

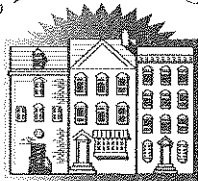
## HOUSING APPLICATION PROCEDURES

- (1) Complete housing application.
- (2) Provide the following information.
  - if you are applying for our Mod 8 housing (low income housing) you must be on Section 8 waiting list and have housing # \_\_\_\_\_
  - A photo ID for yourself and all other adult members Of the household.
  - Social Security card for each household member.
  - Birth Certification for each household member.
  - Proof of income for each household member.
  - Name, address, and phone number of three (3) Character references. **(NO FAMILY MEMBERS)**
  - Name, address, and phone number of present and Previous landlords.
  - Name, address, and telephone number of children's Schools and teachers. (If applicable)
  - Name, address and telephone number of employer. (If applicable)
- (3) St. Ambrose Housing Aid Center will run a credit check And criminal background checks as part of the application.
- (4) A St. Ambrose staff member will visit your home as part of The application process.
- (5) Our tenant selection committee will meet and make a Decision about your application.

YOU WILL BE NOTIFIED WHEN YOUR APPLICATION HAS BEEN RECEIVED. IF YOU DON'T RECEIVE NOTICE WITHIN TEN (10) WORKING DAYS OF MAILING YOUR APPLICATION, PLEASE CALL THE OFFICE AT THE TELEPHONE NUMBER PRINTED BELOW. **YOUR APPLICATION WILL NOT BE CONSIDERED IF WE DON'T RECEIVE ALL INFORMATION REQUIRED. PLEASE DON'T FORGET TO SIGN THE LAST THREE (3) PAGES. WE CANNOT BEGIN THE PROCESS WITHOUT YOUR SIGNATURE.**

Sincerely,

Property Manager



HOUSING  
AID CENTER

TENANT APPLICATION

```

*****
*OFFICE USE ONLY *
* *
*Address of Unit Applying For _____ Housing Application #*
* *
* *
*No. of Bedrooms _____ *
* *
* *
*Date Application Completed _____ *
*****

```

PLEASE PRINT

-----

TODAY'S DAY \_\_\_\_\_

FULL NAME \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

PRESENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

PHONE #: \_\_\_\_\_  
(home or alternate) (business)

PERSONS TO LIVE IN UNIT:

Name	Relationship	Birth Date	Sex	Soc. Sec. #
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name, Address & phone # of closest relative not living with you:

\_\_\_\_\_

MOTHER'S \_\_\_\_\_  
LAST FIRST MIDDLE MAIDEN

FATHER'S \_\_\_\_\_



HOUSING  
AID CENTER

PRESENT LANDLORD: \_\_\_\_\_  
NAME

\_\_\_\_\_ ADDRESS ZIP CODE PHONE #

HOW LONG HAVE YOU LIVED HERE? \_\_\_\_\_

WHEN DOES YOUR LEASE EXPIRE? \_\_\_\_\_

WHERE DID YOU LIVE BEFORE MOVING HERE?

LANDLORD NAME: \_\_\_\_\_

LANDLORD ADDRESS: \_\_\_\_\_  
ZIP CODE

ADDRESS OF PROPERTY: \_\_\_\_\_

HOW LONG DID YOU LIVE THERE? \_\_\_\_\_

**WE DO NOT AUTOMATICALLY REJECT APPLICANTS WHO ANSWER YES TO THE FOLLOWING QUESTIONS.**

HAVE YOU EVER BEEN EVICTED? YES \_\_\_\_\_ OR NO \_\_\_\_\_  
IF YES WHAT ADDRESS \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES \_\_\_\_\_ OR NO \_\_\_\_\_  
IF YES GIVE A BRIEF STATEMENT \_\_\_\_\_

HAVE YOU EVER BEEN OR ARE YOU PRESENTLY RECEIVING HELP FOR  
DRUG OR ALCOHOL DEPENDENCY? YES \_\_\_\_\_ OR NO \_\_\_\_\_  
IF YES GIVE A BRIEF STATEMENT \_\_\_\_\_

