

STOP

ENSURE YOU ARE COMPLETING THE CORRECT
APPLICATION

THIS APPLICATION IS FOR
RENTAL HOUSING
OWNED AND MANAGED BY ACDS

IF YOU ARE IN NEED OF
RENT PAYMENT ASSISTANCE,
PLEASE COMPLETE THE APPLICATION FOUND AT
THE LINK BELOW:

[EVICTON PREVENTION / RENT ASSISTANCE
APPLICATION](#)



Re: Rental Application

Dear Applicant:

Thank you for expressing an interest in renting from Arundel Community Development Services, Inc. Please complete the enclosed application and return to our office as soon as possible with the following items for each applicant:

- Copy of the Employment Verification form enclosed, signed by your employer;
- Last year's tax return;
- Copy of three most recent pay stubs;
- Checking and savings account statements for the last three months;
- Completed Budget Worksheet, enclosed;
- Copy of vehicle registration & insurance;
- Copy of Driver's License & Social Security Card of each person residing in the home;
- The Rental History Verification form enclosed, signed by your previous landlord; and
- **A non-refundable \$25.00 application fee for each applicant** (money order, certified check or cash only)

ATTN: Lauren Gentry, Assistant Program Specialist
Arundel Community Development Services, Inc.
2666 Riva Road, Suite #210
Annapolis, MD 21401

If you should have questions regarding the application, relocation benefits or tenancy please feel free to contact me at 410-222-7603.

Sincerely,

Lauren Gentry
Assistant Program Specialist

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Enclosures

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Dear Applicant:

Please note that ACDS has received federal funds for the purpose of acquiring and rehabilitating the property located at _____. Because federal funds were used to acquire and rehabilitate this unit, the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, (URA) applies to tenants in residence at the time of application. However, as a new tenant, you will not be eligible for relocation benefits under the URA.

This notice is to inform you of the following information before you enter into any lease agreement and occupy the unit at the above address:

- ACDS intends to sell the unit in seven to ten years.
- Tenants are subject to income eligibility requirements.
- You may be subject to rent increases.
- You will be subject to all terms and conditions of the lease.
- You will not be entitled to any relocation benefits provided under the URA. If you have to move as a result of a rent increase or the sale of the property, you will not be reimbursed for any costs or expenses incurred by you in connection with the move.

Please read this notification carefully prior to signing the lease for the unit at the above address. Once you have read this letter and understand the contents of this letter, please sign the statement below and return a copy to me if you still desire to rent this unit.

If you have any questions concerning this letter, please call me at (410) 222-7603.

Sincerely,

Lauren Gentry
Assistant Program Specialist

I hereby certify that I have read and fully understand this letter.

Applicant Signature

Date

Co-Applicant Signature

Date



Arundel Community Development Services, Inc.

2666 Riva Road, Suite 210, Annapolis, Maryland 21401

www.acdsinc.org

(410) 222-7600

rentals@acdsinc.org

RENTAL APPLICATION

Please provide a \$25.00 application fee per applicant with this application. This nonrefundable payment will be used to defray the cost of processing this application.

APPLICANT INFORMATION		
Full Name:		
Date of Birth:	E-mail Address:	
Social Security Number:	Driver's License Number:	
Home Phone:	Work Phone:	Cell Phone:

CO-APPLICANT INFORMATION		
Full Name:		
Date of Birth	E-mail Address:	
Social Security Number:	Driver's License Number:	
Home Phone:	Work Phone:	Cell Phone:

LIST ADDITIONAL PERSONS INTENDING TO RESIDE IN THE PROPERTY	
Name:	
Age:	Relationship:
Name:	
Age:	Relationship:
Name:	
Age:	Relationship:

RESIDENTIAL HISTORY (LAST 3 YEARS)		
Current Address:		
City:	State:	Zip:
Number of Years at this Address:	Dates:	Rent Amount:
Reason for Leaving:		
Landlord:	Telephone Number:	

