

LINDEN PARK
APARTMENTS
in Bolton Hill

Application Checklist

Dear Applicants:

An application must be signed and completed by each household member. Do not leave any part of the application blank.

Any documents pertaining to your household will need to be provided along with your application.

- ☐ Identification Card, Social Security Card, Birth Certificates
- ☐ Current Social Security Award Letter
- ☐ Current Pension/Annuity Statement
- ☐ 6 Current Consecutive Paystubs or Workman's Compensation
- ☐ Current Alimony/ Child support Information
- ☐ Any Sources of Income that are not listed
- ☐ Current Bank Statements
- ☐ Checking/Savings Information
- ☐ Stocks, Bonds, 401K, IRA, or 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

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

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

Incomplete applications will not be processed and will be returned. Completed applications will be processed in the order they are received. Once our management team receives your completed application, your credit & criminal background screening will promptly be processed. If you have any questions or concerns, please send an email to compliance468@habitatamerica.com or call a member from our team at (410) 523 – 0013.

We look forward to your residency at Linden Park in Bolton Hill.



301 McMechen Street Baltimore, MD 21217
Phone: (410) 523 – 0013 Fax: (410) 523 – 0016 TTY: 711
www.lindenparkapartments.com



WELCOME TO YOUR NEW APARTMENT HOME!

B/R Size:	App Fee:\$	Anticipated Move In Date:	Traffic Source:	Agent:	Date/Time Received:
--------------	---------------	------------------------------	--------------------	--------	------------------------

APPLICATION FOR AFFORDABLE HOUSING

HOUSEHOLD MEMBER INFORMATION - Complete the following information for each household member that will occupy the unit at the time of move in & during next 12 month period - PLEASE PRINT

	NAME Last, First, MI (Jr, Sr, Etc.)	Social Security Number	Sex M or F	Student Y or N	IF Student F - Full Time P - Part Time	Age	Birth Date MM/DD/YY	Race	Hispanic/ Non-Hispanic (Statistical Purposes Only)
HEAD									
CO-H									
3.									
4.									
5.									
6.									
7.									

Do you expect any changes to the above listed household composition (size) in the next 12 months? If yes, explain:	YES	NO
Is there someone not listed above who would normally reside in the household? If yes, explain:	YES	NO
Will this be your only residence? If no, explain:	YES	NO
Are any household members currently receiving Section 8 assistance? If yes, is the assistance: (circle one) Housing Choice Voucher or Property Based Section 8	YES	NO
Are any household members on a waitlist for public housing or any other type of rental assistance? If yes, what agency has the member's name on its waiting list:	YES	NO

RESIDENT HISTORY AND INFORMATION

HEAD OF HOUSEHOLD

CURRENT ADDRESS & PHONE #	Landlord/Mortgage Name & Address	Monthly Payment	Occupancy Dates
		Rent \$	From:
City:		Mortgage \$	To:
State, Zip:	City, State, Zip:		
Phone#	Phone#	Applicant Email:	
PREVIOUS ADDRESS (if less than 3 years)	Landlord/Mortgage Name & Address	Monthly Payment	Occupancy Dates
		Rent \$	From:
City:		Mortgage \$	To:
State, Zip:	City, State, Zip:		
Phone#	Phone#		

OTHER ADULT HOUSEHOLD MEMBER (If additional space is needed, please use blank page and attach)

CURRENT ADDRESS & PHONE #	Landlord/Mortgage Name & Address	Monthly Payment	Occupancy Dates
		Rent \$	From:
City:		Mortgage \$	To:
State, Zip:	City, State, Zip:		
Phone#	Phone#	Applicant Email:	

EMERGENCY CONTACT INFORMATION

NAME:	ADDRESS:	PHONE:	RELATIONSHIP:
1.			
2.			

