

APPLICATION MUST BE MAILED IN OR HAND DELIVERED TO OFFICE. ALL SIGNATURES MUST BE ORIGINAL. NO ELECTRONIC COPIES.

Virginia Towers Apartments

500 Virginia Avenue
Towson, MD 21286

Phone: (410) 321-9661

Thank You for your interest in choosing Virginia Towers Apartments. Attached is the application that you requested.
Virginia Towers is a Smoke Free Community.

We receive federal funding from The U. S. Department of Housing and Urban Development (HUD) and therefore do not accept vouchers or certificates. We have our own in-house HUD Rent Assisted Housing Program.

Income Eligibility

Your gross income is an essential factor in qualifying you for residency in our community. HUD sets the income limits and are revised annually. In HUD properties, residents pay 30% of their adjusted gross income in rent. HUD requires that property managers incorporate the most recently published income limits when determining eligibility. Income limits are updated annually. This property serves households whose income meets the low, **very low**, and **extremely low** income limits. Applicants can review the current income limits by accessing the following web site. www.huduser.org/datasets/il.html

Age Eligibility

An applicant must be 62 years or older at the time of application.

Application Instructions

The application must be filled out entirely and accurately. Include all information for each intended tenant and co-tenant. If a section on the application does not apply to your household, please write NONE or N/A for that question. All applicants and co-tenants need to sign their full name on the last page of the application. Included with your application should be a copy of your State Issued Photo Identification, Social Security Card and Birth Certificate. Application processing is administered under the guidance of the Tenant Selection Plan. A copy of this Plan can be found posted in the Rental Office. **Please note that we do not accept applications via fax.** You must write legibly. DO NOT USE WHITE-OUT OR LIQUID PAPER anywhere on the application. If you need to correct a mistake, you should (a) cross one line neatly through the information, (b) write the revised information neatly next to it, (c) initial near the change.

Should you have any questions while filling out this application or require assistance, please call us at 410-321-9661. We will be happy to assist you in any way that we can.

Sincerely,

The Management Team of Virginia Towers Apartments



EQUAL HOUSING OPPORTUNITY This property does not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in, its federally assisted programs and activities. The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR, part 8 dated June 2, 1988) Attn: The Maryland Department of Disabilities 217 E. Redwood Street, Suite 1300, Maryland 21202 410-767-3660 TTY: 1-800-637-4113

Virginia Towers Apartments

500 Virginia Avenue
Towson, MD 21286

Phone: (410) 321-9661

Fax: (410) 583-5803

FOR OFFICE USE ONLY

Application Received: ___/___/___ : ___ am/pm (circle one)

Associate receiving application: _____

Virginia Towers is a Smoke-Free Community

PLEASE PRINT CLEARLY

A. GENERAL INFORMATION (Fill in all that applies to you as Head of Household)

1. Applicant Name: _____
(Print name as it appears on Social Security Card)

Date of Birth: ___/___/_____ Social Security Number: _____ - _____ - _____

2. Present Address: _____
(Street) (Apt. #)

(City) (State) (Zip Code)

Telephone Number: _____
(Home) (Work) (Cell)

3. How long have you lived at present address? _____ Years from _____ to _____

(a) If you have lived at the above address less than 5 years, list your previous address:

(Street) (Apt. #)

(City) (State) (Zip Code)

(b) _____
(Street) (Apt. #)

(City) (State) (Zip Code)

4. Are you employed? Yes ___ No ___ Do you own a car? Yes ___ No ___

5. Check which size unit you are applying for ___ 1 BR ___ 2 BR

6. How did you hear about Virginia Towers Apartments? _____

7. Will you be bringing a pet to live with you? Yes ___ No ___ (If so, the pet cannot weigh more than 25 lbs.)

8. Have you ever been convicted of illegal drug use or any other criminal activity? Yes ___ No ___

a. Date of conviction? _____ State where conviction occurred? _____

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- 9. Are you required to sign up as a registrant Sex Offender? Yes ____ No ____
 - a. Date of conviction? _____ State where conviction occurred? _____

SPOUSE OR CO-TENANT INFORMATION

10. Spouse or Co-tenant Name: _____
(Print name as it appears on social security card)
 Date of Birth: ___/___/_____ Social Security Number: _____ - _____ - _____

11. Present Address: _____
(Street) (Apt. #)

(City) (State) (Zip code)

12. How long have you lived at present address? _____ Years from _____ to _____

(a) If you have lived at the above address less than 5 years, list your previous address:

(Street) (Apt. #)

(City) (State) (Zip Code)

(b) _____
(Street) (Apt. #)

(City) (State) (Zip Code)

- 13. Are you employed? Yes ____ No ____
- 14. Do you own a car? Yes ____ No ____
- 15. Have you ever been convicted of illegal drug use or any other criminal activity? Yes ____ No ____
 - b. Date of conviction? _____ State where conviction occurred? _____
- 16. Are you required to sign up as a registrant Sex Offender? Yes ____ No ____
 - b. Date of conviction? _____ State where conviction occurred? _____

B. CONTACTS:

List below two relatives or friends who know how to contact you:

NAME: _____	NAME: _____
RELATIONSHIP: _____	RELATIONSHIP: _____
ADDRESS: _____	ADDRESS: _____
CITY/STATE/ZIP: _____	CITY/STATE/ZIP: _____
PHONE: _____	PHONE: _____

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C. HOUSEHOLD COMPOSITION & CHARACTERISTICS

List yourself, as Head of Household, and all persons who will be living with you in this apartment:

Full Name	Last 4 digits of Social Security #	Birth Date	Birth Place (State)	Age	Sex	Relationship

D. APARTMENTS FOR PHYSICALLY CHALLENGED PERSONS

Apartments for physically challenged persons are units which are designed and designated for physically disabled persons who handicap results in a functional limitation in access and use of the building. Do you need the special features of a mobility/hearing impaired apartment?

