

Habitat America, LLC, Management Company  
RESIDENT SELECTION CRITERIA  
For Tax Credit / Senior Properties

Property Name: TABCO TOWERS  
305 E Joppa Rd, Towson, MD 21286

Effective Date: April 26, 2021  
PH: 410-821-9220 TTY: 711

Thank you for applying to live at our community. This document is provided to you to explain the process we use to select our residents. Habitat America, LLC is an Equal Housing Opportunity provider. It is our policy to treat all residents and visitors at our properties fairly and consistently without regard to race, color, religion, sex, national origin, disability, familial status, sexual orientation, gender identity, marital status or source of income. This community and its employees comply with the provisions of Title VIII of the Civil Rights Act of 1968, the Fair Housing Amendments Act of 1988 (“Fair Housing Act”) and, to the extent applicable, the Americans with Disabilities Act. Furthermore this community complies with the State and Local fair housing regulations of the jurisdictions in which it is located.

**PROJECT ELIGIBILITY**

This community may be designated for a special population. Applicants must be adults and must meet the restrictions as indicated below in order to proceed with the application process.

**Senior** (Household in which one member is age 62 years or older)

Valid identification with a picture will be required (photo copy may be kept on file). Applicants must disclose social security numbers (SSN) for all family members. A valid SSN card issued by the Social Security Administration is the necessary documentation required. If a SSN card is not available the community will accept a letter from the Social Security Administration stating that a new card has been applied for. Where applicable an assigned Federal Identification Number may be used. United States Code Title 8, subsection 1324 (a) (1) (A) prohibits the harboring of illegal aliens. The provision of housing to illegal aliens is a fundamental component of harboring. All applicants will be required to provide proof of citizenship or legal immigration status.

**STUDENTS**

This community follows the student regulations written in Section 42 of the Internal Revenue Code. The regulation states that a household comprised of all full time students will not be eligible for this program. There are five exceptions to this rule. For more information contact the Community Manager.

**OCCUPANCY STANDARDS**

Habitat America, LLC has established occupancy standards to permit the resident to select the apartment size they deem appropriate to their needs while preventing overcrowding and underutilization of the apartment. The occupancy standard is based on 2 persons per bedroom plus one: No adult members can be added to the household in the first 12 months of occupancy.

Number of Bedrooms	Maximum # of Occupants Allowed
Efficiency	2
1	3

## INCOME REQUIREMENTS

The household's total gross annual income shall not exceed the property's applicable area median income as posted by HUD each year. All forms of household income must be disclosed. In addition, minimum income limits apply. Proof of all income and assets is required.

## TAKING APPLICATIONS

**The Application:** Each adult must complete and sign the Rental Application. An application cannot be processed unless it is fully complete. Applicants must list all members who will reside in the apartment unit and designate the number of bedrooms being requested. Apartments specially designed for the disabled will be marketed only to persons with disabilities. If an apartment is not available when the application is submitted, the applicant will be put on waiting list. The application will be fully screened and verified when an apartment becomes available for occupancy. Once the application is approved and the available unit accepted, the applicant will be required to sign a lease agreement in which applicant agrees to abide by all property rules and regulations. If assistance is needed in completing the application or lease documents, contact the Community Manager.

**Screening:** A report will be obtained through a commercial credit reporting agency which will determine the application accepted or denied. Rental history for the past 3 years will be verified and must indicate the ability to care for the property without damage and pay rent on time. Applicant must be able to establish the necessary utilities with the appropriate utility provider.

Background and criminal record checks will be conducted. An applicant will be denied if:

- Any household member has been evicted from Federally-assisted housing for drug-related criminal activity, or is currently engaging in the illegal use of a drug.
- There is a reasonable cause to believe that a household member's abuse or pattern of abuse of alcohol and/or an illegal drug may interfere with the health, safety, or right to peaceful enjoyment of the premises for other residents.
- Any household member has a history of drug-related criminal activity including but not limited to possession, usage, distribution, transport, sale, manufacture or storage of illegal drugs and/or drug paraphernalia, or conviction of any State or Federal laws relating to illegal drugs and/or paraphernalia.
- Any household member is subject to lifetime registration requirements under a state or federal sex offender registration program.
- Any other criminal history exists that would threaten the health, safety or peaceful enjoyment of the premises by other residents or the health and safety of the owner, employee, contractor, or agent who is involved in the housing operations.

