

Application Checklist

Dear Applicants:

Any documents pertaining to your household will be needed for your interview process.

Also, please bring:

- Social security cards, birth certificates, and ID's of anyone over 18
- Current Social Security Award Letter
- Current Pension/Annuity Statement
- ♦ Current Pay Stubs (6 consecutive) or Workman's Comp. Information
- Current Alimony/ Child support Information
- ♦ Any Sources of Income not listed above
- Current Bank Statements
- Checking/Savings Information
- Certificates of Deposits
- Stocks/Bonds/401 K/IRA'S/Annuity
- Whole/Universal Life Insurance
- Settlement Papers if you sold your home
- Mortgage and Tax Information if you still own your home
- Any other type of accounts not listed above
- Application fee of \$25 in the form of a check or money order

If you own a pet, please bring the following with you:

- ♦ Current Vaccination records for each pet
- ♦ Current Photo of each pet

Thank you. We appreciate your cooperation.



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

Property Name: Linden Park Apartments in Bolton Hill	Effective Date: September 1, 2023
Address: 301 McMechen St., Baltimore, MD 21217	Phone: 410 523-0013 TTY: 711

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 may be required to meet the restrictions as indicated below in order to proceed with the application process.

Elderly (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 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 APPLYING FOR ASSISTANCE

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.

INCOME REQUIREMENTS

The household's total gross annual income shall not exceed the property's income limits as determined by HUD. All forms of income must be disclosed. Information on the limits is available from the Community Manager; however, this community serves applicants at the following income levels: \boxtimes Extremely Low, \boxtimes Very Low, \square Low. Should the household's income level fail to meet the minimum required, the applicant may demonstrate the ability to meet all normal financial obligations including paying rent. Proof of all income and assets are required.

TAKING APPLICATIONS

The Application:

Each adult must complete and sign the Rental Application. An application cannot be processed unless it is fully complete. **There is a non-refundable application fee of \$25 per adult (this applies to those applying for non-Assisted units only)**. Applicants must list all members that will reside in the apartment unit and designate the number of bedrooms being requested. If an apartment is not available when the application is submitted, the application will be pre-screened for project eligibility and if eligible, the applicant will be put on the waiting list. 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. Applicants are encouraged to read the lease agreement completely. 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.

<u>Screening</u>: 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.
- 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 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.

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: * Children under the age of 2 are not counted when considering number of household members. No adult members can be added to the household in the first 12 months of occupancy.

Number of Bedroor	ns Number of Occupants Allowed
0	1 - 2
1	1 - 3
2	2 - 5

SECTION 504

Habitat America, LLC has developed a Section 504 Policy to address 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 maintained at this community at all times. 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.

LINDEN PARK APARTMENTS IN BOLTON HILL

Security Deposit: Minimum of \$50 to a Maximum of 1 month's rent			
Lease Term:	1 year		
Utilities Included:	Electric, 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 maximum and minimum income limits 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	Square Footage	Rental Amount	Minimum Income	Maximum # of Occupants Allowed	Maximum Income
Efficiency 1 Bath 50% HUD Assisted unit	414	See Manager for Program details	N/A	2	EXTREMELY LOW 1 Person - \$25,550 2 People - \$29,200 3 People - \$32,850
1 BR 1 BA 50% HUD Assisted Unit	576	See Manager for Program details	N/A	3	<u>VERY LOW</u> 1 Person - \$42,600 2 People - \$48,700 3 People - \$54,800
Efficiency 1 Bath 60% Non -Assisted unit	414	\$940	\$22,560	2	1 Person - \$51,120 2 People - \$58,440
1BR 1 BA 60% Non- Assisted Unit	576	\$1,099.00	\$26,376	3	3 People - \$65,760
2BR 1 BA 60% Non- Assisted Unit	801	\$1,425	\$34,200	5	1 Person - \$51,120 2 People - \$58,440 3 People - \$65,760 4 People - \$73,020 5 People - \$78,900

Preferences:

HUD communities give preference to applicants who have been displaced by government action or a Presidential Disaster Declaration in an effort to provide housing to those most in need.

Reservation Deposit: Applicants **for a Non-Assisted Apartment** will be required to pay a reservation deposit of \$100 to hold an apartment. Reservation deposits must be remitted in the form of a cashier's check or money order. Reservation deposits are applied towards Security Deposit upon move-in. Reservation deposits are not refundable in the event of cancellation by the applicant.

Pet Policy: Dogs, cats, birds and fish in small aquariums (20-gallon max) are welcome. A maximum of one dog, cat or bird is permitted in each apartment with a maximum weight of 20lbs. full grown. A refundable pet deposit of \$300 will be required. 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. 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 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, e-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. There is a designated smoking area located outside for residents and their guests to use. Please see the Community Manager for information on the designated area. This will be the only place where smoking will be permitted. All leaseholders will be required to sign a Non-smoking Lease Addendum agreeing to these rules prior to occupancy.

