conifer
PARTNERS IN BUILDING COMMUNITY

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BLUE OAKS AT NORTH ODENTON

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RENTAL APPLICATION

SECTION 1 - APPLICANT CONTACT INFORMATION

PLEASE PROVIDE YOUR CURRENT CONTACT INFORMATION SO WE CAN COMMUNICATE WITH YOU REGARDING YOUR APPLICATION.

Full Legal Name: _____
[LEGAL FIRST NAME, MIDDLE INITIAL, LAST NAME]

_____ _____ _____ _____
CURRENT STREET ADDRESS | CITY | STATE | ZIP

_____ _____
PHONE NUMBER | EMAIL ADDRESS

Reason for Moving: _____

How did you hear about us?: _____

SECTION 2 – APARTMENT PREFERENCE

APPLICANTS MAY APPLY FOR MULTIPLE IF ELIGIBLE OR IF A REASONABLE ACCOMMODATION IS NEEDED; SELECT ALL APARTMENT SIZES YOU WOULD LIKE TO BE CONSIDERED FOR.

☐ Studio ☐ 1 Bedroom ☐ 2 Bedroom ☐ 3 Bedroom ☐ Other: _____

SECTION 3 – HOUSEHOLD MEMBERS

LIST EVERYONE WHO WILL LIVE IN THE APARTMENT, INCLUDING YOURSELF AND ANY HOUSEHOLD MEMBERS EXPECTED WITHIN THE NEXT 12 MONTHS.

Name [FIRST, MI, LAST]	Relationship	DOB [MM/DD/YY]	Student [YES/NO]	Disabled [YES/NO]	SSN/ITIN	States Lived In
	Head of Household					

SECTION 3 – HOUSEHOLD INCOME

LIST ALL INCOME RECEIVED BY EACH HOUSEHOLD MEMBER. GROSS MONTHLY INCOME IS THE TOTAL BEFORE TAXES OR DEDUCTIONS.

Household Member	Income Source(s)	Monthly Gross Income
	Employment: ☐ FT ☐ PT ☐ Unemployment Social Security: ☐ SS ☐ SSI ☐ SSP ☐ Disability Other: _____	
	Employment: ☐ FT ☐ PT ☐ Unemployment Social Security: ☐ SS ☐ SSI ☐ SSP ☐ Disability Other: _____	

SECTION 4 – CONTINUED

Household Member	Income Source(s)	Monthly Gross Income
	Employment: ☐ FT ☐ PT ☐ Unemployment Social Security: ☐ SS ☐ SSI ☐ SSP ☐ Disability Other: _____	
	Employment: ☐ FT ☐ PT ☐ Unemployment Social Security: ☐ SS ☐ SSI ☐ SSP ☐ Disability Other: _____	
	Employment: ☐ FT ☐ PT ☐ Unemployment Social Security: ☐ SS ☐ SSI ☐ SSP ☐ Disability Other: _____	
	Employment: ☐ FT ☐ PT ☐ Unemployment Social Security: ☐ SS ☐ SSI ☐ SSP ☐ Disability Other: _____	
	Employment: ☐ FT ☐ PT ☐ Unemployment Social Security: ☐ SS ☐ SSI ☐ SSP ☐ Disability Other: _____	
	Employment: ☐ FT ☐ PT ☐ Unemployment Social Security: ☐ SS ☐ SSI ☐ SSP ☐ Disability Other: _____	

THE FOLLOWING ARE CALCULATED BASED ON THE DOLLAR AMOUNTS POPULATED IN THE SECTION 4 INCOME TABLE

Total Monthly Household Income	$ 0.00
Annual Household Income	$ 0.00

SECTION 5 – HOUSEHOLD ASSETS

LIST ALL CHECKING ACCOUNTS, SAVINGS ACCOUNTS, FUNDED DEBIT CARDS, OR OTHER ASSETS.

Household Member	Asset Type(s)	Estimated Value
	☐ Checking ☐ Savings ☐ Funded Debit Card Other: _____	
	☐ Checking ☐ Savings ☐ Funded Debit Card Other: _____	
	☐ Checking ☐ Savings ☐ Funded Debit Card Other: _____	
	☐ Checking ☐ Savings ☐ Funded Debit Card Other: _____	
	☐ Checking ☐ Savings ☐ Funded Debit Card Other: _____	
	☐ Checking ☐ Savings ☐ Funded Debit Card Other: _____	
	☐ Checking ☐ Savings ☐ Funded Debit Card Other: _____	
	☐ Checking ☐ Savings ☐ Funded Debit Card Other: _____	

THE FOLLOWING IS CALCULATED BASED ON THE DOLLAR AMOUNTS POPULATED IN THE SECTION 5 ASSET TABLE

Total Household Assets	$ 0.00

SECTION 6 – WAITLIST PRIORITIES + PREFERENCES

SOME COMMUNITIES USE WAITLIST PREFERENCES OR PRIORITIES TO DETERMINE THE ORDER IN WHICH APPLICATIONS ARE PROCESSED. THE QUESTIONS BELOW HELP IDENTIFY WHETHER YOUR HOUSEHOLD MAY QUALIFY FOR ANY OF THESE PREFERENCES OR PRIORITIES. YOUR ANSWERS ARE USED ONLY FOR WAITLIST PROCESSING AND DO NOT AFFECT YOUR ELIGIBILITY FOR HOUSING. A COPY OF THE RESIDENT SELECTION PLAN IS AVAILABLE UPON REQUEST.

FOR EACH QUESTION BELOW, SELECT YES OR NO BASED ON WHETHER IT APPLIES TO YOU OR ANY MEMBER OF YOUR HOUSEHOLD.