**(THE 3 FOLLOWING QUESTIONS ARE FOR STATISTICAL DATA)**

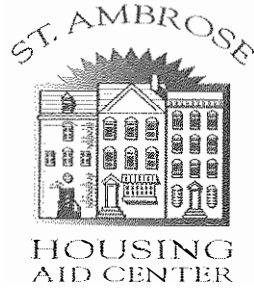
RACE \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

HAVE YOU EVER BEEN DISPLACED FROM HOME DUE TO:  
DISASTER \_\_\_\_\_ URBAN RENEWAL \_\_\_\_\_  
OTHER GOV'T ACTION \_\_\_\_\_

EXPLAIN: \_\_\_\_\_



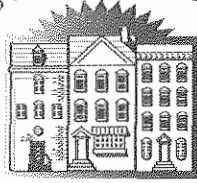
WHERE DID YOU LIVE BEFORE MOVING HERE?

LANDLORD NAME: \_\_\_\_\_

LANDLORD ADDRESS: \_\_\_\_\_  
ZIP CODE

ADDRESS OF PROPERTY: \_\_\_\_\_

HOW LONG DID YOU LIVE THERE? \_\_\_\_\_



HOUSING  
AID CENTER

SOURCES OF INCOME OF EACH PERSON WHO WILL LIVE IN UNIT:

**APPLICANT:**

EMPLOYER'S NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

POSITION OCCUPIED: \_\_\_\_\_

NAME & TITLE OF SUPERVISOR: \_\_\_\_\_

HOW LONG HAVE YOU WORKED THERE? \_\_\_\_\_

ARE YOU IN SCHOOL? \_\_\_\_\_ WHERE? \_\_\_\_\_

DO YOU HAVE A HIGH SCHOOL DIPLOMA? \_\_\_\_\_

**CO-APPLICANT**

EMPLOYER'S NAME: \_\_\_\_\_

EMPLOYER'S ADDRESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

POSITION OCCUPIED: \_\_\_\_\_

NAME & TITLE OF SUPERVISOR: \_\_\_\_\_

HOW LONG HAVE YOU WORKED THERE? \_\_\_\_\_

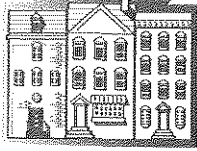
ARE YOU IN SCHOOL? \_\_\_\_\_ WHERE? \_\_\_\_\_

DO YOU HAVE A HIGH SCHOOL DIPLOMA? \_\_\_\_\_

**NOTE:** IF YOU HAVE WORKED AT YOUR PRESENT JOB FOR LESS THAN TWO YEARS, GIVE THE SAME INFORMATION AS REQUESTED FOR YOUR PREVIOUS EMPLOYER.

APPLICANT: \_\_\_\_\_  
SIGNATURE

CO-APPLICANT: \_\_\_\_\_  
SIGNATURE



HOUSING  
AID CENTER

CREDIT AND INCOME INFORMATION:

DO YOU OWN A CAR? MAKE \_\_\_\_\_ YEAR \_\_\_\_\_

ANNUAL INCOME:

BASE PAY OF APPLICANT:  
(INCLUDING COMMISSION, FEES OR TIPS).....\$ \_\_\_\_\_

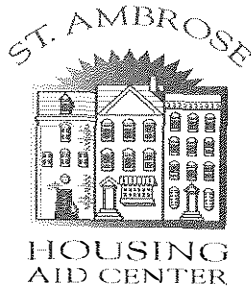
ESTIMATED OVERTIME OR OTHER EMPLOYMENT  
EARNINGS OF APPLICANT.....\$ \_\_\_\_\_