If any information provided by the applicant proves to be untrue during the verification process, these applications will be denied on that basis.

**Rejection Procedures:** If an applicant disputes the accuracy of any information provided to the landlord by a screening service or credit reporting agency, the applicant may contact the screening company that supplied the information within 60 days of the denial to obtain a copy of screening results. The name, address and phone number of the screening company will be provided in the denial letter. The denial letter will advise the applicant that if they believe there are errors in their screening report, they have fourteen (14) days to respond in writing to request an appeal. Applicants who are denied must wait 60 days before reapplying at the community.

## SECTION 504

Habitat America, LLC developed a Section 504 Policy that addresses all reasonable accommodation requests for persons with disabilities. For more information on reasonable accommodation requests, contact the Community Manager.

### TABCO TOWERS

Security Deposit:	Minimum of \$250 to a Maximum of \$600 (depending on credit history)
Lease Term:	1 year
Utilities Included:	Electric, Water, Sewer and Trash

**Income Requirements & Rental Rates:** Total household income will be reviewed and verified for occupancy in our community in accordance with the following maximum and minimum income limits based on family composition. Voucher holders do not have a minimum income requirement but must meet all the other requirements. (Limits are subject to change)

<b>Floor Plan</b>	<b>Apt. Sq Ft</b>	<b>Rent Amt</b>	<b>Minimum Income</b>	<b>Maximum Income For Household Size</b>
<b>Efficiency 60%</b>	378	<b>\$957 - \$1,010</b>	\$22,968	1 person - \$44,160 2 people - \$50,460
<b>1 BR, 1 BA 60%</b>	464	<b>\$1,025 - \$1,238</b>	\$24,600	1 person - \$44,160 2 people - \$50,460 3 people - \$56,760

**Pet Policy:** Dogs, cats, birds, turtles and fish in small aquariums (20 -gallons max) are welcome. A maximum of two dogs, cats or birds in any combination are permitted in each apartment with a maximum weight of 35lbs. full grown. A non-refundable pet fee of \$300 will be required at move in. Management must see all pets prior to their move in and has the right to deny any pet that may violate the community rules and regulations or be a danger to the Community. Dog and Cat owners are required to present a copy of a current license and proof of current rabies inoculation at move in and annually. Dog owners must purchase and maintain renter's insurance coverage with a minimum of \$300,000 in liability coverage. A copy of the policy renewal must be given to management once a year. The policy must name the following as Certificate Holders: The name of the Community and Habitat America, LLC. This requirement is to protect the dog owner against liability claims in the event their dog causes injury to others. Dogs, specifically, "Pit bulls" or other perceived vicious breeds (including but not limited to Pit bull cross-breeds, Pit bull mix, American Staffordshire terrier, Staffordshire bull terrier) are not permitted on the property at any time. Visiting Pets, puppies / kittens under the age of six (6) months, and other reptiles are not permitted. Management has the right to revoke the privilege of having a pet if the pet policies are violated. Animals which are designated as assistance animals to the disabled are accepted with the appropriate documentation.

#### **Additional Credit Requirements:**

- Unpaid Gas & Electric Bills and Returned Checks are grounds for denial
- Medical Bills are excluded from consideration
- Discharged bankruptcies will be considered for a period of one year from date of application.
- Unfavorable landlord history will be grounds for denial unless verifiable extenuating circumstances exist.

#### **Additional Background Requirements:**

- Management will review 7 years of drug related criminal activity, felony convictions and history or pattern of misdemeanor convictions. These will be grounds for denial.

