HUD AND RD APPLICATION FOR HOUSING

Please complete one application per household

Schoolhouse Road Apartments				**OFFICE USE ONLY, DATE & TIME RECEIVED:**
518 Schoolhouse Road				
Sykesville	**MD**	**21784**		**Management Initials:**
Phone No. (443) 259-4900				**Unit Size Requested:**
Fax No.				**Move In Date Required:**
schoolhouse@bentoncommunities.com				**How did you hear about our community:**

A. CONTACT INFORMATION

Mailing Street Address:		**Apt:**
City:	**State:**	**Zip**
Primary Phone No:	**Cell / Home / Work (circle one)**	**Email Address:**
Secondary Phone No:	**Cell / Home / Work (circle one)**	**Email Address:**

Applications are placed in order of date and time received. An applicant may be interviewed only after receiving this tenant application. Every question **must** be answered. Do **NOT** leave blanks. **Use NO when a question does not apply.**

B. HOUSEHOLD COMPOSITION
List all persons that will be residing in the household

Name	Relationship to head	Marital Status	Birth Date	Age	Social Security Number	Student Y/N
	Self					Y / N
						Y / N
						Y / N
						Y / N
						Y / N
						Y / N
						Y / N
						Y / N

Will all listed minors be living in the unit more than 50% of the time?	Yes	No	NA
If not, explain custody agreement (proof of custody may be required):			

1. Is this the entire household to occupy the unit?	☐ Yes	☐ No
If no, please explain:		
2. Do you anticipate any changes in the household composition in the next twelve months?	☐ Yes	☐ No
If yes, please explain:		
3. Will anyone in the household require a Live-In-Aide?	☐ Yes	☐ No
If yes, explain:		
4. Does anyone in the household need any specific features or unit designs such a wheelchair accessibility, visual aids (Braille) or apparatus for hearing assistance?	☐ Yes	☐ No
If yes, explain:		
5. Are any household members foster children or foster adults?	☐ Yes	☐ No
If yes, explain:		
6. Are any household members temporarily absent?	☐ Yes	☐ No
If yes, explain:		
7. Are any household members permanently confined to a hospital or nursing home?	☐ Yes	☐ No
If yes, explain:		

8. In case of emergency notify:	
Address:	
Relationship:	Phone #:

C. HOUSEHOLD STUDENT STATUS

9. Are you enrolled as a student at an institution of higher education to obtain a degree, certificate, or other program leading to a recognized educational credential?	☐ Yes	☐ No

D. INCOME

List ALL sources of income as requested below. **If a section doesn't apply, cross out or write NO**.

Household Member Name	Source of Income	Gross Monthly Amount
10.	Social Security	$
11.	Social Security	$
12.	SSI Benefits	$
13.	SSI Benefits	$
14.	Pension (list source)	$
15.	Pension (list source)	$
16.	Veteran's Benefits (list claim #)	$
17.	Veteran's Benefits (list claim #)	$
18.	Unemployment Compensation	$
19.	Unemployment Compensation	$
20.	Public Assistance (Title IV/TANF etc.)	$
21.	Public Assistance (Title IV/TANF etc)	$
22.	Full-Time Student Income (18 & Over Only)	$
23.	Financial Aid (excluding loans)	$
24.	Annuity (Annual and/or Monthly Disbursements)	$
25.	IRA (Annual and/or Monthly Disbursements)	$
26.	Retirement Account (Annual and/or Monthly Disbursement)	$
27.	Long Term Medical Care Insurance Payments in excess of $180/day	$
28.	Income From Rental Property	$

Household Member Name	Source of Income		Monthly Amount
29.	**Employment amount**		$
	Employer:	Phone No.	
	Position Held		
	Date of Hire:		
30.	**Employment amount**		$
	Employer:	Phone No.	
	Position Held		
	Date of Hire:		
31.	**Self-Employment/Business**		$
	Name of Business:		
	Type of Business:		
	Position Held:	Start Date:	

32.	**Alimony**	
	Do you receive formal/informal alimony?	☐ Yes ☐ No
	If yes list amount you receive.	$
33.	**Child Support**	
	Do you receive formal/informal (money, items, etc.) child support?	☐ Yes ☐ No
	If yes, list the amount you receive.	$
34.	**Child Support**	
	Do you receive formal/informal (money, items, etc.) child support?	Yes ☐ No ☐
	If yes, list the amount you receive.	$
35.	**Other Income**	$
36.	**Other Income**	$
37.	**Other Income**	$