BASE PAY OF CO-APPLICANT:  
(INCLUDING COMMISSION, FEES OR TIPS).....\$ \_\_\_\_\_

ESTIMATED OVERTIME OR OTHER EMPLOYMENT  
EARNINGS OF CO-APPLICANT.....\$ \_\_\_\_\_

INCOME FROM OTHER SOURCES:  
(INCLUDING CHILD SUPPORT, SOCIAL SECURITY OR  
PENSION PAYMENTS, INSURANCE BENEFITS,  
MILITARY ALLOTMENTS, BANK INTEREST,  
UNEMPLOYMENT BENEFITS, REAL ESTATE INCOME,  
INCOME OF OTHER FAMILY MEMBERS OVER 18 YEARS  
OF AGE) OR INCOME FROM ANY OTHER SOURCE.....\$ \_\_\_\_\_

LIST:	SOURCE	AMOUNT
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
TOTAL CURRENT ANNUAL INCOME.....		\$ _____



**CURRENT LIABILITIES:**

**CREDIT CARDS, REVOLVING CREDIT ACCOUNTS PAYABLE:**

NAME OF CARD	AMOUNT OWED	NO. PAYMENTS LEFT	MONTHLY PAYMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**OTHER LIABILITIES**

LENDER'S NAME	AMOUNT OWED	NO. PAYMENTS LEFT	MONTHLY PAYMENT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

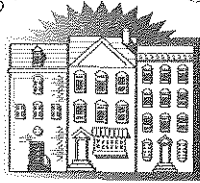
THE UNDERSIGNED APPLICANT(S) HAS EXAMINED THE STATEMENTS MADE ON THIS APPLICATION FORM AND HEREBY CERTIFIED THAT THEY ARE TRUE, CORRECT AND COMPLETE, AND FAMILY INCOME HAS BEEN LISTED ABOVE. I AGREE THAT INQUIRIES MAY BE MADE TO VERIFY THE STATEMENTS MADE IN THIS APPLICATION.

THE UNDERSIGNED FURTHER AGREES THAT IF IT IS FOUND ANY OF THE ABOVE STATEMENTS ARE FALSE AT THE DATE INDICATED BELOW, THIS IS CAUSE FOR NON CONSIDERATION AND/OR EVICTION FROM THE UNIT.

DATE: \_\_\_\_\_

SIGNED: \_\_\_\_\_  
(APPLICANT)

SIGNED: \_\_\_\_\_  
(CO-APPLICANT)



HOUSING  
AID CENTER

**CHARACTER REFERENCES  
(NO FAMILY MEMBERS)**

**ONE**

CHARACTER REFERENCE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY STATE ZIP CODE

PHONE NUMBER: \_\_\_\_\_

**TWO**

CHARACTER REFERENCE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY STATE ZIP CODE

PHONE NUMBER: \_\_\_\_\_

**THREE**

CHARACTER REFERENCE: \_\_\_\_\_

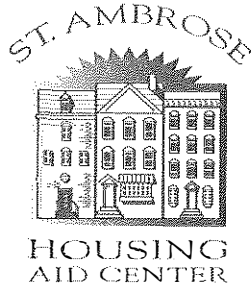
ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CITY STATE ZIP CODE

PHONE NUMBER: \_\_\_\_\_





### SCHOOL REFERENCES

NAME OF CHILD: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

NAME OF PRINCIPLE/TEACHER: \_\_\_\_\_

ADDRESS OF SCHOOL: \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

NAME OF CHILD: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

NAME OF PR NCIPLE/TEACHER: \_\_\_\_\_

ADDRESS OF SCHOOL: \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE

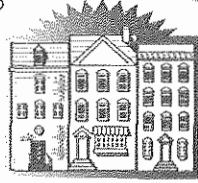
NAME OF CHILD: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_

NAME OF PRINCIPLE/TEACHER: \_\_\_\_\_

ADDRESS OF SCHOOL: \_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP CODE



HOUSING  
AID CENTER

**RELEASE OF INFORMATION FORM**

I, \_\_\_\_\_  
(PLEASE PRINT NAME)