**Smoking/Fire Risk Reduction Policy:** Smoking will not be permitted in the units or anywhere on property grounds. Smoking is defined as carrying or inhaling or exhaling smoke from any lighted cigar, cigarette, e-cigarette, vaporizer, pipe or consumer product modified for smoking or any other lighted tobacco or plant product. All leaseholders will be required to sign a Non-smoking Lease Addendum agreeing to these rules prior to occupancy.

**Violence against Women Act**

The VAWA Act protects victims of domestic violence, dating violence or stalking, as well as their immediate family members generally, from being evicted or being denied housing assistance if an incident of violence that is reported and confirmed. The VAWA also provides that an incident of actual or threatened domestic violence, dating violence or stalking does not qualify as a serious or repeated violation of the lease nor does it constitute good cause for terminating the assistance, tenancy, or occupancy rights of the victim.

**If you need additional information concerning the Selection Criteria, please see the Community Manager. Please note this Resident Selection Criteria in its entirety is subject to change without notice.**

**Acknowledgment/Receipt:**

**By signing below I/We acknowledge that we were given and have received a copy of the Resident Selection Criteria for Tabco Towers. I/We also understand that the property owner may disclose the application status to any agency with program regulations applicable to the community.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Management**

\_\_\_\_\_  
**Date**





# WELCOME TO YOUR NEW APARTMENT HOME!

B/R Size:	App Fee:\$	Anticipated Move In Date:	Traffic Source:	Agent:	Date App. Received:
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## APPLICATION FOR AFFORDABLE HOUSING

**HOUSEHOLD MEMBER INFORMATION - Complete the following information for each household member that will occupy the unit at the time of move in & during next 12 month period - PLEASE PRINT**

	NAME Last, First, MI (Jr, Sr, Etc.)	Social Security Number	Sex M/F	Is this Person a Student?		Age	Birth Date MM/DD/YY	Race	Hispanic/ Non-Hispanic (Statistical Purposes Only)	List ALL States Ever Lived In
				YES	NO					
HEAD				YES	NO					
CO-H				YES	NO					
3.				YES	NO					
4.				YES	NO					
5.				YES	NO					
6.				YES	NO					
7.				YES	NO					

Do you expect any changes to the above listed household composition (size) in the next 12 months? If yes, explain:	YES	NO
Is there someone not listed above who would normally reside in the household? If yes, explain:	YES	NO
Will this be your only residence? If no, explain:	YES	NO
Are any household members currently receiving Section 8 assistance? If yes, is the assistance: (circle one) <b>Housing Choice Voucher</b> or <b>Property Based Section 8</b>	YES	NO
Are any household members on a waitlist for public housing or any other type of rental assistance? If yes, what agency has the member's name on its waiting list:	YES	NO

## RESIDENT HISTORY AND INFORMATION

### HEAD OF HOUSEHOLD

CURRENT ADDRESS & PHONE #	Landlord/Mortgage Name & Address	Monthly Payment	Occupancy Dates
		Rent \$	From:
City:		Mortgage \$	To:
State, Zip:	City, State, Zip:		
Phone#	Phone#	Applicant Email:	
PREVIOUS ADDRESS (if less than 3 years)	Landlord/Mortgage Name & Address	Monthly Payment	Occupancy Dates
		Rent \$	From:
City:		Mortgage \$	To:
State, Zip:	City, State, Zip:		
Phone#	Phone#		

### OTHER ADULT HOUSEHOLD MEMBER (if additional space is needed, please use blank page and attach)

CURRENT ADDRESS & PHONE #	Landlord/Mortgage Name & Address	Monthly Payment	Occupancy Dates
		Rent \$	From:
City:		Mortgage \$	To:
State, Zip:	City, State, Zip:		
Phone#	Phone#	Applicant Email:	

### EMERGENCY CONTACT INFORMATION

NAME:	ADDRESS:	PHONE:	RELATIONSHIP:
1.			
2.			

