

East Baltimore Historic District Phase III AKA

Preston Place Homes 1601 E. Preston Street Baltimore, Maryland 21213 (410) 276-2207 Fax 410-276-2219

THE SELECTION AND SCREENING CRITERIA FOR SECTION 811 PRA UNITS

Preston Place Homes will consider applications for Section 811 PRA Units rental units, provided the applicants meet the guidelines listed below and are referred by the Maryland Department of Disabilities. The initial determinants for consideration of eligibility are the prospective applicant's annual income and family composition.

- 1. Establish whether section 811 applicant(s) are also eligible to reside in the specific project for which they have applied. Prospective applicants must meet the current income limits established by the Housing Authority of Baltimore City ("HABC"), CDA and HUD. Prospects who are accepted to income restricted properties must meet with management annually to recertify their household income. Applicants for HUD properties may be required to meet additional qualifications.
- 2. All prospective residents will be given a personal interview, during which the (1) apartment community rules and policies are discussed, (2) the requirements that tenants participate in the maintenance of the property are explained, and (3) the applicant's willingness to participate actively in the community is assessed.
- 3. The prospective tenant will be asked to complete a rental application, which is to be reviewed by the on-site Property Manager and/or the Regional Manager as soon as possible after its submission. The applicant <u>must</u> complete the application. All adult occupants <u>must</u> sign the application. In addition, all verification forms must also be filled out completely and truthfully.
- 4. Inquiries may be made of each applicant to determine whether the applicant (or members of the household) is currently an illegal user of a controlled substance or whether applicant or member of the household has been convicted for the illegal use of a controlled substance. The owner can attempt to verify the accuracy of the information provided by the applicant by consulting a third party.
- 5. Maryland Department of Disabilities will be responsible for maintaining a current waitlist.
- 6. The following information will be obtained from all applicants.
 - The names and ages of all adults and children who will live in the residence
 - Birth certificates for all household members
 - Applicant must provide <u>social security numbers</u> for all applicants and household members six years of age or older and proof of numbers reported
 - All adults in each applicant family must sign an <u>Authorization for Release of Information</u> prior to receiving assistance and thereafter for subsidized properties
 - Unit for which the family is applying must be the family's only residence In subsidized properties.



PRESTON PLACE HOMES

1129 N. CAROLINE STREET
BALTIMORE, MARYLAND 21213
(410) 276-2207 * (410) 276-2199 FAX

RESIDENTIAL RENTAL APPLICATION

FOR OFFICE USE ONLY	Date Received:		Time Received:
Agent:	Guest Card #	A	pplication #
To the applicant: Please help to applicable sections. Thank You.	process application p	romptly and prop	erly by clearly completing all
Property Address:		Unit No:	Rent \$
Date of Application:		Desired move-in	date
	PERSONAL INF	FORMATION	
Applicants Full Name			
Date of Birth	Socia	al Security No	
Driver's License Number & Sta	ate		
Full Name of All Other Residents	Relationship to You	Date of Birth	Social Security No.



RENTAL HISTORY

Present Address		Apt. No		
City Stat	e	Zip		
Home Phone	Work Phone	C ell		
At Present Address/Date From	to			
Present Landlord or Mortgage Co	i	Telephone		
		Monthly Rent/Mortgage \$		
Reason for Moving				
Previous Address		Apt. No		
CitySta	te	Zip		
Home Phone	Work Phone	e C ell		
At Present Address/Date From_	to			
Previous Landlord or Mortgage C	co	Telephone		
Contact Person		Monthly Rent/Mortgage \$		
Contact Person Reason for Moving		•		
Reason for Moving		•		
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CO-APPLICANT INFORMATION

Co-Applicant's Full Name	Date of Birth				
Social Security No	Driver's Lice	ense No. & State			
Employed Full-Time Pa	art-Time Not E	mployed Ref	tired Student		
Present Employer (or most recen	nt)				
Employer's Address					
Telephone	Dates Employed / Fromto				
Position Held	Department				
Supervisor	Gross Monthly Income \$				
	OTHER INFO	RMATION			
Total Number of Vehicles					
Make/Model	Year	Color	_Tag No./State		
Make/Model	Year	_ Color	_ Tag No./State		
Other Cars, Motorcycles, etc					
How many pets do you or other or	ccupants own?				
Kind of Pet, Breed, Weigh	t, and Age				
Do you understand that th	e property for which	you are applying	g may have a NO pet policy?		
Have You or your Co-Applicant e	ver been sued for no	n–payment of ren	nt? Yes No		
Been evicted or asked to m	ove out? Yes	No			
Broken a Rental Agreemer	nt of Lease? Yes	No			
Been sued for damage to re	ental property?	Yes No			
Declared Bankruptcy?	Yes No				
Comment/Explanation					
-					
If there are any other sources of ir son (s) who we could contact for c	•	e us to consider, p	please list income, source and per-		
Amount \$ Per	Source		Telephone		
Amount \$ Per	Source		Telephone		

AUTHORIZATION

PLEASE READ CAREFULLY BEFOR SIGNING

Printed Name

(1) If the landlord approves this application, the applicant (s) agree to enter into a lease using Landlord's Section 811 Lease. (2) I hereby affirm that my answers to the foregoing questions are true and correct, and that I have not knowingly withheld any fact of circumstances, which would, if disclosed, affect my application unfavorably. As an inducement to enter into the Lease, I authorize the Landlord to verify any information contained in this application and to obtain an investigative consumer report including information as to my character, general reputation, personal characteristics and connection with any information they give. I understand that as part of this investigation, a visit to my residency may be made. I have also been advised the I have the right, under the Fair Credit Reporting Act, to make a written request, within a reasonable time, for a complete and accurate disclosure of the nature and scope of the investigation requested.

I/We have fully read and understand all of the provisions of the Application and acknowledge receipt of a completed copy of same.

Applicant Signature

Co-Applicant Signature

Date

Printed Name



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UTILITY ALLOWANCE SCHEDULE

One Bedroom	\$162	Effective 9/1/17
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