38. Do you anticipate any changes in this income in the next 12 months?	☐ **Yes**	☐ **No**
If yes, please explain		
39. Is any member of the household legally entitled to receive income assistance?	☐ **Yes**	☐ **No**
If yes, please explain		
40. Is any member of the household receiving income or assistance ***(monetary or not)*** from someone who is not a member of the household)?	☐ **Yes**	☐ **No**
If yes, please explain:		

E. ASSETS

List all household assets including assets that are held jointly.
If your assets are too numerous to list here, please request an additional form.
If a section doesn't apply, cross out or write NO.

41. Checking Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
42. Savings Accounts	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
43. Trust Account	#	Bank	Balance $
44. Prepaid Debit cards: paypal, venmo, cash app, apple cash, direct express, wisely, daily pay, etc.	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $
	#	Bank	Balance $

45. Money Market Accounts	#	Bank	Balance $
	#	Bank	Balance $
46. Savings Bonds	#	Maturity Date	Value $
	#	Maturity Date	Value $
	#	Maturity Date	Value $
47. Life Insurance Policy	#		Cash Value $
48. Life Insurance Policy	#		Cash Value $

49. Mutual Funds	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
50. Stocks/Bonds	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
	Name:	#Shares:	Dividend Paid $	Value $
51. Retirement Accounts	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $
	Name:	#Shares:	Interest or Dividend $	Value $

52. Real Estate Property: ***Do you own any property?***	☐ Yes ☐ No
If yes, Type of property	
53. Location of property	
54. Appraised Market Value	$
55. Mortgage or outstanding loans balance due	$
56. Amount of annual insurance premium	$
57. Amount of most recent tax bill	$
58. Is the property subject to foreclosure, bankruptcy or eviction?	☐ Yes ☐ No
If yes, describe:	

59. Have you sold or disposed of any property in the last 2 years?	☐ Yes ☐ No
If yes, Type of property:	
60. Market value when sold/disposed	$
61. Amount sold/disposed for	$
62. Date of transaction:	

63. Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?	☐ Yes ☐ No
If yes, describe the asset:	
64. Date of disposition:	
65. Amount disposed	$
66. Do you have any other assets not listed above (excluding personal property)?	☐ Yes ☐ No
If yes, please list:	

F. ADDITIONAL INFORMATION

67. Are any members of the household subject to a Lifetime Sex Offender Registration in any state?	☐ Yes	☐ No
If yes, describe		
68. Please provide all states where every household member has resided:		
States:		

G. RESIDENTIAL HISTORY

Please provide residence history for all household members within the past 36 months.

69. Current Address:		
City	State:	Zip Code:
Are any household members currently residing in subsidized housing?	❑ Yes	❑ No
Who currently resides at this address:		
Do you **own** your current residence?	❑ Yes	❑ No
Do you **rent** your current residence?	❑ Yes	❑ No
Name of Housing Community:		
Move In Date:		
Landlord's Name:	Landlord's Number	
70. Prior Address:		
City	State:	Zip:
Who resided at this address:		
Did you own this residence?	❑ Yes	❑ No
Did you rent this residence?	❑ Yes	❑ No
Name of Housing Community:		
Move In Date:	Move Out Date:	
Landlord's Name:	Landlord's Number	
71. Prior Address:		
City	State:	Zip:
Who resided at this address:		
Did you own this residence?	❑ Yes	❑ No
Did you rent this residence?	❑ Yes	❑ No
Name of Housing Community:		
Move In Date:	Move Out Date:	
Landlord's Name:	Landlord's Number	

72. Prior Address:		
City	State:	Zip:
Who currently resides at this address:		
Did you own this residence?	❑ Yes	❑ No
Did you rent this residence?	❑ Yes	❑ No
Name of Housing Community:		
Move In Date:	Move Out Date:	
Landlord's Name:	Landlord's Number	

H. CHILDCARE EXPENSE DEDUCTION

73. Does the household have childcare expenses for the care of children under the age of 13?:					**Yes**	**No**
If yes, complete the following section:						
Is the care necessary to enable a household member to: (select applicable circumstance)						
Work:	Yes	No	Amount $	Frequency?		
Seek Employment:	Yes	No	Amount $	Frequency?		
Attending School:	Yes	No	Amount $	Frequency?		
74. Does childcare expense reflect reasonable charges for childcare?					❑ Yes	❑ No
75. Is the expense reimbursed by any agency or individual outside of the household?					❑ Yes	❑ No
76. Are the expenses paid to a household member living in the unit?					❑ Yes	❑ No