### VEHICLE INFORMATION

MAKE/MODEL:	PLATE #:	COLOR:	YEAR:

## ADDITIONAL INFORMATION

Is any household member listed above subject to a registration requirement under a state sex offender registration program? If so, please list the household member's name here:	YES	NO
Have you or any household member listed above ever been evicted or foreclosed from any housing? If yes, describe:	YES	NO
Have you or any household member listed above ever filed for bankruptcy? If yes, Date of Discharge:	YES	NO
Is any member of the household listed above a Veteran?	YES	NO
Is any member of the household listed above disabled? If yes, does this household member require any specific accommodations? If yes, select one: _____ Hearing Accessible      _____ Mobility Accessible      _____ Visually Accessible	YES	NO

**STATEMENT OF ANTICIPATED INCOME: For the next 12 months**

**Do you or any household member receive or expect to receive income from:**

Receive Yes or No		INCOME SOURCE TYPE:	Estimated GROSS Monthly Amount	Name of HH Member(s) Who Receives this Income	How is the money received? (Circle one payment source)
YES	NO	Employment Income (Full-time, Part-Time or Seasonal)	\$		Direct Deposit
		Employer Name: _____ Date of Hire: _____			Check
		Employer Name: _____ Date of Hire: _____			Pre-paid Card
		Employment Income (Full-time, Part-Time or Seasonal)	\$		Check
		Employer Name: _____ Date of Hire: _____			Pre-paid Card
		Employer Name: _____ Date of Hire: _____			Cash
YES	NO	Social Security	\$		Direct Deposit
					Pre-paid Card
					Cash
YES	NO	Social Security Supplement – SSI	\$		Direct Deposit
					Pre-paid Card
					Cash
YES	NO	Social Security Disability – SSDI	\$		Direct Deposit
					Pre-paid Card
					Cash
YES	NO	Pension Plan Benefits	\$		Direct Deposit
					Pre-paid Card
					Cash
YES	NO	Veterans Benefits - VA	\$		Direct Deposit
					Pre-paid Card
					Cash
YES	NO	Self-Employment Income	\$		Direct Deposit
					Pre-paid Card
					Cash
YES	NO	Annuities, IRA or other Retirement	\$		Direct Deposit
					Pre-paid Card
					Cash
YES	NO	Gifts/Contributions from Outside Source	\$		Direct Deposit
					Pre-paid Card
					Cash
YES	NO	Military Pay	\$		Direct Deposit
					Pre-paid Card
					Cash
YES	NO	Does anyone work for a person who pays in cash	\$		Direct Deposit
					Pre-paid Card
					Cash
YES	NO	Unemployment/Workman's Comp/Disability	\$		Direct Deposit
					Pre-paid Card
					Cash
YES	NO	TCA, TANF, General Assistance Benefits (not food stamps)	\$		Direct Deposit
					Pre-paid Card
					Cash
YES	NO	Child Support, Alimony or Spousal Support It is Court Ordered: Yes or No	\$		Direct Deposit
					Pre-paid Card
					Cash
YES	NO	Is anyone on Leave of absence from work due to Lay-Off, Medical, Family Leave Act, Military Leave or other	\$		Direct Deposit
					Pre-paid Card
					Cash
YES	NO	Other income from sources not mentioned above	\$		Direct Deposit
					Pre-paid Card
					Cash

**STATEMENT OF ASSET INFORMATION:**

**Do you or any household member listed above have the following assets? Please list current value(s) below**

Have (Yes or No)		Asset Type	Current Value of this Asset	Annual Interest Income from this Asset	Name of Household Member Who has the asset(s)
YES	NO	Checking Account (s) # of Accounts: _____	\$	\$	
YES	NO	Savings/Money Market Accts. # of Accounts: _____	\$	\$	
YES	NO	Certificate of Deposit (CD) # of Accounts: _____	\$	\$	
YES	NO	IRA or Annuities # of Accounts: _____	\$	\$	
YES	NO	401K, 403B, 457A, etc. # of Accounts: _____	\$	\$	
YES	NO	Any other Retirement Accts. # of Accounts: _____	\$	\$	
YES	NO	Savings Bonds/Treasury Bills/ Stocks # Owned: _____	\$	\$	
YES	NO	Trust Fund(s) # of Accounts: _____	\$	\$	