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. Further information regarding this act is contained in the Resident Selection Plan.

If you need additional information concerning the Selection Criteria, please see the Community Manager.

Acknowledgment/Receipt:

By signing below, I/We acknowledge that we were given and have received a copy of the Resident Selection Criteria for Linden Park Apartments in Bolton Hill. 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

Management



Date

X	Managed by
	HABITAT
	AMERICA,
	LLC

B/R Size:

WELCOME TO YOUR NEW APARTMENT HOME!

App Anticipated Move In Fee:\$ Date:

Traffic Source:

Agent:

Date/Time Received:

	ing next 12 month period - PLEASE PRIN	Social Security Number	Sex M/F		Person		Birth Date		Hispanic		st ALL States
	Last, First, MI (Jr, Sr, Etc.)		, .	a Stu	dent?	, ige	MM/DD/YY		Non-Hispa cal Purposes Or	nic Ever	Lived Ir
IEAD				YES	NO						
CO-H				YES	NO						
3.				YES	NO						
				YES	NO						
				YES	NO						
,. 5.				YES	NO						
				YES	NO						
<u> </u> Οο νοι	a expect any changes to the above liste	d household composition	(size)	in the n	ext 12	mont	ns?			YES	NO
	explain:		(0.20)		0/11 12					120	
	e someone not listed above who would explain:	normally reside in the ho	useholo	d?						YES	NO
Will thi	s be your only residence? If no, ex									YES	NO
	y household members currently receivi is the assistance: (circle one)	ng Section 8 assistance? Housing Choice Vouch		or	Pr	opert	y Based Sec	tion 8		YES	NO
Are an	y household members on a waitlist for	public housing or any othe		of renta		•	•			YES	NO
lf yes,	what agency has the member's name	on its waiting list: RESIDENT HISTORY			рмат						
ΗΕΑΓ	OF HOUSEHOLD	RESIDENT HISTORT	AND	INFO		ION					
	ENT ADDRESS & PHONE #	Landlord/Mortgage N	lame &	Addres	s M	onthly	Payment	0	Occupancy	Dates	
						ent \$			From:		
City:						ortgag	je \$		Го:		
State,		City, State, Zip:									
Phone		Phone#					nt Email:				
PREV	OUS ADDRESS (if less than 3 years)	Landlord/Mortgage N	lame &	Addres		onthly ent \$	Payment			/ Dates	
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State,	Zip:	City, State, Zip:			101	ongag	Ι Ο Ψ		10.		
Phone		Phone#									
OTHE	R ADULT HOUSEHOLD MEMBE	R (If additional space is need	ded, plea	ase use	blank p	age ar	nd attach)				
CURR	ENT ADDRESS & PHONE #	Landlord/Mortgage N	lame &	Addres	s M	onthly	Payment	C	Occupancy	/ Dates	
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Phone EMER		ADDRESS							LEANON		
Phone EMER NAME		ADDRESS:			PI		-				
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Phone EMER NAME 1. 2. VEHIC	:	PLATE #:			C	OLOR			/EAR:		
Phone EMER NAME 1. 2. VEHIC MAKE	: CLE INFORMATION /MODEL:	PLATE #: ADDITIONAL 1			C	OLOR	:				
Phone EMER NAME 1. 2. VEHIC MAKE Is any	: CLE INFORMATION /MODEL: household member listed above s	PLATE #: ADDITIONAL I	require		C	OLOR	:				
Phone EMER NAME 1. 2. VEHIC MAKE Is any progra	: CLE INFORMATION /MODEL: r household member listed above s am? If so, please list the household	PLATE #: ADDITIONAL I ubject to a registration member's name here:	require	ement	CON ION under	OLOR a sta	: ite sex offer	nder re		YES	
Phone EMER NAME 1. 2. VEHIC MAKE Is any progra Have	: LE INFORMATION /MODEL: Thousehold member listed above s am? If so, please list the household you or any household member lister	PLATE #: ADDITIONAL I ubject to a registration member's name here:	require	ement	CON ION under	OLOR a sta	: ite sex offer	nder re			
Phone EMER NAME 1. 2. VEHIC MAKE Is any progra Have If yes,	: CLE INFORMATION /MODEL: household member listed above s am? If so, please list the household you or any household member listed describe:	PLATE #: ADDITIONAL I ubject to a registration member's name here: d above ever been evid	require	ement r forecl	C ION under	OLOR a sta	: ite sex offer any housing	nder re I?		YES	S NC
Phone EMER NAME 1. 2. VEHIC MAKE Is any progra Have If yes, Have	: CLE INFORMATION /MODEL: Thousehold member listed above s am? If so, please list the household you or any household member listed describe: you or any household member listed	PLATE #: ADDITIONAL I ubject to a registration member's name here: d above ever been evid d above ever filed for b	require	ement r forecl	C ION under	OLOR a sta	: ite sex offer any housing	nder re I?		YES YES	6 NC
Phone EMER NAME 1. 2. VEHIC MAKE Is any progra Have If yes, Have Is any	: CLE INFORMATION /MODEL: household member listed above s am? If so, please list the household you or any household member listed describe:	PLATE #: ADDITIONAL 1 Ubject to a registration member's name here: d above ever been evid d above ever filed for b pove a Veteran?	require	ement r forecl	C ION under	OLOR a sta	: ite sex offer any housing	nder re I?		YES	S NC