1. Considered frail elderly ☐ Yes ☐ No

2. Person with disabilities ☐ Yes ☐ No

3. Enlisted in the US Military or Veteran of US Military * [IF NO SKIP TO NO. 4] ☐ Yes ☐ No
   - ☐ Enlisted
   - ☐ Reserve
   - ☐ Veteran
   - ☐ Spouse of a deceased Veteran

4. Victim of a recent presidentially declared disaster or of a government action ☐ Yes ☐ No

5. Receive assistance paying utility bills [IF NO SKIP TO NO. 6] ☐ Yes ☐ No
   - ☐ HEAP
   - ☐ LEAP
   - ☐ OTHER: _____

6. Receiving housing assistance from HUD or a Public Housing Authority ☐ Yes ☐ No

7. On a Public Housing, subsidized, or other affordable housing program waitlist ☐ Yes ☐ No
   IF YES, LIST THE WAITLIST PROVIDER _____

8. Homeless or living in a homeless shelter ☐ Yes ☐ No

* **VETERAN DEFINITION** THOSE WHO HAVE SERVED IN THE ARMED FORCES OF THE UNITED STATES:: (I) FOR A PERIOD OF AT LEAST 6 MONTHS (OR ANY SHORTER PERIOD DUE TO INJURY INCURRED IN SUCH SERVICE) AND HAVE BEEN THEREAFTER DISCHARGED OR RELEASED THEREFROM UNDER CONDITIONS OTHER THAN DISHONORABLE, OR (II) WHO HAVE BEEN DISCHARGED OR RELEASED FROM SERVICE IN THE ARMED FORCES OF THE UNITED STATES ON THE BASIS OF THEIR SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, CONSENSUAL SEXUAL CONDUCT OR CONSENSUAL ACTS RELATING TO SEXUAL ORIENTATION, OR THE DISCLOSURE OF STATEMENTS, CONDUCT, OR ACTS BY THE INDIVIDUAL THAT WERE PROHIBITED BY THE ARMED FORCES OF THE UNITED STATES AT THE TIME OF DISCHARGE, OR (III) ARE THE SURVIVING SPOUSES OF EITHER CATEGORIES (I) OR (II)

SECTION 7 – ACCESSIBILITY + HOUSEHOLD INFORMATION

PLEASE INDICATE ANY ACCESSIBILITY NEEDS OR HOUSEHOLD CIRCUMSTANCES THAT APPLY.

1. Wheelchair accessible ☐ Yes ☐ No

2. Visually impaired ☐ Yes ☐ No

3. Live-In care attendant required to live independently ☐ Yes ☐ No
   IF YES, CARETAKER NAME: _____ RELATIONSHIP: _____

5. Own a pet ☐ Yes ☐ No
   IF YES, TYPE: _____ BREED: _____ WEIGHT: _____

6. All household children live with you 50% or more of the time [IF N/A SELECT NO] ☐ Yes ☐ No

7. There are absent household member(s) under normal circumstances would live with you ☐ Yes ☐ No

SECTION 8 – SCREENING QUESTIONS

NOTICE REGARDING CRIMINAL LEGAL SYSTEM INVOLVEMENT HCR'S HISTORY OF CRIMINAL LEGAL SYSTEM INVOLVEMENT POLICY REQUIRES HOUSING PROVIDERS TO CONDUCT AN INDIVIDUALIZED ASSESSMENT BEFORE DENYING HOUSING TO AN APPLICANT BASED ON THEIR CRIMINAL LEGAL SYSTEM INVOLVEMENT HISTORY. ADDITIONAL INFORMATION ABOUT THIS POLICY IS AVAILABLE AT: https://hcr.ny.gov/marketing-plans-policies#credit-and-justice-involvement-assessment-policies

THE FOLLOWING QUESTIONS ARE REQUIRED TO DETERMINE ELIGIBILITY. FOR EACH QUESTION, SELECT YES OR NO BASED ON WHETHER IT APPLIES TO YOU OR ANY HOUSEHOLD MEMBER WHO IS 18 YEARS OF AGE OR OLDER.

1. Convicted of a felony ☐ Yes ☐ No

   IF YES, DATE OF CONVICTION: _____

2. Convicted manufacturing or a controlled substance ☐ Yes ☐ No

3. Subject to any state lifetime sex offender registration requirement ☐ Yes ☐ No

SECTION 9 – CERTIFICATION + SIGNATURES

ALL HOUSEHOLD MEMBERS AGE 18 OR OLDER MUST SIGN BELOW

Signature Clause: My/Our signature(s) below serves as written permission to obtain a Criminal Background/Sex Offender Check, Consumer Report (credit history) and other references deemed necessary. I understand that management is relying on this information to prove my household's eligibility for an apartment. I certify that all information and answers to the above questions are true and complete to the best of my knowledge. The Resident acknowledges that the Owner is also relying on information provided by the Resident, or by employers and others on the Resident's behalf, and the Resident agrees that if any information relied on by the Owner in approving residency, regardless of its source, including, without limitation, any information contained in the Application or the Certification or any re-certification, is incorrect or untrue, this constitutes a material breach of the Lease and the Owner may evict the Resident from the premises and exercise any other remedies permitted by law. I also understand that such action may result in criminal penalties. I understand that my occupancy is contingent upon meeting management's resident selection criteria and the Housing Program requirements. I understand the responsibility to report to management any changes in family composition for the changes in eligibility, income and assets they represent, whenever they occur. Submission of false statements of information are punishable under Federal Law and could result in the cancellation of a lease agreement.

Printed Name	Signature	Date