**STATEMENT OF ASSET INFORMATION CONTINUED:**

YES	NO	Whole/Universal Life Insurance Policies # of Policies: _____	\$	\$		
YES	NO	Does anyone own any Burial Plot(s)	\$	\$		
YES	NO	Does anyone own any property or have equity in any real estate? (Homes, Mobile Homes, Land, Condos, Time Share, Commercial Rental or Other Rental Property)  If the property is owned, Is it for sale? <b>YES NO</b>	\$	\$		
YES	NO	Does anyone receive Rental Property Payments or Note Receivable	\$	\$		
YES	NO	Do you own collections (gems, art, coins, etc.) or any other property which is held as an investment	\$	\$		
YES	NO	Have you received or expecting to receive any <u>LUMP SUM PAYMENTS</u> from: Social Security Delayed payments, inheritances, capital gains, one-time lottery winnings, victims restitution, worker's compensation, disability or any type of insurance claims/settlements	\$	\$		
YES	NO	Do you have Cash on Hand	\$	\$		
YES	NO	Any other assets not listed above	\$	\$		
Does your total assets value \$5,000 or more?					YES	NO
Does any member of the household have an asset(s) owned jointly with a person who is <b>NOT</b> a member of the household? If yes, please explain:					YES	NO
Have you sold any property within the last two years? If yes, please explain:					YES	NO
Have you disposed of (given away) any assets within the last two years? If yes, please explain: Date asset(s) was disposed of (given away): _____ The asset(s) I/We disposed of (gave away) was: _____ The Fair Market Value of the asset(s) disposed of (gave away) was: \$ _____ The amount received for the asset I/We Disposed of (if any): \$ _____					YES	NO

**STUDENT INFORMATION – Higher Education**

**Definition of a higher education student** is any person enrolled (part-time or full-time) in an institution (tech school, college, university, etc.) for the purposes of earning a degree, certificate or other program leading to a recognized educational credential.

Is any household member <u>currently</u> a student of higher education?	YES	NO
Was any household member a student of higher education for any 5 calendar months of this year?	YES	NO
Does any household member plan to become a full-time student of higher education in the next calendar year?	YES	NO
Are <b>ALL</b> of the persons in this household Full-time Student(s)?	YES	NO

If yes to any of above, who is (or was) enrolled? \_\_\_\_\_ Name of School: \_\_\_\_\_

How is the education paid for? \_\_\_\_\_ What is the cost of Tuition per semester? \$ \_\_\_\_\_

### MEDICAL EXPENSES

Type of Expenses	Family Member Who Pays	Monthly Amount

### PET & ASSISTANCE ANIMALS

Please review the property pet/assistance animal rules. The presence of any animal must be approved before the animal is allowed to be kept in the unit.

Do you plan to house an Animal? YES \_\_\_\_\_ NO \_\_\_\_\_ If Yes, Provide the following information:

Animal Type (dog, cat, bird, etc.)	Breed (if applicable)	Weight (full grown)	Is the animal a Service animal required to assist with a disability?	
			YES	NO
			YES	NO

### FRAUD STATEMENT

Title 18 Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security numbers are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violations of these provisions are cited as violations of 42 U.S.C. Section 408 (a) (6), (7) and (8)

### RESIDENT'S STATEMENT

WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE MY ELIGIBILITY FOR RESIDENCY. I/WE AUTHORIZE THE OWNER/MANAGER TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION/CERTIFICATION AND MY/OUR SIGNATURE IS CONSENT TO OBTAIN SUCH VERIFICATIONS. I/WE UNDERSTAND THAT SCREENING WILL BE COMPLETED BY A CREDIT REPORTING AGENCY IN ACCORDANCE WITH TENANT SELECTION PLAN. I/WE CERTIFY THAT I/WE HAVE REVEALED ALL INCOME AND ASSETS AND ASSETS DISPOSED. I/WE FURTHER CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION/CERTIFICATION ARE TRUE AND COMPLETE TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF AND ARE AWARE THAT FALSE STATEMENTS ARE PUNISHABLE UNDER FEDERAL LAW. I/WE UNDERSTAND THAT ANY INCOMPLETE APPLICATION WILL NOT BE PROCESSED.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CO-TENANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CO-TENANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF CO-TENANT

