

**Habitat America, LLC, Management Company**  
**RESIDENT SELECTION CRITERIA**  
**811 PRA Program**

**Property Name: Flamingo Place Apartments**  
**Address: 3934 Flamingo Place, Baltimore, MD 21211**

**Effective Date: April 22, 2021**  
**Phone: 410-554-9777 TTY: 711**

Thank you for applying to live at our community. This document is provided 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.

Special population restrictions apply to this community: Section 811 PRA program.

Valid identification will be required (photo-copy may be kept on file). All applicants will be required to show proof of age at the time of application. Proof of Age includes but is not limited to U.S. Passport, U.S. Birth Certificate, Social Security Administration Benefits printout and/or Temporary Resident Card, etc. Applicants must disclose social security numbers (SSN) for all family members and submit acceptable documentation as proof. Acceptable documentation is a valid SSN card issued by the Social Security Administration (SSA) or a letter from SSA that a social security number has been assigned, but a card has not yet been issued. This requirement applies to all applicants and family members except those individuals who do not contend eligible immigration status or applicants who are age 62 or older as of January 31, 2010, and whose Social Security initial eligibility began prior to January 31, 2010. 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 APPLYING FOR ASSISTANCE**

HUD has specific regulations concerning students applying for assistance of rent. The definition of a student for this purpose is any person part-time or full-time enrolled in an institution of higher education for the purposes of earning a degree, certificate or other program leading to a recognized educational credential. This community also 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 concerning student eligibility, 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: \* Children under the age of 2 are not counted when considering number of household members. No adult members can be added to the household in the first 12 months of occupancy.

| Number of Bedrooms | Minimum & Maximum # of Occupants Allowed |
|--------------------|--|
| 1                  | 1 - 3                                    |
| 2                  | 2 - 5                                    |

## INCOME REQUIREMENTS

The household's total gross annual income shall not exceed the properties income limits as determined by HUD. All forms of income must be disclosed. Information on the limits is available from the Community Manager; however this community serves applicants at the following income levels:  Extremely Low,  Very Low,  Low.

## TAKING APPLICATIONS

### The Application:

Each adult (18 years of age or older or emancipated) must complete and sign the Rental Application. An application cannot be processed unless it is fully complete. Applicants must list all members that will reside in the apartment unit and designate the number of bedrooms being requested. If an apartment is not available when the application is submitted, the application will be pre-screened for project eligibility and if eligible, the applicant will be put on the 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. Applicants are encouraged to read the lease agreement completely. 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 complies with all Fair Housing and Fair Credit laws, ensuring every applicant is treated the same. The owner/agent will use the Enterprise Income Verification System to determine if the applicant or any member of the applicant household is currently receiving HUD assistance. Nothing prohibits a HUD housing assistance recipient from applying to this property. However, the applicant must move out of the current property and/or forfeit any voucher before HUD assistance on this property may begin (please also see Single Residence Criteria). Applicant(s) will only be eligible for assistance if the unit will be the family's only residence. Special consideration applies to minor children where both parents share 50% custody. 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 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 by 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 under 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, employees, contractors, or agents that are involved in property operations.
- Any information provided by the applicant proves to be untrue during the verification process. These applications will be denied.

**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 has developed a Section 504 Policy to address all reasonable accommodation requests for persons with disabilities. For more information on reasonable accommodation requests, contact the Community Manager.

#### FLAMINGO PLACE APARTMENTS

|                     |  |
|---------------------|--|
| Security Deposit:   | Minimum of \$50 to a Maximum of 1 month's rent |
| Lease Term:         | 1 year   |
| Utilities Included: | Water, Sewer and Trash                         |