Previous Address:		
City:	State:	Zip:
Number of Years at this Address:	Dates:	Rent Amount:
Reason for Leaving:		
Landlord:	Telephone Number:	

RESIDENTIAL HISTORY (LAST 3 YEARS) continued		
Previous Address:		
City:	State:	Zip:
Number of Years at this Address:	Dates:	Rent Amount:
Reason for Leaving:		
Landlord:		Telephone Number:

APPLICANT EMPLOYMENT INFORMATION		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Unemployed*
Employer:		
Business Address:		
Business Telephone Number:	Supervisor's Name:	
Position:	Length of Employment:	
Gross Monthly Income:	Yearly Income:	
<i>If employed less than one year, provide the name and telephone number of your previous employer:</i>		
*Unemployed, list all sources of income and amounts:		

CO-APPLICANT EMPLOYMENT INFORMATION		
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Unemployed*
Employer:		
Business Address:		
Business Telephone Number:	Supervisor's Name:	
Position::	Length of Employment	
Gross Monthly Income:	Yearly Income:	
<i>If employed less than one year, provide the name and telephone number of your previous employer:</i>		
*Unemployed, list all sources of income and monthly amounts:		

ADDITIONAL SOURCES OF HOUSEHOLD INCOME (Example: alimony, child support, social security, etc.)	
Income Source:	Monthly Amount:
Income Source:	Monthly Amount:

CREDIT HISTORY		
Have you declared bankruptcy in the past seven (7) years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been evicted from a rental residence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you had two or more late rental payments in the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever willfully or intentionally refused to pay rent when it was due?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

BANKING INFORMATION			
Name of Bank or Financial Institution:			
<input type="checkbox"/> Checking	Balance:	<input type="checkbox"/> Savings	Balance:
Name of Bank or Financial Institution:			
<input type="checkbox"/> Checking	Balance:	<input type="checkbox"/> Savings	Balance:
Name of Bank or Financial Institution:			
<input type="checkbox"/> Checking	Balance:	<input type="checkbox"/> Savings	Balance:

PERSONAL REFERENCES	
Name:	
Relationship:	Telephone Number:
Name:	
Relationship:	Telephone Number:
Name:	
Relationship:	Telephone Number:

EMERGENCY CONTACT	
Name:	Relationship:
Address:	City, State, Zip:
Telephone:	

PLEASE PROVIDE THE FOLLOWING INFORMATION ON THE AUTOMOBILES THAT WILL BE PARKED AT THE RENTAL UNIT			
Make/Model:	Color:	Year:	License Plate #:
Make/Model:	Color:	Year:	License Plate #:

ADDITIONAL INFORMATION	
Is any member of your household disabled or handicapped?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain:	
Please provide any additional information that might assist the owner in evaluating this application.	

How did you hear about us?	<input type="checkbox"/> ACDS Website	<input type="checkbox"/> Sign at Property
	<input type="checkbox"/> Current / Previous Tenant	<input type="checkbox"/> Housing Commission
	<input type="checkbox"/> Craigslist	<input type="checkbox"/> Other - Explain: _____
	<input type="checkbox"/> Other Online Source - Explain- _____	

OPTIONAL STATISTICAL DATA - APPLICANT ONLY

APPLICANT I do not wish to furnish this information. _____ (initial)

The rental unit is open to all residents regardless of race, national origin, sex, disability, familial status and religion. However, the rental unit is funded in part by the U. S. Department of Housing and Urban Development (HUD) and the demographic information being collected below is for HUD data collection standards, monitoring and auditing purposes, as required by HUD, and is not for public dissemination. Providing this information is voluntary.

ETHNICITY OF APPLICANT ☐ Hispanic ☐ Not Hispanic **SEX OF APPLICANT** ☐ Male ☐ Female

RACE OF APPLICANT

Single Race

☐ American Indian/Alaskan Native ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Asian

Multi-Race

☐ American Indian or Alaskan Native and White ☐ Asian and White ☐ Black or African American and White
☐ American Indian or Alaska Native and Black or African American ☐ Other Multiple Races

RENTAL PROVISIONS

This application is subject to the approval of the owner of the property.