\_\_\_\_\_  
DATE

### OWNER'S SIGNATURE

SIGNATURE OF OWNER'S/MANAGEMENT AGENT  
AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

DATE \_\_\_\_\_

Habitat America, LLC is an Equal Housing Opportunity provider. It is our policy to treat all residents and visitors fairly and consistently without regard to race, color, religion, sex, national origin, disability, familial status, sexual orientation, gender identity or marital status. Habitat America, LLC and its employees comply with the provisions of Title VIII of the Civil Rights Act of 1968, the Fair Housing Amendments Act of 1988, and, to the extent applicable, the Americans with Disabilities Act. Furthermore this community complies with the State and Local fair housing regulations of the jurisdictions in which it is located.



Rev: 07/08/2021



**APPLICANT or CO-SIGNER CONSENT**

“I hereby authorize Tabco Towers to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment salary details, and/or any other necessary information.”

“I hereby expressly release Tabco Towers, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state and/or federal government agencies, including without limitation, various law enforcement agencies.”

“I understand that should I lease an apartment, Tabco Towers, through its agents, assignees and employees, shall have a continuing right to review my consumer report information, rental application, payment history and occupancy history for account review purposes, future renewal consideration, collection purposes and for improving application methods.”

\_\_\_\_\_  
Applicant or Co-signer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant or Co-signer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant or Co-signer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant or Co-signer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Manager/Agent's Signature

\_\_\_\_\_

**PRIVACY PROTECTION ACT LETTER (Maryland)**

Tabco Towers  
(Property Name)

**NOTICE OF DISCLOSURE FOR APPLICATION**

As provided by the Maryland Personal Information Protection Act of 2008, anyone who is requested to provide personal information about himself must be informed whether he/she is legally required to provide such information, or whether he/she may refuse to supply the information requested. As an applicant for housing he/she is required to provide certain information that will enable Habitat America, LLC to complete the eligibility process for Section 42 Low Income Housing Tax Credit Program or other federal housing programs.

A Photostat or facsimile copy of your signature may be used to retrieve information required to determine gross annual income. It may be used to verify information listed on our application or re-certifications for the purpose of approval and/or retrieval of income and asset information during the compliance period of the property, deemed necessary for the Section 42 Low Income Housing Tax Credit Program or other federal housing program guidelines set forth for this property.

Your signature below indicates authorization to request verifications of necessary information concerning any income or asset sources by phone, fax or Photostat copy of this form, along with the necessary identifying verification form during the declared compliance period of this property.

The information requested will be used to determine an adjusted annual income, which you and your family receive from all income sources. This is necessary because the Rules and Regulations adopted pursuant to the Authority conferred on the Maryland Department of Housing and Community Development limit eligibility for initial occupancy to families whose adjusted income does not exceed certain established limits. In addition, it is necessary to know the composition of your family (number of dependents) so that the proper size of dwelling unit may be authorized for you and your family.

Although you are not legally required to provide the information requested, your failure to do so will result in our inability to determine your eligibility for housing in this development.

This paperwork is retained in your file and is subject to audits by Maryland Department of Housing and Community Development, 7800 Harkins Road, Lanham, Maryland, 20706. It is possible that information provided by you will be revealed to others for the purpose of confirmation or for other purposes in accordance with the Maryland Freedom of Information Act, but any information so supplied is subject to the safeguards of the Maryland Personal Information Protection Act.

My/Our signature(s) below indicate my/our acceptance of the application for occupancy in its entirety.

\_\_\_\_\_  
Applicant #1 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #2 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant #3 Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Agent Habitat America, LLC

\_\_\_\_\_  
Date