VEHICLE INFORMATION

MAKE/MODEL:	PLATE #:	COLOR:	YEAR:

ADDITIONAL INFORMATION

Is any household member listed above subject to a registration requirement under a state sex offender registration program? If so, please list the household member's name here:	YES	NO
Have you or any household member listed above ever been evicted or foreclosed from any housing? If yes, describe:	YES	NO
Have you or any household member listed above ever filed for bankruptcy? If yes, Date of Discharge:	YES	NO
Is any member of the household listed above a Veteran?	YES	NO
Is any member of the household listed above disabled? If yes, does this household member require any specific accommodations? If yes, select one: _____Hearing Accessible _____Mobility Accessible _____Visually Accessible	YES	NO

List all states in which the Head of Household has lived:

STATEMENT OF ANTICIPATED INCOME: For the next 12 months

Do you or any household member receive or expect to receive income from: **(If more space is needed, attached additional page)**

Receive Yes or No		INCOME SOURCE TYPE:	Estimated GROSS Monthly Amount	Name of HH Member(s) Who Receives this Income	How is the money received? (Circle one payment source)	
YES	NO	Employment Income (Full-time, Part-Time or Seasonal)	\$		Direct Deposit	Check
		Employer Name: _____ Date of Hire: _____			Pre-paid Card	Cash
		Employer Name: _____ Date of Hire: _____				
		Employment Income (Full-time, Part-Time or Seasonal)	\$		Direct Deposit	Check
		Employer Name: _____ Date of Hire: _____			Pre-paid Card	Cash
		Employer Name: _____ Date of Hire: _____				
YES	NO	Social Security	\$		Direct Deposit	Check
					Pre-paid Card	Cash
YES	NO	Social Security Supplement – SSI	\$		Direct Deposit	Check
					Pre-paid Card	Cash
YES	NO	Social Security Disability – SSDI	\$		Direct Deposit	Check
					Pre-paid Card	Cash
YES	NO	Pension Plan Benefits	\$		Direct Deposit	Check
					Pre-paid Card	Cash
YES	NO	Veterans Benefits - VA	\$		Direct Deposit	Check
					Pre-paid Card	Cash
YES	NO	Self-Employment Income	\$		Direct Deposit	Check
					Pre-paid Card	Cash
YES	NO	Annuities, IRA or other Retirement Income (401K, 403B, 457A, etc.)	\$		Direct Deposit	Check
					Pre-paid Card	Cash
YES	NO	Gifts/Contributions from Outside Source	\$		Direct Deposit	Check
					Pre-paid Card	Cash
YES	NO	Grants or Scholarships	\$		Direct Deposit	Check
					Pre-paid Card	Cash
YES	NO	Military Pay	\$		Direct Deposit	Check
					Pre-paid Card	Cash
YES	NO	Does anyone work for a person who pays in cash	\$		Direct Deposit	Check
					Pre-paid Card	Cash
YES	NO	Unemployment/Workman's Comp/Disability	\$		Direct Deposit	Check
					Pre-paid Card	Cash
YES	NO	TCA, TANF, General Assistance Benefits (not food stamps)	\$		Direct Deposit	Check
					Pre-paid Card	Cash
YES	NO	Child Support, Alimony or Spousal Support Court Ordered: Yes or No	\$		Direct Deposit	Check
					Pre-paid Card	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	Check
					Pre-paid Card	Cash
YES	NO	Other income from sources not mentioned above	\$		Direct Deposit	Check
					Pre-paid Card	Cash

STATEMENT OF ASSET INFORMATION:

Do you or any household member listed above have the following assets? Please list current value(s) below

Have (Yes or No)		Asset Type	Current Value of this Asset	Annual Interest Income from this Asset	Name of Household Member Who has the asset(s)
YES	NO	Checking Account (s) # of Accounts: _____	\$	\$	
YES	NO	Savings/Money Market Accts. # of Accounts: _____	\$	\$	
YES	NO	Pre-Paid Debit Cards (not linked to bank accounts) # of Cards: _____	\$	\$	
YES	NO	Certificate of Deposit (CD) # of Accounts: _____	\$	\$	
YES	NO	Savings Bonds/Treasury Bills/ Stocks # Owned: _____	\$	\$	
YES	NO	Trust Fund(s) # of Accounts: _____	\$	\$	