AUTHORIZE \_\_\_\_\_

TO RELEASE THE FOLLOWING INFORMATION: \_\_\_\_\_

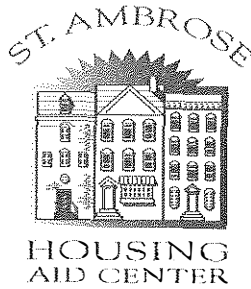
TO SAINT AMBROSE HOUSING AID CENTER, INC. IT IS UNDERSTOOD THAT THIS INFORMATION IS TO REMAIN CONFIDENTIAL AND THAT THIS RELEASE DOES NOT AUTHORIZE SAINT AMBROSE HOUSING AID CENTER, INC. TO REVEAL THIS INFORMATION WITHOUT WRITTEN CONSENT.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_

DATE: \_\_\_\_\_



FROM: ST. AMBROSE HOUSING AID CENTER  
321 E. 25<sup>TH</sup> STREET  
BALTIMORE, MARYLAND 21218

DATE: \_\_\_\_\_

**PENSION AND ANNUITIES VERIFICATION**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_

SOC.SEC.# \_\_\_\_\_

THE ABOVE NAMED INDIVIDUAL(S) IS A RESIDENT THAT HAS APPLIED TO OUR APARTMENT COMPLEX. WE ARE REQUIRED TO VERIFY INCOME INFORMATION. THE INFORMATION WILL BE HELD IN STRICT CONFIDENCE. WE REQUEST THAT YOU COMPLETE THE INFORMATION BELOW AND RETURN THIS FORM AS SOON AS POSSIBLE.

WE HAVE ENCLOSED A PRE-ADDRESSED ENVELOPE FOR YOUR USE IN RETURNING THE FORM. IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CALL OUR RENTAL OFFICE. THANK YOU FOR YOUR COOPERATION.

I/WE HEREBY AUTHORIZE YOU TO PROVIDE THE INFORMATION REQUESTED BELOW.  
  
X \_\_\_\_\_  
SIGNATURE DATE

CURRENT MONTHLY GROSS AMOUNT OF PENSION OR ANNUITY-----\$ \_\_\_\_\_

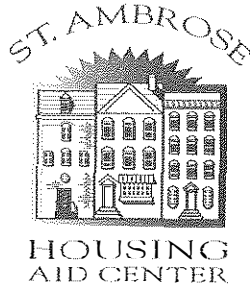
DEDUCTIONS FROM GROSS FOR MEDICAL INSURANCE PREMIUMS-----\$ \_\_\_\_\_

DATE OF INITIAL AWARD-----\$ \_\_\_\_\_

EFFECTIVE DATE OF CURRENT AMOUNT-----\$ \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
TITLE



FROM: ST. AMBROSE HOUSING AID CENTER  
321 E. 25<sup>TH</sup> STREET  
BALTIMORE, MARYLAND 21218

DATE: \_\_\_\_\_

**MEDICAL VERIFICATION**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_

SOC.SEC.# \_\_\_\_\_

THE ABOVE NAMED INDIVIDUAL IS A RESIDENT THAT HAS APPLIED TO OUR APARTMENT COMPLEX. WE ARE REQUIRED TO VERIFY INFORMATION IN ORDER TO PROCESS THE APPLICATION/RECERTIFICATION. THE INFORMATION WILL BE HELD IN STRICT CONFIDENCE. WE REQUEST THAT YOU COMPLETE THE INFORMATION BELOW AND THIS FORM AS SOON AS POSSIBLE.

WE HAVE ENCLOSED A PRE-ADDRESSED ENVELOPE FOR YOUR USE IN RETURNING THE FORM. IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CALL OUR RENTAL OFFICE. THANK YOU FOR YOUR COOPERATION.

I/WE HEREBY AUTHORIZE YOU TO PROVIDE THE INFORMATION REQUESTED BELOW.

