

Housing Opportunities Commission Rental Application

Applicant Name (Last, First, MI)			Date of Application	
Social Security #	Date of Birth	Home Phone	Cell Phone	
Email Address				
Rental History: List all previous addresses for the last three (3) years; most recent first.				
Current Address (Street, City, State, Zip)				
From (Month/Year)		To (Month/Year)		Monthly Rent \$
Landlord (Name, Street, City, State, Zip)				
Landlord Phone		Reason for Moving		
Previous Address (Street, City, State, Zip)				
From (Month/Year)		To (Month/Year)		Monthly Rent \$
Landlord (Name, Street, City, State, Zip)				
Landlord Phone		Reason for Moving		
Previous Address (Street, City, State, Zip)				
From (Month/Year)		To (Month/Year)		Monthly Rent \$
Landlord (Name, Street, City, State, Zip)				
Landlord Phone		Reason for Moving		
Household Composition: List all other members who will be living in the unit.				
Relationship to Head of Household	Last Name, First Name	Sex (M/F)	Date of Birth	Social Security #

Employment: List employment for head of household and all adult household members.					
Household Member Name			Position/Title		
Employer Name			Date Employed	Monthly Gross Salary	
Employer Address (Street, City, State, Zip)			Telephone	Fax	
Household Member Name			Position/Title		
Employer Name			Date Employed	Monthly Gross Salary	
Employer Address (Street, City, State, Zip)			Telephone	Fax	
Household Member Name			Position/Title		
Employer Name			Date Employed	Monthly Gross Salary	
Employer Address (Street, City, State, Zip)			Telephone	Fax	
Household Member Name			Position/Title		
Employer Name			Date Employed	Monthly Gross Salary	
Employer Address (Street, City, State, Zip)			Telephone	Fax	
Other MONTHLY Household Income (Other than Employment)					
Child Support	\$	Alimony	\$	Unemployment	\$
Public Assistance	\$	Retirement/Pension	\$	SSI/SSDI	\$
Social Security	\$	Veterans Benefits	\$	Workers Comp	\$
Other:	\$		Other:	\$	
Employee Disclosure					
Are you currently an HOC employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is anyone in your immediate family currently an HOC employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Name of family member currently employed at HOC:					
Emergency Contact Information					
Contact Person			Relationship		
Address (Street, City, State, Zip)					
Home Phone		Cell Phone		Work Phone	

Rental Application Provisions

1. Applicant has submitted the sum of \$23.95 which is a non-refundable payment (Application Fee) used to defray the cost of processing this application. Such sum is not a rental payment or security deposit. This amount will be retained by management to cover cost of application processing. Any false information will constitute grounds for rejection of this application.
2. This application is made by the prospective resident (referred to below as “you” or “your”) subject to approval or disapproval by the management of _____ referred to below as “we” or “us”).
3. If you subsequently withdraw after signing the lease, or you subsequently fail or refuse to perform all of your obligations, it is agreed that an amount equal to loss of rent until the apartment can be re-rented plus the non-refundable Application Fee shall be retained out of any monies paid.
4. You are hereby notified that the State of Maryland has enacted legislation, which applies to Applications for Leases. Section 8-213, Real Property Article, Annotated Code of Maryland, provides as follows:
 - a) If the Owner requires from a prospective resident any fees other than a Security Deposit as defined by Section 8-203 (A) of this Subtitle, and these fees exceed \$25.00, then the Owner shall return the fees, subject to the exceptions below, or be liable for twice the amount of the fees in damages. The return shall be made not later than fifteen (15) days following the date of occupancy or the written communication, by either party to the other, of a decision that no tenancy shall occur. The Owner may retain only that portion of the fees actually extended for a credit check or other expenses arising out of the Application, and shall return that portion of the fees not actually expended on behalf of the resident making application.
 - b) If, within fifteen (15) days of the first to occur of the occupancy or signing a Lease, a resident decides to terminate the tenancy, the Owner may also retain the portion of the fees that represent the loss of rent, if any resulting from the resident’s action.
 - c) This Section does not apply to an Owner who offers four (4) or less dwelling units for rent on one parcel of property or at one location, or to seasonal or condominium rentals.
5. Upon approval of this Application by us, and the execution of the written Lease, this Application shall be incorporated into and shall be deemed to be a part of the Lease entered into between you and us.
6. It is understood and agreed that the information set forth by you in this Application constitutes a material basis and inducement for us 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 in 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, into which this Application is incorporated, creating a right by us, as Lessor, at its option, to cancel the Lease and to repossess the leased premises in the manner provided by Maryland Law.
7. We adhere to all Federal, State and Local Fair Housing Laws. We lease to any qualified resident and do not discriminate because of their 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.
- 8. YOU HEREBY GIVE PERMISSION TO US OR OUR AGENT TO CHECK YOUR CREDIT AND CRIMINAL BACKGROUND AND YOU UNDERSTAND THAT WE WILL ALSO BE ABLE, BY YOUR CONSENT, TO LOOK AT PAST TENANCIES, EMPLOYMENT, ETC. FURTHER, YOU HAVE A RIGHT UNDER SECTION 606B OF THE FAIR CREDIT AND REPORTING ACT TO MAKE WRITTEN REQUEST WITHIN REASONABLE TIME FOR A COMPLETE AND ACCURATE DISCLOSURE OF THE NATURE AND SCOPE OF ANY INVESTIGATION.**
9. POSSESSIONS - Owner shall not be liable for failure to deliver possession of the leased premises at the time stipulated herein as the date for commencement of the tenancy and the rent specified herein shall be abated for the period from the date of commencement of this lease to the day possession is given to Resident. In the event that Owner does not deliver possession of the premises as of the date specified therein for commencement of the tenancy, Resident shall have the option of canceling and rescinding this lease. If Resident elects such options; Owner shall return all money given as Reservation Fee, rent, security deposit or other type of deposit.
10. Return your completed application to the following address:

Housing Opportunities Commission, COMPLIANCE OFFICE
10400 Detrick Avenue
Kensington, MD 20895

RELEASE OF PERSONAL INFORMATION

In consideration of my application for housing with the Housing Opportunities Commission, I hereby authorize a review and examination of any and all arrest, trial and other criminal records made available to HOC or its agents for the purposes of determining my suitability for housing.

I authorize HOC to conduct credit and rental history checks and reference checks with such persons as employers, social workers, case workers, counselors, landlords, probation and parole officers, clergy, and others as may be determined.

It is understood that HOC will not disclose or provide the information I have authorized HOC to obtain to others but will utilize the material solely in determining my suitability for housing. I agree to release HOC from any and all claims, damages, losses and expenses arising out of the utilization of any information which is made available to it in connection with my application for housing.

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for a year and one month from the date signed.

I hereby certify that the information I am providing on this form is accurate and complete to the best of my knowledge.

Signature	Date
Printed Name (Last, First, MI)	

Other names you may have used:

Place of Birth:

Race (Voluntary):

Do you have any arrests and/or charges? ☐ Yes ☐ No

Please acknowledge charges that were Nolle Prosequi or Charges Dropped.

If yes, please describe:

Are there any outstanding warrants for your arrest? ☐ Yes ☐ No

With the exception of "Race" all items must be complete. Otherwise the form will be returned for completion.