**Income Requirements and 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. (Limits are subject to change)

| Floor Plan   | Unit Sq. Ft | Contract Rent Amount                                     | Minimum Income | Max. Inc. HH Size   |
|--|-------------|--|----------------|---|
| <b>1 BR, 1 BA<br/>50%<br/>5 units</b>                            | 660 - 689   | <b>\$975</b>   | N/A            | 1 person - \$22,100<br>2 people - \$25,250<br>3 people - \$28,400<br>4 people - \$31,550<br>5 people - \$34,100 |
| <b>2 BR, 1 BA<br/>30%- 2 units<br/>50% - 1 unit<br/>(1-UFAS)</b> | 814 - 865   | <b>\$1,175</b>   | N/A            |   |
| <b>1 BR, 1 BA<br/>30%<br/>* 1 – Weinberg<br/>UFAS unit</b>       | 741         | <b>Rent is based on<br/>30% of residents<br/>Income.</b> | N/A            |   |

**Preference:**

Eight (8) apartments have been set aside for applicants who qualify for HUD's Section 811 PRA Demonstration Program and Applicants must be referred by MDOD or DHMH. Please contact Christina Bolyard at MDOD 410-767-3647 or at [housinginfo.mdod@maryland.gov](mailto:housinginfo.mdod@maryland.gov) for more information.

\*One (1) apartment has been set aside for applicants who qualify for the Weinberg unit. Eligible Residents are households which contains at least one Non-Elderly Disable person receiving SSI or SSDI and qualifies within the required income limits. This household must be referred by one of the Referring State Agencies and is not receiving a housing choice voucher or other similar rental assistance.

**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 100 lbs. total for one full grown pet or two full grown pets combined. A refundable pet deposit of \$300 per pet will be required. Resident may elect to pay the full deposit at move in or pay \$50 at move in and \$10 each month after until deposit is paid in full. 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 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. Additionally, burning of incense and candles is prohibited to reduce risk of fire. 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 protections apply to families applying for or receiving rental assistance payments under the project-based Section 811 program. The law 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. Further information regarding this act is contained in the Resident Selection Plan.

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 Riverwoods at Tollgate Apartments Section 811 PRA units. 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: |
|-----------|------------|---------------------------|-----------------|--------|---------------------|

## 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<br>Last, First, MI (Jr, Sr, Etc.) | Social Security Number | Sex<br>M/F | Is this Person<br>a Student? |    | Age | Birth Date<br>MM/DD/YY | Race | Hispanic/<br>Non-Hispanic<br>(Statistical Purposes Only) | List ALL<br>States<br>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?<br>If yes, explain:   | YES | NO |
| Is there someone not listed above who would normally reside in the household?<br>If yes, explain:   | YES | NO |
| Will this be your only residence?<br>If no, explain:  | YES | NO |
| Are any household members currently receiving Section 8 assistance?<br>If yes, is the assistance: (circle one) <b>Housing Choice Voucher</b> or <b>Property Based Section 8</b> | YES | NO |

## RESIDENT HISTORY AND INFORMATION

### HEAD OF HOUSEHOLD

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

### EMERGENCY CONTACT INFORMATION

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

### VEHICLE INFORMATION

| MAKE/MODEL: | PLATE #: | COLOR: | YEAR: |
|-------------|----------|--------|-------|
| MAKE/MODEL: | PLATE #: | COLOR: | YEAR: |

