

I N S T R U C T I O N S

PLEASE READ CAREFULLY. INCOMPLETED APPLICATION **WILL NOT BE ACCEPTED.**

1. COMPLETE ALL AREAS. If an item does not apply to you, mark "N/A" on that line.
2. **SIGNATURES are required** by all adult applicants.
3. RETURN YOUR APPLICATION TO:

**LaPlata Grande Gardens I & II
656 Piscataway Court
LaPlata, MD 20646**

NOTE: PETS ARE ONLY ALLOWED IN OUR SENIOR CITIZEN PROPERTIES OR FOR PERSONS WITH DISABILITIES WHO REQUIRE A SERVICE ANIMAL.

Your application is being returned because:

- You did not complete all areas or you did not sign the application.

Please return your application along with the information that was missing if you want to be considered for housing.

Fifth Management & Consulting, Inc. USE ONLY: DATE RECEIVED: _____ TIME RECEIVED: _____ ID #: _____

APPLICATION FOR CONVENTIONAL

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Fifth Management & Consulting, Inc., to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Fifth Management & Consulting, Inc. is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability handicap or familial status.

A. **FAMILY SUMMARY** -List all persons, including yourself, who will be living in the apartment. List head of household first.

Name	Relationship	Birth Date	Place of Birth	Soc. Sec. #
1 Regina Montgomery	Head			
2				
3				
4				
5				
6				
Mailing Address:		City:	State:	Zip:
Physical Address:		City:	State:	Zip:

Telephone No. (which you can be reached at _____) E-Mail Address _____

Applying to Property(s): _____ Requested Unit Size: **2** **Bedrooms**

How did you hear about the apartment for which you are applying? _____

If you require a handicap-accessible unit, check here

If you require any modifications to an apartment, check here and explain in a note to us

B. INCOME - All sources of regularly received monies must be listed regardless of recipient's age.

Family Member Name	Sources of Income	Amount
	Social Security Gross Monthly Amount	\$
	Social Security Gross Monthly Amount	\$
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	VA Benefits (Claim #)	\$
	SSI Benefits Gross Monthly Amount	\$
	Unemployment Compensation Gross Monthly Amount	\$
	Address:	
	AFDC Gross Monthly Amount	\$
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Alimony Gross Monthly Amount	\$
	Child Support Gross Monthly Amount	\$
	Other Income Gross Monthly Amount (for example, rental income, etc.)	
		\$
		\$

C. ASSETS:

Provide the following information for all members of the household (use another sheet of paper if necessary).

Checking Accounts

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate Balance \$	Int. Rate Balance \$

Savings Accounts

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate Balance \$	Int. Rate Balance \$

D. APPLICANT INFORMATION-Please place a checkmark in the box if any of the following statements apply to you.

Do you have a Section 8 Voucher or any other type of voucher? Yes____ No____

- 1. You have been served a Notice to Quit or been asked to leave by a previous landlord
- 2. You have been served with lease violations from a previous landlord
- 3. You have been evicted
- 4. You or any household member have been evicted from federally assisted housing for drug-related criminal activity?

If you checked any of the above boxes, please explain the circumstances on an attached sheet of paper and identify property & landlord.

- 5. You or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program?
- 6. You or a household member have been convicted of a felony crime?
- 7. You or a household member have been convicted of a drug related crime?

List all states, other than the one that you reside in now, in which you have lived in during the last seven years? _____

E. **REFERENCE INFORMATION**

Current Landlord (Name, Address, & Phone No.)

How long have you lived there? _____ Is this landlord related to you? Yes___ No___

List all Previous Landlords for ALL Adults in Household (Attach a sheet of paper if more space is needed.) (Name, Address & Phone No.)

1.	2.
Address of Apt.	Address of Apt.
How long did you live there?	How long did you live there?
Is this landlord related to you? Yes___ No___	Is this landlord related to you? Yes___ No___

List two Professional Personal References for ALL Adults in Household (Attach a sheet of paper if more space is needed.) (Name, Address, Phone No. & Relationship)

(Examples: teachers, principals, past/present employers, physicians, etc.) Please do not list relatives or friends.

1.	2.
Phone No. Relationship	Phone No. Relationship

All information received by Fifth Management & Consulting, Inc. during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.

Other Information

Please provide us with the name, address, & phone number of an emergency contact:

Vehicles - List any vehicle owned

Type _____ Year/Make _____

Color _____ License Plate No. _____

Do you own a pet? Yes___ No___ If yes, describe _____

CERTIFICATION

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 Fifth Management & Consulting, Inc. resident selection criteria (see attached). I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Head of Household (✓) _____ Date _____

Spouse/Co-Tenant (✓) _____ Date _____

For Fifth Management & Consulting, Inc.

Please sign ALL black checkmarks

Authorization

I/we do hereby authorize **Fifth Management & Consulting, Inc.** and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

Signatures

(✓)

Applicant Signature

Date

(✓)

Co-Applicant Signature

Date

Authorization

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Signatures

(✓)

Applicant Signature

Date

(✓)

Co-Applicant Signature

Date



In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, sex, age, familial status, religion or disability. To file a complaint of discrimination you may file in person with, or write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW., Washington DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).