STATEMENT OF ASSET INFORMATION CONTINUED:					
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 LUMP SUM PAYMENTS 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 any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household? If yes, please explain:					YES NO
Have you sold any property within the last two years? If yes, please explain:					YES NO
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): _____ The asset(s) I/We disposed of (gave away) was: _____ The Fair Market Value of the asset(s) disposed of (gave away) was: \$ _____ The amount received for the asset I/We Disposed of (if any): \$ _____					YES NO

STUDENT INFORMATION

A Student Household Status form must be completed. Households consisting entirely of full-time students are not eligible for Tax Credit units unless the household is income eligible and one or more of the 5 exceptions listed on the Student Household Status applies to the household.

Is any household member <u>currently</u> a student?	YES	NO
Was any household member a student for any 5 calendar months of this year? (the months do not have to be full months, nor do they have to be consecutive months)	YES	NO
Does any household member plan to become a full-time student in the next calendar year?	YES	NO
Are ALL of the persons in this household Full-time Student(s)?	YES	NO

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 required 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.

FURTHERMORE, IF THERE ARE ANY CHANGE(S) TO INCOME, ASSETS, HOUSEHOLD COMPOSITION, OR STUDENT STATUS AFTER AN APPROVAL, I/WE UNDERSTAND I/WE MUST NOTIFY MANAGEMENT IMMEDIATELY TO DETERMINE CONTINUED ELIGIBILITY. IF ANY CHANGE DEEMS THE HOUSEHOLD INELIGIBLE, THE APPROVAL WILL BE RESCINDED. REGARDLESS OF MANAGEMENT ERROR, IF CHANGE(S) TO INCOME, ASSETS, HOUSEHOLD COMPOSITION, OR STUDENT STATUS WERE NOT REPORTED TO MANAGEMENT AND IT IS FOUND AFTER MOVE-IN THE CHANGE(S) WOULD HAVE MADE THE HOUSEHOLD INELIGIBLE AT MOVE-IN, I/WE UNDERSTAND I/WE WILL NO LONGER BE ELIGIBLE FOR THE APARTMENT AND I/WE AGREE TO VACATE.

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 treat 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: 12/09/2024

NON-EMPLOYMENT AFFIDAVIT (MD / PA / DC)

This Affidavit is to be signed by any individual who is 18 years of age and over if he/she claims no employment income on an Application.

Check the appropriate option below as applicable and complete.

☐ I am not presently employed but will begin employment with _____
_____ (company name) within the next twelve months. [If this option is selected, obtain verification of expected earnings from the employer and include the amount with third-party verified income of other household members.]

☐ I am not presently employed in any capacity. I am not under any affirmative obligation to obtain employment and do not anticipate becoming employed within the next twelve months.

☐ I do not receive unemployment compensation, Social Security, or other benefits as a result of my non-employed status.

☐ I do receive benefits from: _____
[If other benefits are received (ex: Unemployment, Social Security or other), obtain verification of amounts and include with third-party verified income of other household members.]

This Affidavit is true and complete. Any misrepresentation herein will be considered a material breach of the Lease and will subject me to immediate eviction.

(Applicant/Resident Signature)

(Printed Name)

(Date)

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)



Rev: 05/2025

Asset Self-Certification

Complete one ONE form per household; include assets of children, except for foster children. Also exclude assets held by foster adults or live-in aides. Use current balances for all assets.

Name of Property: _____ Name of Head of Household: _____

1. I/We have the following assets: (Check the box next to "N/A" under the "Type of Asset" column for each asset NOT owned)

