

**Sojourner Place APARTMENTS
PRE-APPLICATION FOR HOUSING**

For Office Use Only:
 Date & TIME Rcvd: _____
 Agent Initials: _____
 Application #: _____
 HOHID #: _____

FILL IN ALL SECTIONS AND FIELDS; IF NOT APPLICABLE INSERT 'N/A'. INCOMPLETE PRE-APPLICATIONS WILL NOT BE PROCESSED.

A. Head of Household (HOH) Information

Name: _____		_____	_____
<i>Last</i>	<i>First</i>	<i>MI</i>	<i>Social Security #</i>
Additional Names Used: _____		Email Contact: _____	
Current Mailing Address: _____		City: _____	State: _____ Zip: _____
Contact Phone #: _____ () -	Preferred Apartment Sizes <i>(can list more than 1)</i> <input type="checkbox"/> 1BR <input type="checkbox"/> 2BR <input type="checkbox"/> 3BR	How did you hear about the property?	

B. Household Composition

Please see Resident Selection Criteria for Occupancy Standards

Please be sure to include your HOH information (from above) in this section, Member #1 - HOH

All persons who will reside in apartment.	Relationship to HOH	Name Last, First MI	Marital Status	Social Security Number	Date of Birth (mm/dd/yyyy)	Student Y/N
Applicant #1	HOH					
Applicant #2						
Applicant #3						
Applicant #4						
Applicant #5						
Applicant #6						
Applicant #7						

Do you anticipate any household changes within the next twelve months? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Expected # of: _____ Additions: _____ or Reductions: _____	Changes could make you ineligible for occupancy
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C. Household Personal Information

Have you or any member of your household above been convicted of a Felony or Other Crime	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain and provide date(s) and Member #(from above):
Have you or any member of your household above ever been evicted from a rental?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain and provide date(s) and Applicant #(from above):
Do you or any member of your household above currently possess a current Section 8 Voucher or Certificate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If Yes, Is the Voucher/Certificate transferable? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you or any member of your household above ever filed for Bankruptcy?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list member # and provide date(s) of bankruptcy:
Do you or any member of your household above plan to have pets in the unit?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please explain pet details:
Do you or any member of your household above require special accommodations?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list member # and explain what accommodations you require:
Do you or anyone in your household require a live-in care attendant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list member # _____. Name of Live-in aid:
Do you or any member of your household above have custody arrangement of any child (ren) listed above?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list member # and explain custody arrangements?
Do you or any member of your household above smoke tobacco?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list member # and explain:
Do you or any member of your household above owe any apartment community money?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list member # and explain:
Do you or any member of your household above have renter's insurance?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please list member #, Insurance Company, Policy # and Agent Info:
Are you or any member of your household above (including minors) currently a Full-Time Student?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Do you or any member of your household above (including minors) anticipate becoming a Full-Time Student? YES <input type="checkbox"/> NO <input type="checkbox"/>

D. Income & Assets

Describe all Household Members' (from above) income from employment, self employment and/or any other source, including assistance.

Applicant Member Name:		Current Employer:			Phone: () -	
Job Title:	Salary/ Hourly Rate: \$ Dollar Amount	Hours per week	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Mthly	From (MM/YY)	To (MM/YY)	
Applicant Member Name:		Current Employer:			Phone: () -	
Job Title:	Salary/ Hourly Rate: \$ Dollar Amount	Hours per week	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Mthly	From (MM/YY)	To (MM/YY)	
Applicant Member Name:		Current Employer:			Phone: () -	
Job Title:	Salary/ Hourly Rate: \$ Dollar Amount	Hours per week	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Mthly	From (MM/YY)	To (MM/YY)	

Other Income Sources	Source Name, Address & Telephone No.	Gross Monthly	Member #
Social Security (SS, SSI, AFDC) or Other			
Social Security (SS, SSI, AFDC) or Other			
TOTAL MONTHLY INCOME FROM OTHER SOURCES:			ALL

Zero Income Verification:

Are **YOU** or **ANY ADULT** member of your household claiming zero (\$0) income? YES NO

Indicate which household member(s) here:

#1 #2 #3 #4 #5 #6 #7

Asset Source	Source Name, Address & Telephone No.	Value or Balance	Member #
Checking or Credit Union Banking			
Checking or Credit Union Banking			
Savings			
Savings			
Other:		Cash Value: _____	

Have you or any other member of your household, disposed of or given away ANY asset(s) for LESS than Fair Market Value within the last two years?

Amount: \$ _____ Explanation: _____ YES NO

Demographic Data

The following information is required to determine program utilization and for statistical purposes only.

This information will not affect the processing of this application.

Gender: Male Female Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

E. Certification - Signature & Consent

I declare under penalty of perjury under the laws of the State of Maryland that the information contained in this pre-application and any information or documents offered in support of this application are true and correct. I acknowledge that false information herein may constitute grounds for rejection of this pre-application and termination of any rights of occupancy and constitutes a criminal offense under the laws of this state. I recognize that, as part of the procedure for processing this application, an investigative consumer report will be prepared with information obtained thorough personal interviews with my landlord, neighbors, friends, and others with whom I am acquainted. This includes information as to my employment, income, character, general reputation, personal characteristics, and mode of living. A routine criminal records check will also be run. I authorize such investigation of myself, and any other applicant listed above on B. Household Composition as member of the household and the obtaining of a credit report.

NOTE: Qualifying as an income eligible household does not give you any lease or rental rights. You will be approved and offered a unit only when you have been presented with a written lease.

Applicant Signature (HOH) #1	Printed Name	Date
Applicant Signature (Other Adult/Co-Head) #2	Printed Name	Date
Applicant Signature (Other Adult) #3	Printed Name	Date
Applicant Signature (Other Adult) #4	Printed Name	Date