Yes _____ No _____

E. CURRENT HOUSING STATUS/NEED

1. Do you plan to have anyone live with you who is not listed on this application? Yes ___ No ___
If yes, please name and explain: _____
2. Does anyone live with you **NOW** who is not listed on this application? Yes ___ No ___
If yes, please name and explain: _____
3. Have you or the co-tenant ever been evicted: Yes ___ No ___
If yes, please explain the circumstances: _____
4. Why do you wish to move? _____

5. Are you now living in a government assisted unit? Yes ___ No ___
Do you presently have a Section 8 voucher or certificate? Yes ___ No ___
6. Has your or your co-tenant's residency or governmental assistance in an assisted housing program ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures?
Yes ___ No ___
7. Current Landlord's Name: _____
Landlord's Address: _____

City/State/Zip: _____

8. If your current landlord is a family member or you have lived with your current landlord for less than five (5) years, please provide us with the following information for your previous landlord.

Previous Landlord's Name: _____

Landlord's Address: _____

City/State/Zip: _____

Landlord's Phone Number: _____

Previous Landlord's Name: _____

Landlord's Address: _____

City/State/Zip: _____

Landlord's Phone Number: _____

Previous Landlord's Name: _____

Landlord's Address: _____

City/State/Zip: _____

Landlord's Phone Number: _____

Previous Landlord's Name: _____

Landlord's Address: _____

City/State/Zip: _____

Landlord's Phone Number: _____

F. INCOME INFORMATION

Answer each of the following questions. For each **Yes** answer, please provide detailed information requested in the charts that follow the list of questions.

1. Does any member of your household work full time, part time, or seasonally? Yes ___ No ___
2. Does any member of your household expect to work during the next twelve (12) months? Yes ___ No ___
3. Does any member of your household work for someone who pays them in cash? Yes ___ No ___
4. Does any member of your household receive or expect to receive unemployment? Yes ___ No ___
5. Does any member of your household receive or expect to receive alimony? Yes ___ No ___
6. Does any member of your household receive or expect to receive SSI or Public Assistance? Yes ___ No ___
7. Does any member of your household receive or expect to receive income from Social Security? Yes ___ No ___
8. Does any member of your household receive or expect to receive income from a pension or annuity?
Yes ___ No ___
9. Does any member of your household receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
Yes ___ No ___
10. Does any member of your household receive income from assets including interest or dividends from checking or savings accounts, Certificates of Deposits, stocks, bond, mortgages, or income from rental property, real estate, or business ventures? Yes ___ No ___

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For each person who will be living in the unit, please list the type and amount of Gross Income each person expects to receive monthly. Use the chart below:

Income Source	Head of Household	Spouse	Co-tenant
Social Security (SSA)	\$ /mo.	\$ /mo.	\$ /mo.
Supplemental Security (SSI)			
Pension			
Annuity			
Wages/Salaries, etc.			
Recurring Cash Contributions			
Welfare Assistance			
Alimony			
Unemployment Benefits			

G. ASSET INFORMATION:

For each asset a household member has enter the requested information in the chart below:

1. BANK ACCOUNTS: Checking, Savings, CD's, Money Market, IRA, etc.

Type of Account	Bank Name	Balance	Interest Rate
		\$	%
		\$	%
		\$	%
		\$	%

2. SECURITIES/STOCKS:

Name of Company	# of Shares	Price Per Share	Annual Dividend
		\$	
		\$	
		\$	
		\$	

3. BONDS:

Denomination Amounts	Number of Bonds

4. PROPERTY OWNED:

Do you own a home or real estate? Yes _____ No _____

If yes, provide the full address:

Address: _____

City/State/Zip: _____

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What is the current Market Value of this property? \$ _____

5. Have you sold or given away any assets for less than its Fair Market Value in the past two (2) years? Yes _____ No _____

Asset	Fair Market Value	Amount Received
	\$	\$
	\$	\$

6. MEDICAL EXPENSES:

1. If you presently have any of the following medical expenses which you pay OUT OF POCKET and are not reimburse, please fill in the following requested information:

Medical Expense	Monthly Out of Pocket Cost
Medicare Insurance	\$
AARP Insurance	\$
Blue Cross/Blue Shield Insurance	\$
Other Medical Insurance	\$
Physician Visit	\$
Home Health Care Cost	\$
Prescriptions/Non-prescriptions	\$
Transportation for Medical Visits	\$
Dental Expenses	\$
Eyeglasses, Hearing Aids, batteries	\$
Monthly Payments on Medical Bills	\$
Rental of Medical Equipment	\$

2. Do you receive Medical Assistance? Yes _____ No _____

7. APPLICATION CERTIFICATION:

I certify that the unit I occupy will be my only residence. I understand that the above information is being collected to determine my eligibility for housing. I authorize the owner to verify all information provided on the application and to contact previous or current landlords or other sources of credit and verification information which may be release to appropriate Federal, State or local agencies. As a condition of consideration for housing, a criminal background check will be required. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law.

(Signature of Head of Household)

(Date)

(Signature of Spouse or Co-Tenant)

(Date)