I. DEDUCTIONS

77. Elderly/Disabled Family Deduction		
Is the head, spouse or co-head 62 years old or older?	❑ **Yes**	❑ **No**
Is the head, spouse or co-head disabled?	❑ **Yes**	❑ **No**
***Note:** if any of the above listed members are receiving or eligible to receive Social Security Disability (SSDI) or Supplemental Security Income (SSI) payments, the household is eligible to check the disabled box and claim this deduction.		

78. Medical Expense Deduction			**Amount**
Complete the following section ONLY IF you answered yes to EITHER of the above questions.			
Do any household members have any of the following medical expenses, which are not reimbursed by an outside party such as insurance?			
Services of doctors and health care professionals	❑ Yes	❑ No	
Services of health care facilities	❑ Yes	❑ No	
Medical insurance premiums or costs of an HMO	❑ Yes	❑ No	
Prescription/nonprescription medicines that have been prescribed by a	❑ Yes	❑ No	
Transportation to treatment	❑ Yes	❑ No	
Dental Expenses	❑ Yes	❑ No	
Eyeglasses, hearing aids, batteries for medical devices	❑ Yes	❑ No	
Live-in or periodic medical assistance such as nursing services or costs for	❑ Yes	❑ No	
Monthly payments on accumulated medical bills	❑ Yes	❑ No	
Medical care of a permanently institutionalized household member	❑ Yes	❑ No	

79. Disability Assistance Expense Deduction			
Are any household members employed?	❑ **Yes**	❑ **No**	
Are any household members disabled?	❑ **Yes**	❑ **No**	
Complete the following section ONLY IF you answered yes to BOTH questions above.			**Amount**
Does the household have unreimbursed costs for attendant care or "auxiliary apparatus" for a household member with disabilities, which are necessary to enable any adult family member to be employed?	❑ Yes	❑ No	

80. Dependent Deductions		
Excluding the head of household, spouse, co-head, foster children, unborn children, children who have not yet joined the household and live-in aides, are any household members a person with a disability?	❑ **Yes**	❑ **No**
***Note:** if any household members are receiving or eligible to receive Social Security Disability (SSDI) or Supplemental Security Income (SSI) payments, the household is eligible to check "yes" and claim this		
If yes, please list each disabled household member:		

J. VEHICLE AND PET INFORMATION

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.			
81. Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
82. Type of Vehicle:	License Plate #:		
Year/Make:	Color:		
83. Do you own any pets?		☐ Yes	☐ No
If yes, describe:			

K. APPLICATION ASSISTANCE

84. Did anyone help/assist you in filling out this application?	☐ Yes	☐ No
If yes, who assisted and what was the reason for the assistance:		

Prospective Resident Consumer Report Authorization

I hereby affirm that my answers on this application to lease are true and correct and that I have not knowingly withheld any fact or circumstance, which would, if disclosed, affect my application unfavorably. I authorize you to secure from **Equifax/TransUnion**, a consumer reporting agency, an investigative consumer report. This report may contain but would not be limited to a consumer credit report, a criminal history, records investigation, and verification of my residences, employments and income.

I authorize **Equifax/TransUnion** to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living, and I release all concerned from liability, in right, under the federal Fair Credit Reporting Act (FCRA), Section 606(B) to make written request of you and **Equifax/TransUnion**, within a reasonable time, for a complete and accurate receipt of the summary of consumer rights required by Section 609 of the FCRA, entitled, A Summary of Your Rights Under the Fair Credit Reporting Act

CERTIFICATION

Certification by Applicant(s): I/we hereby certify that I/we do not and will not maintain a separate, subsidized rental unit in another location. I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.
I/we understand that eligibility for housing will be based on the funding program and housing agency's eligibility criteria and this community's resident selection criteria.
I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on the applicant screening criteria listed in the Resident Selection Criteria.

I/We have understood and answered all questions on this rental application. I/We certify that all answers are true to the best of My/Our knowledge and that any misrepresentations of information or any omission of any significant information or false statements are punishable under Federal Law and could be grounds for cancellation of this application or termination of residency after occupancy.

(Signature of Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date
(Signature of Co-Tenant)	Date