A base Security Deposit equal to one month's rent is required at the time of execution of the lease. A copy of the lease will be provided prior to execution of the final lease.

Upon approval of this application by the Owner and the execution of the lease, this application shall be incorporated into and shall be deemed to be a part of the lease entered into between you and the owner.

It is understood and agreed that the information set forth by you in this application constitutes a material basis and inducement for the owner to approve the application and to enter into a written lease with you. Therefore, it is understood and agreed that if you give any untrue or incorrect information on this application or omit any material information, such untrue or incorrect information or omission shall be deemed to be a breach of the written lease, creating a right by the owner, as lessor, at its option, to cancel the lease and to repossess the leased premises in the manner provided by Maryland Law.

AUTHORIZATION

I/We hereby apply to lease the premises located at _____ for the term and upon the set conditions as detailed within the lease and as above set forth. I/We understand and agree that the rent is due and payable on the first day of each month in advance. As an inducement to Arundel Community Development Services, Inc. to accept this application, I/we warrant that all statements above set forth are true. Should any statement made above be a misrepresentation or not a true statement of facts, this application shall be voided.

I/We hereby give permission to Arundel Community Development Services, Inc. to check credit and criminal background. I/We further understand that by giving consent, Arundel Community Development Services, Inc. or its agent will investigate past tenancies, employment, character, reputation, and/or any other items deemed necessary to evaluate the applicant(s).

AUTHORIZATION (continued)

Under Section 606B of the Fair Credit and Reporting Act, I/we understand that I/we may make a written request within a reasonable time for a complete and accurate disclosure of the nature and scope of any investigation.

I/We certify that I/we intend to occupy, as my/our principal residence, the property for which the above information is being collected.

Printed Name of Applicant

Applicant's Signature

Date

Printed Name of Co-Applicant

Co-Applicant's Signature

Date

MARYLAND PUBLIC INFORMATION ACT

Information on this form is being requested by Arundel community Development Services, Inc. in order to comply with the federal regulations under the Community Development Block Grant Program and the HOME Investment Partnerships Program. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State government Article, Sections 10-611 et. seq. of the Annotated Code. This information will be disclosed to the appropriate staff of the Corporation or to public officials for purposes directly connected with administration of the program for which its use is intended. Such information is routinely shared with state, federal or local government agencies. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

EQUAL HOUSING OPPORTUNITY

Arundel Community Development Services, Inc. adheres to all federal, state and local Fair Housing Laws. We lease to any qualified resident and do not discriminate because of race, color, religion, sex, national origin, handicap status, age, marital status, sexual orientation, familial status or any other protected group under local, state or federal law.

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BUDGET WORKSHEET

MONTHLY INCOME	
Salary/Social Security/Unemployment/Etc.	\$
Child Support/Alimony Received	\$
Food Stamps/SSI	\$
Monthly Gifts Received	\$
Other (specify)	\$
Total Income	\$

CURRENT HOUSING EXPENSES	CURRENT AVERAGE MONTHLY PAYMENT
Rent	\$
Utilities (if paid separately)	\$
CURRENT NON-HOUSING EXPENSES	
Food	\$
Clothing	\$
Day Care/Tuition	\$
Car Loan	\$
Car Insurance	\$
Gas and Oil	\$
Car Repairs	\$
Health Care	\$
Credit Card Payments	\$
Installment Loan Payments	\$
Student Loan Payments	\$
Alimony/Child Support Paid	\$
Entertainment	\$
Taxes	\$
Telephone	\$
Insurance (other than car)	\$
Other (specify)	\$
Other (specify)	\$
Savings	\$
Total Housing & Non-Housing Expenses	\$