		STATEMENT OF ANTICIP							
<u>Do you</u> Rece Yes o	eive	y household member receive or expect to receive	Est Gl Mo	ne from: (imated ROSS onthly nount	Name o	ce is needed, attac of HH Member(s) \ ceives this Income	Who	How is the received? (Circle one payment so	money
YES	NO	Employment Income (Full-time, Part-Time or Seasonal) Employer Name: Employer Name:	\$ Date of	f Hire:				Direct Deposit Pre-paid Card	Check
		Employment Income (Full-time, Part-Time or Seasonal) Employer Name:	\$ Date of	f Hire:				Direct Deposit Pre-paid Card	
YES	NO	Social Security	\$					Direct Deposit	Check
YES	NO	Social Security Supplement – SSI	\$					Pre-paid Card Direct Deposit Pre-paid Card	Cash Check Cash
YES	NO	Social Security Disability – SSDI	\$					Direct Deposit Pre-paid Card	Check Cash
YES	NO	Pension Plan Benefits	\$					Direct Deposit Pre-paid Card	Check Cash
YES	NO	Veterans Benefits - VA	\$					Direct Deposit Pre-paid Card	Check Cash
YES	NO	Self-Employment Income	\$					Direct Deposit Pre-paid Card	Cash Check Cash
YES	NO	Annuities, IRA or other Retirement	\$					Direct Deposit	Check
YES	NO	Gifts/Contributions from Outside Source	\$					Pre-paid Card Direct Deposit	Cash Check
YES	NO	Military Pay	\$					Pre-paid Card Direct Deposit	Cash Check
YES	NO	Does anyone work for a person who pays in cash	\$					Pre-paid Card Direct Deposit	Cash Check
YES	NO	Unemployment/Workman's Comp/Disability	\$					Pre-paid Card Direct Deposit	Cash Check
YES	NO	TCA, TANF, General Assistance Benefits (not food stamps)	\$					Pre-paid Card Direct Deposit Pre-paid Card	Cash Check Cash
YES	NO	Child Support, Alimony or Spousal Support It is Court Ordered: Yes or No	\$					Direct Deposit Pre-paid Card	Check Cash
YES	NO	Is anyone on Leave of absence from work due to Lay-Off, Medical, Family Leave Act, Military Leave or other	\$					Direct Deposit Pre-paid Card	Check Cash
YES	NO	Other income from sources not mentioned above	\$					Direct Deposit Pre-paid Card	Check Cash
		STATEMENT C	OF ASS	SET INFC	ORMATION	1:			
Do you	l or an	y household member listed above have the follow	ving as	sets? Ple	ase list cur	rent value(s) belov	N		
	ave or No)	Asset Type			t Value of Asset	Annual Interest Income from this Asset		of Househol er Who has t s)	
YES	NC	Checking Account (s) # of Accounts:_		\$		\$			
YES	NC	5		\$		\$			
YES	NC	Pre-Paid Debit Cards (not linked to bank accounts) # of Cards:		\$		\$			
YES	NC	Certificate of Deposit (CD) # of Accounts:_		\$		\$			
YES	NC	IRA or Annuities # of Accounts:_		\$		\$			
YES	NC	0 401K, 403B, 457A, etc. # of Accounts:_		\$		\$	ļ		
YES	NC	-		\$		\$			
YES	NC	Savings Bonds/Treasury Bills/ Stocks # Owned:		\$		\$			

