

I N S T R U C T I O N S

PLEASE READ CAREFULLY. INCOMPLETED APPLICATION
WILL NOT BE ACCEPTED.

1. COMPLETE ALL AREAS. If an item does not apply to you, mark "N/A" on that line.
2. **SIGNATURES are required** by all adult applicants.
3. RETURN YOUR APPLICATION TO:

Pineview Apartments
12151 Ell Lane
Waldorf, MD 20602
TEL: 301-638-1800
village@fifthmanagement.com

NOTE: PETS ARE NOT ALLOWED UNLESS FOR PERSONS WITH
DISABILITIES WHO REQUIRE A SERVICE ANIMAL.



Equal Housing Opportunity and Employer



APPLICATION FOR CONVENTIONAL

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Pineview Apartments, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Pineview Apartments, is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability handicap or familial status.

A. Head of Household Information:

Name: _____ **Gender:** Female Male

Date of Birth: _____ **Place of Birth:** _____

Driver's License/State ID Number: _____

Social Security Number: _____ **State Issued:** _____

Marital status: Divorced Married Separated Single Widow/Widower

Mailing Address:

Telephone Numbers:

Cell: _____

Home: _____

Work: _____

Email Address:

Preferred method of communication: Phone Email Mail

If you require an ADA accessible unit, check here



B. Household Members:

Member #1

Name: _____ **Gender:** Female Male

Relationship: Adult Co-tenant Spouse (Co-Tenant)
 Dependent Other Adult Household Member

Date of Birth: _____ **Place of Birth:** _____

Social Security Number: _____

Driver's License/State ID Number: _____ **State Issued:** _____

Marital status: Divorced Married Separated Single Widow/Widower N/A

Member #2

Name: _____ **Gender:** Female Male

Relationship: Adult Co-tenant Spouse (Co-Tenant)
 Dependent Other Adult Household Member

Date of Birth: _____ **Place of Birth:** _____

Social Security Number: _____

Driver's License/State ID Number: _____ **State Issued:** _____

Marital status: Divorced Married Separated Single Widow/Widower N/A

Member #3

Name: _____ **Gender:** Female Male

Relationship: Adult Co-tenant Spouse (Co-Tenant)
 Dependent Other Adult Household Member

Date of Birth: _____ **Place of Birth:** _____

Social Security Number: _____

Driver's License/State ID Number: _____ **State Issued:** _____

Marital status: Divorced Married Separated Single Widow/Widower N/A



C. Current Landlord

Name: _____

Address: _____

Property Manager/Contact Name: _____

Phone Number: _____

Move In Date: _____ Monthly Rental Amount: _____

Reason for Leaving: _____

Is this landlord related to you? NO YES

Previous Landlords for ALL Adults in Household (attach a sheet of papers if more space is needed)

Name: _____

Address: _____

Property Manager/Contact Name: _____

Phone Number: _____

Move In Date: _____ Move Out Date: _____

Reason for Leaving: _____ Monthly Rental Amount: _____

Is this landlord related to you? NO YES

Name: _____

Address: _____

Property Manager/Contact Name: _____

Phone Number: _____

Move In Date: _____ Move Out Date: _____

Reason for Leaving: _____ Monthly Rental Amount: _____

Is this landlord related to you? NO YES



D. INCOME - All sources of regularly received monies.

Family Member Name: _____

Employer: _____

Address: _____

Supervisor Name: _____

Phone Number: _____

Fax Number: _____

E-Mail: _____

Job Type: _____ **Job Title:** _____

Start Date: _____ **Annual Income:** _____

Phone Number: _____

Family Member Name: _____

Employer: _____

Address: _____

Supervisor Name: _____

Phone Number: _____

Fax Number: _____

E-Mail: _____

Job Type: _____ **Job Title:** _____

Start Date: _____ **Annual Income:** _____

Phone Number: _____



If you have other income that you would like management to consider to help qualify your household for a unit please list below:

Family Member Name	Sources of Income	Amount
		\$
		\$
		\$
		\$
		\$

E. ASSETS:

Provide the following information for all members of the household (use another sheet of paper if necessary).

Checking Accounts

Head of Household	Co-Tenant
Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate	Int. Rate
Balance\$	Balance \$

Savings Accounts

Head of Household	Co-Tenant
Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate	Int. Rate
Balance\$	Balance \$

F. **APPLICANT INFORMATION**-Please place a checkmark in the box if any of the following statements apply to you.

1. Do you have a Section 8 Voucher or any other type of voucher? YES NO
2. Have you been served a Notice to Quit or been asked to leave by a previous landlord? YES NO
3. Have you been evicted? YES NO
4. Have you or a household member been convicted of a sex related crime or are subject to a lifetime registration in a state sex offender registration program? YES NO
5. Have you or a household member have been convicted of a felony crime? YES NO



6. List all states, other than the one that you reside in now, in which you have lived in during the last seven years?

If you checked any of the above boxes, please explain the circumstances on an attached sheet of paper and identify property & landlord.

G. Emergency Contact:

Name: _____

Relationship: _____

Address: _____

Phone Number: Home: _____

Work: _____

Cell: _____

E-mail: _____

H. Vehicles - List any vehicle owned

Type _____

Year/Make _____

Color _____ License Plate No. _____

Type _____

Year/Make _____

Color _____ License Plate No. _____

Do you own a pet? Yes _____ No _____ If yes, describe _____



I. List two Professional Personal References for ALL Adults in Household (Attach a sheet of paper if more space is needed.) (Name, Address, Phone No. & Relationship)

(Examples: teachers, principals, past/present employers, physicians, etc.)

Please do not list relatives or friends.

1.		2.	
Phone No.	Relationship	Phone No.	Relationship

All information received by Pineview Apartments during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.

CERTIFICATION

I/we understand I/we must pay a security deposit for this apartment prior to occupancy. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on **Pineview Apartments** resident selection criteria (see attached). I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to (1) a history of unjustified and/or chronic nonpayment of rent and/or financial obligations; (2) a history of living or housekeeping habits that would pose a direct threat to the health and safety of other individuals or whose tenancy would result in substantial physical damage to the property of others; (3) a history of disturbance of neighbors; (4) a history of violations of the terms of previous rental agreements, especially those resulting in eviction from housing or termination from residential programs; (5) police records indicating any type of criminal activity or convictions; and (6) any records which show the applicant's behavior to be unacceptable, even if it is a manifestation of an applicant's disability.

I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information or any omission of any significant information is punishable by law, and could be grounds for cancellation of this application or termination of residency after occupancy.

Head of Household ✓ _____

Date _____

Spouse/Co-Tenant ✓ _____

Date _____

For: **Pineview Apartments**



Please sign ALL black checkmarks

Authorization

I/we do hereby authorize **Pineview Apartments** and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

Signatures

✓ _____
Applicant Signature Date

✓ _____
Co-Applicant Signature Date

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Signatures

✓ _____
Applicant Signature Date

✓ _____
Co-Applicant Signature Date