~~X~~

\_\_\_\_\_  
SIGNATURE

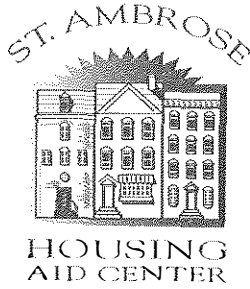
\_\_\_\_\_  
DATE

DOCTOR: \_\_\_\_\_ PLEASE COMPLETE THE FOLLOWING:

1. DATE THE PATIENT FIRST CAME UNDER YOUR CARE: \_\_\_\_\_
2. IS PATIENT STILL UNDER CARE? ( ) YES ( ) NO IF YES, ANSWER BELOW:
  - A. NUMBER OF VISITS DURING THE PAST 12 MONTHS. \_\_\_\_\_
  - B. AVERAGE COST PER VISIT \$ \_\_\_\_\_
  - C. WAS ABOVE COST COVERED BY MEDICAL INSURANCE \$ \_\_\_\_\_
  - D. IF NOT, TOTAL COST NOT COVERED BY MEDICAL INSURANCE \$ \_\_\_\_\_
3. NUMBER OF ANTICIPATED VISITS DURING FOLLOWIN 12 MONTHS \_\_\_\_\_
4. REGULAR PAYMENTS DUE IN MEDICAL BILLS FOR THE FOLLOWING 12 MONTHS-NOT COVERED BY MEDICAL INSURANCE \$ \_\_\_\_\_ TOTAL OR \$ \_\_\_\_\_ /MONTH FOR \_\_\_\_\_ MONTHS.
5. IS PATIENT ABLE TO LIVE INDEPENDENTLY? ( ) YES ( ) NO

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



FROM: ST. AMBROSE HOUSING AID CENTER  
321 E. 25<sup>TH</sup> STREET  
BALTIMORE, MARYLAND 21218

DATE: \_\_\_\_\_

**PRESCRIPTION VERIFICATION**


TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_

SOC.SEC.# \_\_\_\_\_

THE ABOVE NAMED INDIVIDUAL IS A RESIDENT THAT HAS APPLIED TO OUR APARTMENT COMPLEX. WE ARE REQUIRED TO VERIFY INCOME INFORMATION. THE INFORMATION WILL BE HELD IN STRICT CONFIDENCE. WE REQUEST THAT YOU COMPLETE THE INFORMATION BELOW AND RETURN THIS FORM AS SOON AS POSSIBLE.

WE HAVE ENCLOSED A PRE-ADDRESSED ENVELOPE FOR YOUR USE IN RETURNING THE FORM. IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CALL. THANK YOU FOR YOUR COOPERATION.

I HEREBY AUTHORIZE YOU TO PROVIDE THE INFORMATION REQUESTED BELOW.  
 \_\_\_\_\_  
SIGNATURE                      DATE

**PHARMACIST: PLEASE COMPLETE THE FOLLOWING (OR ATTACH PRINT OUT)**

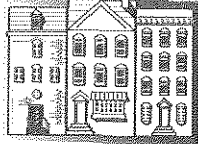
1. TOTAL COST OF MEDICATIONS, NOT COVERED BY MEDICAL INSURANCE, FOR THE PAST TWELVE MONTHS. \$ \_\_\_\_\_
2. TOTAL COST OF MEDICAL SUPPLIES, NOT COVERED BY MEDICAL INSURANCE, FOR THE PAST TWELVE MONTHS. \$ \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
TELEPHONE #



HOUSING  
AID CENTER

FROM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

**EMPLOYMENT VERIFICATION**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_

SOC. SEC.# \_\_\_\_\_

THE ABOVE NAMED INDIVIDUAL IS A RESIDENT OF/HAS APPLIED TO OUR APARTMENT COMPLEX. WE ARE REQUIRED TO VERIFY INCOME INFORMATION. THE INFORMATION WILL BE HELD IN STRICT CONFIDENCE. THE REQUEST THAT YOU COMPLETE THE INFORMATION BELOW AND RETURN ALL COPIES OF THIS FORM AS SOON AS POSSIBLE.

WE HAVE ENCLOSED A PRE-ADDRESS ENVELOPE FOR YOUR USE IN RETURNING THE FORM. IF YOU HAVE ANY QUESTIONS, PLEASE DO NOT HESITATE TO CALL OUR RENTAL OFFICE. THANK YOU FOR YOUR COOPERATION.