		STATEMENT OF ASSET IN	FORMATION	I CONTINUED:			
YES	NO	Trust Fund(s) # of Accounts:	\$	\$			
YES	NO	Whole/Universal Life Insurance Policies # of Policies					
YES	NO	Does anyone own any Burial Plot(s) # of Plots	\$	\$			
YES	NO	Does anyone own any property or have equity in any real estate? (Homes, Mobile Homes, Land, Condos, Time Share, Commercial Rental or Other Rental Property)	\$	\$			
		If the property is owned, Is it for sale? YES NO					
YES	NO	Does anyone receive Rental Property Payments or Note Receivable	\$	\$			
YES	NO	Do you own collections (gems, art, coins, etc.) or any other property which is held as an investment	\$	\$			
YES	NO	Have you received or expecting to receive any <u>LUMP</u> <u>SUM PAYMENTS</u> from: Social Security Delayed payments, inheritances, capital gains, one-time lottery winnings, victims restitution, worker's compensation, disability or any type of insurance claims/settlements	\$	\$			
YES	NO	Do you have Cash on Hand	\$	\$			
YES	NO	Any other assets not listed above, including mobile payment apps (ie, Apple Pay, Cash App, Venmo, etc.)	\$	\$			
Does yo	our tota	al assets value \$5,000 or more?				YES	NO
	•	nber of the household have an asset(s) owned jointly with explain:	a person who	is NOT a member of the	household?	YES	NO
Have you sold any property within the last two years? If yes, please explain:						YES	NO
If yes, please explain: Have you disposed of (given away) any assets within the last two years? If yes, please explain: Date asset(s) was disposed of (given away):						YES	NO

STUDENT INFORMATION – Higher Education

Definition of a higher education student is any person enrolled (part-time or full-time) in an institution (tech school, college, university, etc.) for the purposes of earning a degree, certificate or other program leading to a recognized educational credential.

Is any household member currently a student of higher education?	YES	NO
Was any household member a student of higher education for any 5 calendar months of this year?	YES	NO
Does any household member plan to become a full-time student of higher education in the next calendar year?	YES	NO
Are ALL of the persons in this household Full-time Student(s)?	YES	NO

If yes to any of above, who is (or was) enrolled? ______ Name of School: ______

How is the education paid for? ______ What is the cost of Tuition per semester? \$_____

	MEDICAL EXPENSES	
Type of Expenses	Family Member Who Pays	Monthly Amount

PET & ASSISTANCE ANIMALS

Please review the property pet/assistance animal rules. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to house an Animal? YES _____ NO ____ If Yes, Provide the following information:

Animal Type (dog, cat, bird, etc.)	Breed (if applicable)	Weight (full grown)	Is the animal a Service animal requi	red to assist with a disability?
			YES	NO
			YES	NO

FRAUD STATEMENT

Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper 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 or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8)

RESIDENT'S STATEMENT

WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY ELIGIBILITY FOR RESIDENCY. I/WE AUTHORIZE THE OWNER/MANAGER TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION/CERTIFICATION AND MY/OUR SIGNATURE IS CONSENT TO OBTAIN SUCH VERIFICATIONS. I/WE UNDERSTAND THAT SCREENING WILL BE COMPLETED BY A CREDIT REPORTING AGENCY IN ACCORDANCE WITH TENANT SELECTION PLAN. I/WE CERTIFY THAT I/WE HAVE REVEALED ALL INCOME AND ASSETS AND ASSETS DISPOSED. I/WE FURTHER CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION/CERTIFICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF AND ARE AWARE THAT FALSE STATEMENTS ARE PUNISHABLE UNDER FEDERAL LAW. I/WE UNDERSTAND THAT ANY INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

SIGNATURE OF HEAD OF HOUSEHOLD	DATE
SIGNATURE OF CO-TENANT	DATE
SIGNATURE OF CO-TENANT	DATE
SIGNATURE OF CO-TENANT	DATE

OWNER'S SIGNATURE

SIGNATURE OF OWNER'S/MANAGEMENT AGENT		
AUTHORIZED REPRESENTATIVE:		DATE
	Habitat America, LLC is an Equal Housing Opportunity provider. It is our policy to trea	at all residents and visitors fairly and consistently



without regard to race, color, religion, sex, national origin, disability, familial status, sexual orientation, gender identity or marital status. Habitat America, LLC and its employees comply with the provisions of Title VIII of the Civil Rights Act of 1968, the Fair Housing Amendments Act of 1988, 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.



Rev: 01/30/2023

APPLICANT or CO-SIGNER CONSENT

"I hereby authorize <u>Linden Park Apartments in Bolton Hill</u> 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 <u>Linden Park Apartments in Bolton Hill</u>, 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, <u>Linden Park Apartments in Bolton Hill</u>, through its agents, assignees and employees, shall have a continuing right to review my consumer report information, rental application, payment history and occupancy history for account review purposes, future renewal consideration, collection purposes and for improving application methods."

Applicant or Co-signer Signature

Applicant or Co-signer Signature

Applicant or Co-signer Signature

Applicant or Co-signer Signature

Community Manager/Agent's Signature



Date

Date

Date

Date

PRIVACY PROTECTION ACT LETTER (Maryland)

Linden Park Apartments in Bolton Hill

(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 <u>Habitat America, LLC</u> 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 <u>declared compliance period</u> 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