Non-Necessary Personal Property									
Type of Asset		Cash Value	Interest Rate	Annual Income	Type of Asset		Cash Value	Interest Rate	Annual Income
Cash on Hand	<input type="checkbox"/> N/A	\$		\$	Cryptocurrency (Bitcoin, etc.)	<input type="checkbox"/> N/A	\$		\$
Checking	<input type="checkbox"/> N/A	\$		\$	Stocks/Bonds/Mutual Funds	<input type="checkbox"/> N/A	\$		\$
Checking	<input type="checkbox"/> N/A	\$		\$	Trust Accounts	<input type="checkbox"/> N/A	\$		\$
Savings	<input type="checkbox"/> N/A	\$		\$	Lump Sum Amounts	<input type="checkbox"/> N/A	\$		\$
Savings	<input type="checkbox"/> N/A	\$		\$	Burial Plot	<input type="checkbox"/> N/A	\$		\$
Pre-Paid Debit Cards	<input type="checkbox"/> N/A	\$		\$	CD/Money Market Accounts	<input type="checkbox"/> N/A	\$		\$
Internet-Based Assets (CashApp, Venmo, ApplePay, etc.)	<input type="checkbox"/> N/A	\$		\$	Other/Description	<input type="checkbox"/> N/A	\$		\$
Life Insurance (exclude term life)	<input type="checkbox"/> N/A	\$		\$	Other/Description	<input type="checkbox"/> N/A	\$		\$
[A] Total Cash Value of Non-Necessary Personal Property:							\$	[B] Total Income:	\$

2. ☐ I/We do not have any of the assets listed above at this time (If checked, skip to question #3 and then sign and date the bottom).

[C] Tax Return.	
If total assets in [A] exceeds \$51,600, and a tax refund was received within the last 12 months, enter amount of refund here. →	\$

3. ☐ Within the past (2) years, I/We have not sold or given away assets (including cash, real estate, etc.) below their fair market value. ☐ Within the past (2) years, I/We have disposed of assets:
Date of Disposal: _____
Fair Market Value Difference & Amount Received: \$ _____
If checked, sign the form below.

Real Property

Type of Property	Cash Value [D]	Asset Income [E]
(Check the appropriate box below for type of real estate owned)		
<input type="checkbox"/> House/Townhome/Condo/Duplex	\$	\$
<input type="checkbox"/> Parcel of Land		
<input type="checkbox"/> Trailer/Mobile Home		
<input type="checkbox"/> Other		

Total of Net Non-Necessary Personal Property & Real Estate

Total Net Assets:	Total Asset Income:
[A] - [C] + [D] = \$	[B] + [E] = \$

Under penalty of perjury, I/We certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.

Applicant/Tenant Signature

Date

Applicant/Tenant Signature

Date

PENALTIES FOR MISUSING THIS VERIFICATION

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 purpose 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 208 (f)(g) and (h). Violations of these provisions are cited as violations of 42 U.S.C. 408 f, g and h.

STUDENT HOUSEHOLD STATUS

Project Name: _____

Head of Household Name: _____

Check the applicable box below (note that students include those attending public or private elementary schools, middle or junior high schools, colleges, universities, technical, trade, or mechanical schools, but does not include those attending on-the-job training courses):

☐ Household contains at least one occupant who is **not** a student, has not been a student, and will not be a student for five or more months during the current and/or upcoming calendar year (months need not be consecutive). If this item is checked, no further information is needed, please sign below.

☐ Household contains all students, but is qualified because the following occupant(s) _____ is/are a part-time student(s). Documentation of part time student status is required for at least one member of the household. If this item is checked, no further information is needed, please sign below.

☐ Household contains all full-time students for five or more months during the current and/or upcoming calendar year (months need not be consecutive). **If this item is checked, questions 1-5 below must be complete.**

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Is at least one student receiving assistance under Title IV of the Social Security Act? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Was at least one student previously under the care and placement responsibility of the state agency responsible for administering foster care? (provide documentation of participation) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does at least one student participate in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar, federal, state or local laws? (attach documentation of participation) | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is at least one student a single parent with child(ren) <i>and</i> this person is not a dependent of another individual <i>and</i> the child(ren) is/are not dependent(s) of someone other than a parent? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are the students married and entitled to file a joint tax return? | <input type="checkbox"/> | <input type="checkbox"/> |

Households composed entirely of full-time students that are income eligible and satisfy one or more of the above conditions are considered eligible. If questions 1-5 are marked NO, or verification does not support the exception indicated, the household is considered an ineligible student household.