I/WE HERBY AUTHORIZE YOU TO PROVIDE THE INFORMATION REQUESTED BELOW	
<input checked="" type="checkbox"/> _____ SIGNATURE	_____ DATE

OCCUPATION: \_\_\_\_\_

DATE OF EMPLOYMENT: \_\_\_\_\_

PRESENT RATE OF PAY:  
(COMPLETE ONE)

\$ _____ PER HOUR	\$ _____ MONTHLY
\$ _____ PER WEEK	\$ _____ EVERY TWO WEEKS
\$ _____ BI-MONTHLY	\$ _____ RATE PER OVERTIME HOURS

TIPS: \_\_\_\_\_ ESTIMATED AMOUNT PER WEEK

HOURS WORKED PER WEEK \_\_\_\_\_

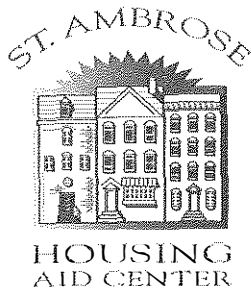
IS THIS A PERMANENT POSITION?      ( ) YES      ( ) NO

IS THIS EMPLOYEE DUE FOR A PROMOTION/INCREASE IN PAY WITHIN THE NEXT SIX MONTHS? \_\_\_\_\_

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE/TITLE/ TELEPHONE NUMBER

\_\_\_\_\_  
DATE



Landlord Reference Questionnaire  
Page One of Two

To: \_\_\_\_\_

From: St. Ambrose Housing Aid Center, Inc.

Date: \_\_\_\_\_

Re: \_\_\_\_\_  
Insert applicant's name and Social Security number

The person named above has applied for rental housing with St. Ambrose Housing. We would like some information from you to help us evaluate their application.

Please complete the information and return it to us as soon as possible. We will keep this information confidential. As indicated by the signed statement below, the applicant has consented to the release of this information, and has agreed to hold you harmless for the contents of the information disclosed and for its disclosure and use. Thank you for your prompt attention to this matter.

Applicant's Release

I, \_\_\_\_\_, hereby authorize St.  
(Print applicant's name)  
Ambrose Housing Aid Center, Inc. to obtain all information it deems necessary  
from \_\_\_\_\_ relating to my residency.  
(Print landlord/agent's name)

I also give my permission for my current and former landlords to answer any pertinent questions about my residency and to provide all relevant information to St. Ambrose Housing. I agree to hold harmless St. Ambrose Housing and the landlord/management agent listed above from any and all claims I may have for the contents of the information disclosed and the disclosure and use of this information.

\_\_\_\_\_  
Applicant's Signature: Date:



HOUSING  
AID CENTER

Landlord Reference Questionnaire  
Page Two of Two

Requested Information

- 1. Dates of residency: Move in \_\_\_\_\_ Move out \_\_\_\_\_
- 2. How much is/was the rent?  
What utilities were included? \_\_\_\_\_
- 3. Did the applicant fail to pay rent or other obligations at any time during the residency? \_\_\_\_yes \_\_\_\_no  
If yes, please list the dates of each nonpayment  
\_\_\_\_\_
- 4. Did you evict the resident for failure to pay rent?
- 5. Does the applicant currently owe you money? \_\_\_\_yes \_\_\_\_no
- 6. Did the applicant violate other (non-monetary) provisions of the lease or house rules? \_\_\_\_yes \_\_\_\_no  
If yes, what were the violations?  
\_\_\_\_\_
- 7. Did the applicant properly maintain the interior of the unit (and exterior if applicable)? \_\_\_\_yes \_\_\_\_no
- 8. Please describe the applicant's housekeeping \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 9. Does the applicant have any pets? \_\_\_\_yes \_\_\_\_no If yes, what type? \_\_\_\_\_
- 10. Have other tenants or neighbors complained about the applicant or guests of the applicant? \_\_\_\_yes \_\_\_\_no
- 11. What is your relationship to the applicant? (For example, how long have you known the applicant, are you related to the applicant) \_\_\_\_\_

The information is true and correct to the best of my knowledge after a careful review of the applicant's file

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Print company name \_\_\_\_\_