## ADDITIONAL INFORMATION

|  |     |    |
|--|-----|----|
| Is any household member listed above currently using an illegal substance or have a pattern of alcohol abuse?  | YES | NO |
| Have you or any household member listed above ever been convicted of a felony?<br>If yes, describe:  | YES | NO |
| 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?<br>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?  | YES | NO |
| If yes, does this household member require any accommodations?   | 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?<br>(Circle the payment source) |
|-------------------|----|--|--------------------------------|---|---|
| YES               | NO | Employment Income (Full-time, Part-Time or Seasonal)   | \$                             |   | Direct Deposit<br>Pre-paid Card<br>Check<br>Cash          |
|                   |    | Employer Name: _____ Date of Hire: _____<br>Employer Name: _____ Date of Hire: _____                       |                                |   |   |
| YES               | NO | Employment Income (Full-time, Part-Time or Seasonal)   | \$                             |   | Direct Deposit<br>Pre-paid Card<br>Check<br>Cash          |
|                   |    | Employer Name: _____ Date of Hire: _____<br>Employer Name: _____ Date of Hire: _____                       |                                |   |   |
| YES               | NO | Social Security  | \$                             |   | Direct Deposit<br>Pre-paid Card<br>Check<br>Cash          |
| YES               | NO | Social Security Supplement – SSI   | \$                             |   | Direct Deposit<br>Pre-paid Card<br>Check<br>Cash          |
| YES               | NO | Social Security Disability – SSDI  | \$                             |   | Direct Deposit<br>Pre-paid Card<br>Check<br>Cash          |
| YES               | NO | Pension Plan Benefits  | \$                             |   | Direct Deposit<br>Pre-paid Card<br>Check<br>Cash          |
| YES               | NO | Veterans Benefits - VA   | \$                             |   | Direct Deposit<br>Pre-paid Card<br>Check<br>Cash          |
| YES               | NO | Self-Employment Income   | \$                             |   | Direct Deposit<br>Pre-paid Card<br>Check<br>Cash          |
| YES               | NO | Annuities, IRA or other Retirement   | \$                             |   | Direct Deposit<br>Pre-paid Card<br>Check<br>Cash          |
| YES               | NO | Gifts/Contributions from Outside Source  | \$                             |   | Direct Deposit<br>Pre-paid Card<br>Check<br>Cash          |
| YES               | NO | Military Pay   | \$                             |   | Direct Deposit<br>Pre-paid Card<br>Check<br>Cash          |
| YES               | NO | Does anyone work for a person who pays in cash   | \$                             |   | Direct Deposit<br>Pre-paid Card<br>Check<br>Cash          |
| YES               | NO | Unemployment/Workman's Comp/Disability   | \$                             |   | Direct Deposit<br>Pre-paid Card<br>Check<br>Cash          |
| YES               | NO | TCA, TANF, General Assistance Benefits (not food stamps)   | \$                             |   | Direct Deposit<br>Pre-paid Card<br>Check<br>Cash          |
| YES               | NO | Child Support, Alimony or Spousal Support<br>It is Court Ordered: Yes or No                                | \$                             |   | Direct Deposit<br>Pre-paid Card<br>Check<br>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<br>Pre-paid Card<br>Check<br>Cash          |
| YES               | NO | Other income from sources not mentioned above  | \$                             |   | Direct Deposit<br>Pre-paid Card<br>Check<br>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<br># 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)<br><br>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?<br>If yes, please explain:   |  |  |  |  | YES | NO |
| Have you sold any property within the last two years?<br>If yes, please explain:  |  |  |  |  | YES | NO |
| Have you disposed of (given away) any assets within the last two years?<br>If yes, please explain: Date asset(s) was disposed of (given away): _____<br>The asset(s) I/We disposed of (gave away) was: _____<br>The Fair Market Value of the asset(s) disposed of (gave away) was: \$ _____<br>The amount received for the asset I/We Disposed of (if any):\$ _____ |  |  |  |  | YES | NO |

**STUDENT INFORMATION**

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

Will any persons in the household be or have been students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, who is enrolled? \_\_\_\_\_ Name of School: \_\_\_\_\_

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

|  |     |    |
|--|-----|----|
| Are <b>ALL</b> of the persons in this household Full-time Student(s)?  | YES | NO |
| Are any full-time student(s) married and filing a joint tax return?  | YES | NO |
| Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?         | YES | NO |
| Are any full-time student(s) a TANF or a Title IV recipient?   | YES | NO |
| Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another tax return? | YES | NO |



## 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: 07/09/2019

**PRIVACY PROTECTION ACT LETTER (Maryland)**

Flamingo Place Apartments  
(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



**APPLICANT or CO-SIGNER CONSENT**

“I hereby authorize Flamingo Place Apartments 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 Flamingo Place Apartments, 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, Flamingo Place Apartments, 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