Head of Household Signature: _____

Date completed: _____



5/7/2025

PRIVACY PROTECTION ACT LETTER (Maryland)

Linden Park Apartments in Bolton Hills
(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 audit 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



Rev: 10/2017

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 06/30/2017)

Linden Park Apartments

0468

301 McMechen St Baltimore, MD 21217

Name of Property

Project No.

Address of Property

Habitat America**LIHTC**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

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

Property Name: Linden Park Apartments in Bolton Hill
Address: 301 McMechen St., Baltimore, MD 21217

Effective Date: May 13, 2025
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 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 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: ☒ Extremely Low, ☒ Very Low, ☐ 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 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. 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.

Wait List: If an apartment for which the applicant qualifies is not available at the time of application, the applicant will be placed on the property's wait list. The applicant will then be contacted for the first apartment that becomes available based on the selection guidelines. A wait list is maintained at this community at all times. Periodically Management may find it necessary to close the wait 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 wait list.

Screening: An initial credit screening report will be obtained through a commercial credit reporting agency which will determine whether the credit screening is accepted or denied. If accepted, a criminal screening report will be obtained to determine continuance of application processing.

Credit/Rental History:

- Applicants with negative credit may be denied.
- Rental history will be verified and must indicate the ability to 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 will 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.
- 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 felony conviction that 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:

Credit/Rental History: If credit/rental history screening was rejected, a denial letter will be sent that will advise the applicant that if they believe there are errors in their screening report or believe that there may be extenuating factors that they 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 or miss the deadline to appeal the denial may reapply at the community in 60 days.

Criminal History: If an applicant is rejected due to criminal history, the applicant will have the option to conduct an individualized assessment with a third party. This assessment will analyze the criminal record and its impact on the household's suitability for admission. The process will be outlined in a notice should the applicant choose to exercise this option. If after the individualized assessment we conclude that we cannot proceed with the approval of the screening, a denial letter will be sent to the applicant advising them that if they don't agree with management's decision, they have (14) days from the date of receiving the denial letter to dispute the decision as either inaccurate, incomplete, or irrelevant. Please note that management will automatically reject and waive the right to an individualized assessment of a member of the applicant's household that has been convicted of a felony offense or violent misdemeanor offense any time during the application period.

The following may not be considered in determining eligibility:

- Juvenile records, or any expunged, vacated, pardoned, or sealed records;
- Convictions for crimes that are no longer illegal in the state of Maryland; and
- Charges that are pending for eligible crimes at the time of screening may be considered, subject to the individualized assessment.

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 Bedrooms	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.

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. (Rents and Income Limits are subject to change.)

Floor Plan	Square Footage	Rental Amount	Minimum Income (2x Rent)	Maximum # of Occupants Allowed	Maximum Income
Efficiency 1 Bath 50% HUD Assisted unit	414	See Manager for Program details	N/A	2	<u>EXTREMELY LOW</u> 1 Person - \$27,400 2 People - \$31,300 3 People - \$35,200 <u>VERY LOW</u> 1 Person - \$45,650 2 People - \$52,150 3 People - \$58,650
1 BR 1 BA 50% HUD Assisted Unit	576	See Manager for Program details	N/A	3	
Efficiency 1 Bath 60% Non -Assisted unit	414	\$983	\$23,592	2	1 Person - \$54,780 2 People - \$62,580 3 People - \$70,380
1BR 1 BA 60% Non- Assisted Unit	576	\$1,201.00	\$28,824	3	
2BR 1 BA 60% Non- Assisted Unit	801	\$1,567	\$37,608	5	1 Person - \$54,780 2 People - \$62,580 3 People - \$70,380 4 People - \$78,180 5 People - \$84,480

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. 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



APPLICANT or CO-SIGNER CONSENT

"I hereby authorize Linden Park Apartments in Bolton Hill 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 Linden Park Apartments in Bolton Hill Apartments, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies."

"I understand that should I lease an apartment, Linden Park Apartments in Bolton Hill Apartments, 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

Date

Applicant or Co-signer Signature

Date

Applicant or Co-signer Signature

Date

Applicant or Co-signer Signature

Date

Community Manager/Agent's Signature

