STOP

ENSURE YOU ARE COMPLETING THE CORRECT APPLICATION

THIS APPLICATION IS FOR
RENTAL HOUSING
OWNED AND MANAGED BY ACDS

This is NOT the application for the
MPDU Program.
For more information, follow the link below:
https://acdsinc.org/mpduprogram/

This is NOT the application for the
Eviction Prevention Program
For more information, follow the link below:
https://acdsinc.org/housing-resources/renters/acds-eviction-prevention-program/

Arundel Community Development Services, Inc.

Dear Applicant(s):

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 to be signed by your employer;
- Last year's tax return statement;
- Signed Fair Change Housing Act Criminal History Screening Process Form, enclosed;
- Signed Relocation Form, enclosed;
- Copies of three most recent paystubs;
- Checking and Savings account statements for the last three months;
- Completed Budget Worksheet, enclosed;
- Copy of vehicle registration and insurance;
- Copy of Driver's License or State Issued ID; as well as a Social Security Card of EACH person who will be residing in the home;
- The Rental History Verification form enclosed and signed by your current and any previous landlords for up to the last 3 years of residency;
- A non-refundable $25.00 application fee (certified check, money order, or exact cash) for EACH applicant. Please make certified check and money order payments payable to Arundel Community Development Services, Inc.

  ATTN: Crystal Neese, Property Management Assistant
  Arundel Community Development Services, Inc.
  2666 Riva Road, Suite 210
  Annapolis, MD 21401

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

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,

Crystal Neese

Crystal Neese
Property Management Assistant

cln
Enclosures

EQUAL HOUSING OPPORTUNITY

Notice to Applicants:

Fair Chance Housing Act Criminal History Screening Process

In accordance with the Maryland Fair Chance Housing Act, this notice is provided to explain how your criminal history record will be screened as part of your housing application. This process ensures that your application will be reviewed fully and fairly. This notice must be provided before you pay an application fee. Read the process below to understand how your eligibility will be determined:

1) Prequalification

This step includes the landlord's routine tenant screening, including checking your credit history, employment, income, payment delinquencies, bankruptcies, etc. This step does not screen for conviction history.

However, the landlord can ask you to disclose whether you have any of the following convictions under the Maryland Criminal Law Article, which may be grounds for a denial:

- Child Pornography Crimes under §11-207
- First or Second-Degree Murder under §2-201 or §2-204
- Human Trafficking under §3-1102
- Sex offenses under Title 3, Subtitle 3
- Out-of-state or federal equivalents of any of the above

You can also be asked to disclose:

- Whether you are currently required or have ever been required to register on a sex offender registry in Maryland or any other state.

If you are applying to live in federally assisted housing, you can also be asked to disclose if you have a conviction for:

- Producing, manufacturing, distributing, or dispensing methamphetamine in federally assisted housing.

2) Conditional Offer and Criminal Background Check

If you pass the prequalification stage, you will be given a "Conditional Offer" of housing. A conditional offer is not a final offer for housing. It is a contingent upon the limited criminal history background check permitted under the Fair Chance Housing Act.

The following convictions can be the basis for a denial of a conditional offer:

- A felony conviction within the past five years,
- Convictions from the prequalification stage that were not disclosed, and
- Any out-of-state equivalents

3) Approval OR Denial and Right to Request a Reassessment

Your application may be approved, or the conditional offer may be withdrawn. If the conditional offer is withdrawn, the following needs to happen:

- The landlord will provide you with a written notice that includes the specific reason(s) why the conditional offer was withdrawn.
- Within 30 days of receiving the written notice, you can request that the landlord provide a copy of all of the information they used to when considering your application, including criminal history records.
- Landlords must provide a response within 10 days of receiving the request.

If your application is denied, you have the right to request an individualized assessment. You must request an individualized reassessment in writing.

4) Reassessment

The Maryland Department of Housing and Community Development's Office of Tenant and Landlord Affairs (OTLA) has created a worksheet that you can use to guide your individualized assessment request.

The housing provider is not required to use the OTLA worksheet and can ask you to use a form they provided. However, the OTLA worksheet can help guide you in deciding what information to provide in your individualized assessment request.

If you do not use the OTLA worksheet, your individualized assessment request must be signed under penalty of perjury.

I acknowledge that I received this notice before paying an application fee.

Applicant Signature	Date
Co-Applicant Signature	Date

Arundel Community Development Services, Inc.

Landlord Agent Signature and Title	Date

Arundel Community Development Services, Inc.

Dear Applicant(s):

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,
Crystal Neese
Crystal Neese
Property Management Assistant

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

_____ _____
Applicant Signature Date

_____ _____
Co-Applicant Signature Date

EQUAL HOUSING OPPORTUNITY

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		
☐ Full Time	☐ Part Time	☐ Unemployed*
Employer:		
Business Address:		
Business Telephone Number:	Supervisor's Name:	
Position:	Length of Employment:	
Gross Monthly Income:	Yearly Income:	
If employed less than one year, provide the name and telephone number of your previous employer:		
*Unemployed, list all sources of income and amounts:		

CO-APPLICANT EMPLOYMENT INFORMATION		
☐ Full Time	☐ Part Time	☐ Unemployed*
Employer:		
Business Address:		
Business Telephone Number:	Supervisor's Name:	
Position::	Length of Employment	
Gross Monthly Income:	Yearly Income:	
If employed less than one year, provide the name and telephone number of your previous employer:		
*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?	☐ Yes	☐ No
Have you ever been evicted from a rental residence?	☐ Yes	☐ No
Have you had two or more late rental payments in the past year?	☐ Yes	☐ No
Have you ever willfully or intentionally refused to pay rent when it was due?	☐ Yes	☐ No

BANKING INFORMATION			
Name of Bank or Financial Institution:			
☐ Checking	Balance:	☐ Savings	Balance:
Name of Bank or Financial Institution:			
☐ Checking	Balance:	☐ Savings	Balance:
Name of Bank or Financial Institution:			
☐ Checking	Balance:	☐ 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
Please provide any additional information that might assist the owner in evaluating this application.

How did you hear about us?		
	☐ ACDS Website	☐ Sign at Property
	☐ Current / Previous Tenant	☐ Housing Commission
	☐ Craigslist	☐ Other – Explain:_____
	☐ 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 age, ancestry, citizenship, color, creed, disability, familiar status, gender identity or expression, marital status, national origin, occupation, religion race, sex, sexual orientation and source of income. 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.

AUTHORIZATION (continued)

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).

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 age, ancestry, citizenship, color, creed, disability, familiar status, gender identity or expression, marital status, national origin, occupation, religion, race, sex, sexual orientation and source of income or any other protected group under local, state or federal law.

RENTAL HISTORY VERIFICATION

Arundel Community Development Services, Inc.

_____
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

RENTAL HISTORY VERIFICATION

Arundel Community Development Services, Inc.

_____
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:_____

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❑ 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

RENTAL HISTORY VERIFICATION

Arundel Community Development Services, Inc.

_____
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

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:

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

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

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	**$**