Total Income minus (-) Total Housing/Non-Housing Expenses	\$
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RENTAL HISTORY VERIFICATION

Landlord/Property Management Company Name

Address

RE: _____

Tenant Name

Rental Address

I authorize you to furnish any information requested. Please complete the bottom portion of this request and return to the address below:

ARUNDEL COMMUNITY DEVELOPMENT SERVICES, INC.
2666 Riva Road, Suite 210, Annapolis, Maryland 21401
Fax: (410) 222-7619 / E-Mail: Rentals@acdsinc.org

Thank you for your cooperation and assistance,

Applicant's Signature

Date

MOVE IN DATE: _____ MOVE OUT DATE: _____ MONTHLY RENT: _____

NO. OF PERSONS IN FAMILY: _____ PET(S): ☐ YES ☐ NO

IS RENT CURRENTLY IN THE ARREARS: ☐ YES ☐ NO AMOUNT: _____

DATE OF LAST DELINQUENCY: _____ # OF TIMES RENT PAID 30 DAYS LATE: _____

WERE ANY COMPLAINTS MADE AGAINST THE TENANT:

☐ YES ☐ NO IF YES, PLEASE EXPLAIN: _____

DID YOU RETURN THE FULL SECURITY DEPOSIT:

☐ YES ☐ NO IF NO, PLEASE EXPLAIN: _____

WOULD YOU RENT TO TENANT AGAIN: ☐ YES ☐ NO

NAME AND TITLE

SIGNATURE

DATE

PHONE NUMBER

E-MAIL ADDRESS

Arundel Community Development Services, Inc.
REQUEST FOR EMPLOYEE VERIFICATION

RENTAL PROGRAM

TO: Employer's Name & Address

FROM: Applicant's Name & Current Address

I authorize you to furnish any information requested. Please complete the bottom portion of this request and return directly to the address below:

ARUNDEL COMMUNITY DEVELOPMENT SERVICES, INC.
2666 Riva Road, Suite 210, Annapolis, MD 21401
Fax: (410) 222-7619 E-Mail: Rentals@acdsinc.org

Thank you for your cooperation and assistance,

Applicant's Signature

Applicant's Social Security Number

To be completed by employer:

Dates of Employment: From _____ To _____

Title or Position of Employee: _____

CURRENT Wages/Salary: \$_____ (check one)
☐ hourly ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ yearly

Average # of regular hours per week: _____ Year-to-Date Earnings: \$_____

Overtime Rate: \$_____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$_____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$_____ (check one)
☐ hourly ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ yearly

IF APPLICANT IS PRESENTLY EMPLOYED BY YOU:

Probability of continued employment: _____

Probability of pay increase: _____

Stability - is position normally subject to layoffs?: _____

Comments: _____

Employers Printed Name

Title

Phone

Employers Signature

E-Mail

Date

Arundel Community Development Services, Inc.
REQUEST FOR EMPLOYEE VERIFICATION

RENTAL PROGRAM

TO: Employer's Name & Address

FROM: Applicant's Name & Current Address

I authorize you to furnish any information requested. Please complete the bottom portion of this request and return directly to the address below:

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Applicant's Social Security Number

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Dates of Employment: From _____ To _____

Title or Position of Employee: _____

CURRENT Wages/Salary: \$_____ (check one)
☐ hourly ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ yearly

Average # of regular hours per week: _____ Year-to-Date Earnings: \$_____

Overtime Rate: \$_____ per hour Average # of overtime hours per week: _____

Shift Differential Rate: \$_____ per hour Average # of shift differential hours per week: _____

Commissions, bonuses, tips, other: \$_____ (check one)
☐ hourly ☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly ☐ yearly

IF APPLICANT IS PRESENTLY EMPLOYED BY YOU:

Probability of continued employment: _____

Probability of pay increase: _____

Stability - is position normally subject to layoffs?: _____

Comments: _____

Employers Printed Name

Title

Phone

Employers Signature

E-Mail

Date