PROPERTY OWNERS' EXCHANGE, INC.  
6630 BALTIMORE NATIONAL PIKE, SUITE 208  
BALTIMORE, MARYLAND 21228

*A Summary of Your Rights under the Fair Credit Reporting Act*

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRA's are credit bureaus that gather and sell information about you—such as if you pay your bills on time or have filed bankruptcy-- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA 15 U.S.C. 1681-1681u, at the Federal Trade Commission's Web Site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you—such as denying an application for credit, insurance, or employment—must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs—to which it has provided the data—of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

PROPERTY OWNERS' EXCHANGE, INC.  
6630 BALTIMORE NATIONAL PIKE, SUITE 208  
BALTIMORE, MARYLAND 21228

- Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- You can dispute inaccurate items with the source of the information. If you tell anyone—such as a creditor who reports to a CRA—that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA—usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

PROPERTY OWNERS' EXCHANGE, INC.  
6630 BALTIMORE NATIONAL PIKE, SUITE 208  
BALTIMORE, MARYLAND 21228

The FCRA gives several different federal agencies authority to enforce the FCRA:

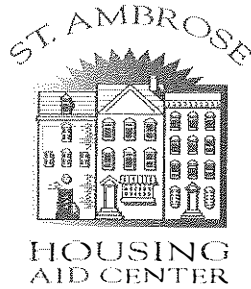
FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditors and others not listed below	Federal Trade Commission Consumer Response Center- FCRA Washington, DC 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in Federal institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 202-720-7051

**CONSUMER REPORT AUTHORIZATION**

I hereby affirm that my answers on this application to lease are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. I authorize you to secure, from Property Owners' Exchange, Inc., a consumer reporting agency, an investigative consumer report. This report may contain, but would not be limited to, a consumer credit report, a criminal history records investigation, verification of my residences, employment and income. I authorize Property Owners' Exchange, Inc. to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living, and I release all concerned from any liability in connection with any information they give. I have also been advised that I have the right, under the federal Fair Credit Reporting Act (FCRA), Section 606 (B) to make a written request of you and Property Owners' Exchange, Inc., within a reasonable time, for a complete and accurate disclosure of the nature and scope of the investigation. I acknowledge receipt of the summary of consumer rights required by Section 609 of the FCRA, entitled, **A Summary of Your Rights Under the Fair Credit Reporting Act.**

\_\_\_\_\_ X \_\_\_\_\_  
 Leasing Consultant                      Prospective Resident                      Date

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_  
 Leasing Consultant                      Prospective Resident                      Date



**CONSUMER REPORT AUTHORIZATION**

I HERBY AFFIRM THAT MY ANSWERS ON THIS APPLICATION TO LEASE HOUSING ARE TRUE AND CORRECT AND THAT I HAVE NOT KNOWINGLY WITHHELD ANY FACT OR CIRCUMSTANCE WHICH WOULD, IF DISCLOSED, AFFECT MY APPLICATION UNFAVORABLY. I UNDERSTAND THAT WITHHOLDING INFORMATION WHICH MAY BE UNFAVORABLE, OR PROVIDING FALSE, INACCURATE, OR MISLEADING INFORMATION ON THIS APPLICATION TO LEASE HOUSING WILL BE GROUNDS FOR REJECTING MY APPLICATION BY ST. AMBROSE HOUSING AID CENTER, INC.

I AUTHORIZE ST. AMBROSE HOUSING AID CENTER, INC. AND/OR ITS AGENTS, TO SECURE FROM CONSUMER REPORTING AGENCIES, AN INVESTIGATIVE COMSUMER REPORT. THIS REPORT MAY CONTAIN, BUT WOULD NOT BE LIMITED TO, A CONSUMER CREDIT REPORT, A CRIMINAL HISTORY RECORD INVESTIGATION, VERIFICATION OF MY RESIDENCES, EMPLOYMENT, INCOME AND OTHER INFORMATION PROVIDED BY ME ON MY APPLICATION TO LEASE HOUSING.

