	Fair Market Value

If no, please skip to question 35.

- 33- Does anyone outside the household pay mortgage or any other required payments for the real estate listed above?

If yes, who? _____

- 34- Is any of the real estate listed above rented to a third party?

Address	Monthly Rent	Annual Expenses

All remaining asset questions must be answered by all households.

- 35- Does any member of the household have any assets not already disclosed?

Household Member	Source	Cash Value	Income

- 36- Has any member of the household sold any assets for less than fair market value in the last 24 months?

Household Member	Asset	FMV	Sales Price	Date

- 37- Has any member of the household given away any assets within the last 24 months? Please include donations of money to churches and charities.

Household Member	Asset	Cash Value	Date



Certification

I/We certify that this will be my/our permanent residence. I/we must pay a security deposit for this apartment prior to occupancy. I/We understand that my/our eligibility for housing is based on the income limits, program requirements, and by management's selection criteria. I/We understand that annual recertifications and program eligibility may be required as a condition of continued occupancy. I/We certify that all information in this application is true and correct to the best of my/our knowledge. I/We understand and agree that deliberately submitting false information or withholding information constitutes fraud. I/We understand that all fraud is punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We understand that if any incorrect information is found in subsequent years after I/we move in, any misrepresentation whether intentional or unintentional will require me/us to vacate the apartment. Intentional misrepresentation of the facts leading to inaccurate qualification may also be reported to any and all agencies governing the funding programs in place at this community. All adults, age 18 or older, must complete and sign an application and all other required documents.

WARNING: 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, the PHA and any owner (or any employee of HUD, the PHA or the Owner) may be subject to penalties for unauthorized disclosures or improper uses 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 willfully 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, the PHA or the owner responsible for the unauthorized disclosure or improper use.

This community operates in accordance with Fair Housing Laws. We do not discriminate against any person in the terms, conditions, or privileges of sale or rental of a dwelling or in the provisions of services of facilities in connection therewith, because of Race, Color, Religion, Sex, Handicap, Familial Status or National Origin.

This document does not serve as verification. All information listed on this housing information questionnaire is subject to verification according to the guidelines of all funding programs in place and the standards set forth by management.

Please review all the information on this application. If you agree that everything is true and correct to the best of your knowledge, sign and date below.

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Applicant

Date

Signature of Management Agent

Date



Authorization for Release of Information

All household members age eighteen (18) years or older must complete this form.

CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to The Leggett any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-income Public and Indian Housing and/or other housing assistance programs. I understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Employment, Income and Assets	Residence/Rental Activity
Medical/Child Care Allowances	Credit and Criminal Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS AND INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Previous and Current Landlords (Including Public Housing Agencies)	Social Security Administration Medical and Child Care Providers
Courts and Post Offices Schools and Colleges Law Enforcement Agencies Support and Alimony Providers Welfare Agencies Past and Present Employers	Veterans Administration Retirement Systems Banks and Other Financial Institutions Credit Providers and Credit Bureaus Utility Companies State Unemployment Agencies

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove that information. HUD may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the U.S. Postal Service; The Social Security Agency; and State welfare and food stamp agencies.

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506-T, "Request For Transcript Of Tax Return" FORM MUST BE PREPARED AND SIGNED SEPARATELY.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for one year and one month (13 months) from the date signed.

Head of Household (Print Name)	Signature	Social Security #	Date
Spouse/ Co-Head (Print Name)	Signature	Social Security #	Date
Other Adult (Print Name)	Signature	Social Security #	Date
Other Adult (Print Name)	Signature	Social Security #	Date
Other Adult (Print Name)	Signature	Social Security #	Date



PRIVACY PROTECTION ACT LETTER (Maryland)

(Property Name)

NOTICE OF DISCLOSURE FOR APPLICATION

As provided by the Maryland Personal Information Protection Act of 2008, anyone 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, 7800 Harkins Road, Lanham, Maryland, 20706. 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 Personal Information 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



Pre-Screening Authorization

I, _____ have applied for housing ("Application") with The Leggett in order to process my Application, I understand that The Leggett must conduct credit, rental history and reference checks with such persons as employers, social workers, case workers, counselors, landlords and others as may be determined, as well as review and examine any and all criminal records made available to The Leggett or its agents. I understand that the information requested herein is needed in order to conduct those checks and process my Application.

I hereby authorize The Leggett to conduct credit, rental history, reference and criminal background checks in order to process my Application ("Pre-Screening Authorization") and agree that a photocopy of this Pre-Screening Authorization may be used for the purposes stated herein. This Pre-Screening Authorization will stay in effect for a period of one year and one month from the date signed.

It is understood that The Leggett will not disclose, provide or utilize any of the information obtained under this Pre-Screening Authorization for any purpose other than the processing of my Application. I hereby agree to indemnify and hold The Leggett harmless from any and all claims, damages, losses and/or expenses arising out of this Pre-Screening Authorization and the utilization thereof.

I hereby certify that the information I am providing on this form is accurate and complete to the best of my knowledge and belief. I understand that the falsification of, or failure to provide, the information requested herein may result in the denial of my application.

Signature: _____ Date: _____

_____(initial) I have received a copy of the Resident Selection criteria for The Leggett

Printed Name (First, Middle, Last): _____

Other names you may have used: _____

Social Security Number: _____

Date of Birth: _____

Current Address: _____

City, State, Zip: _____

Previous Address: _____

Race and Ethnicity(Voluntary) _____

Phone Number: _____ E-mail Address: _____

Name of Current Employer: _____ Phone Number: _____

Employment Start Date: _____

Estimate of Yearly Gross (before taxes) Household Income (combined income for all adult household members from employment, benefits, pensions, social security, child support, alimony, etc.):

_____ (Please use your two most recent pay stubs to estimate employment income. In order to comply with income requirements, should your confirmed income differ from estimated income, you may be offered a different rental home)

Have you ever been accused, arrested, or convicted of a crime of sexual nature and/or are you currently listed on any sex offender registry? (Circle one) Yes or No if yes, please describe: -



Pre-Screening Authorization

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