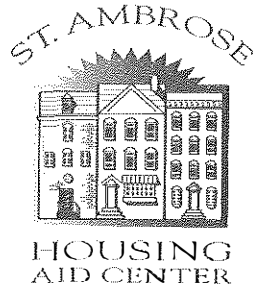
I AUTHORIZE ST. AMBROSE HOUSING AID CENTER, INC. AND ITS AGENTS, TO VERIFY ANY AND ALL INFORMATION CONTAINED IN THIS APPLICATION AND TO INQUIRE INTO MY CHARACTER, GENERAL REPUTATION, PERSONAL CHARACTERISTICS AND MODE OF LIVING, AND I RELEASE ALL CONCERNED FROM ANY LIABILITY IN CONNECTION WITH ANY INFORMATION THAT THEY GIVE.

I HAVE ALSO BEEN ADVISED THAT I HAVE THE RIGHT, UNDER THE FEDERAL FAIR CREDIT REPORTING ACT (FCRA), SECTION 606(B) TO MAKE A WRITTEN REQUEST OF ST. AMBROSE HOUSING, AND ITS AGENTS, WITHIN A REASONABLE TIME, FOR A COMPLETE DISCLOSURE OF THE NATURE AND SCOPE OF THE INVESTIGATION. I ACKNOWLEDGE RECEIPT OF THE SUMMARY OF CONSUMER RIGHTS REQUIRED BY SECTION 609 OF THE FCRA, ENTITLED, "A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT".

\_\_\_\_\_  
APPLICANT/PROSPECTIVE RESIDENT DATE

\_\_\_\_\_  
APPLICANT/PROSPECTIVE RESIDENT DATE

\_\_\_\_\_  
ST. AMBROSE HOUSING AID CENTER AGENT DATE



## STATEMENT OF CONSENT

I HEREBY CONSENT TO THE FOLLOWING:

- ANY EVIDENCE SUBMITTED BY THE APPLICANT OR PARTICIPANT MAY BE RELEASED BY THE OWNER TO HUD.
- SUCH EVIDENCE MAY ALSO BE RELEASED BY THE OWNER TO A PARTY OTHER THAN HUD FOR THE FOLLOWING PURPOSES: VERIFICATION OF CITIZENSHIP OR ELIGIBLE ALIEN STATUS, ENFORCEMENT OF RESTRICTIONS ON THE AVAILABILITY OF ASSISTANCE BECAUSE OF SUCH STATUS, OR INVESTIGATION OR PROSECUTION OF FRAUD IN CONNECTION WITH ANY FEDERAL HOUSING ASSISTANCE PROGRAM.
- HUD MAY RELEASE THE EVIDENCE OR OTHER INFORMATION TO ANY FEDERAL, STATE OR LOCAL GOVERNMENT AGENCY (INCLUDING THE SOCIAL SECURITY ADMINISTRATION AND THE IMMIGRATION AND NATURALIZATION SERVICE) FOR THE FOLLOWING PURPOSES: VERIFICATION OF CITIZENSHIP OR ELIGIBLE ALIEN STATUS, ENFORCEMENT OF RESTRICTIONS ON THE AVAILABILITY OF ASSISTANCE BECAUSE OF SUCH STATUS, INVESTIGATION OR PROSECUTION OF FRAUD IN CONNECTION WITH ANY FEDERAL HOUSING ASSISTANCE PROGRAM, OR OTHER PURPOSES IN CONNECTION WITH ADMINISTRATION OF HUD PROGRAMS.
- ANY FEDERAL, STATE OR LOCAL AGENCY MAY RELEASE TO HUD, OR TO THE OWNER, ANY INFORMATION WHICH HUD, OR THE OWNER, DETERMINES TO BE NECESSARY FOR VERIFICATION OF CITIZENSHIP OR ELIGIBLE ALIEN STATUS, OR FOR ENFORCEMENT OF RESTRICTIONS ON THE AVAILABILITY OF ASSISTANCE BECAUSE OF SUCH STATUS.

\_\_\_\_\_  
APPLICANT/PARTICIPANT

\_\_\_\_\_  
DATE