



APPLICATION FOR ADMISSION



EQUAL HOUSING OPPORTUNITY

PLEASE PRINT ALL INFORMATION

NAME _____ EMAIL _____

DAY PHONE _____ EVENING PHONE _____

ADDRESS _____
Street City State Zip

How long have you resided here? (From) _____ to _____ Reason for moving? _____

Previous Address: _____

How long did you reside there? (From) _____ to _____ Reason for moving? _____

NAME OF YOUR PRESENT LANDLORD: _____ Phone Number () _____

ADDRESS OF YOUR PRESENT LANDLORD: _____

List ALL persons who will live in the apartment. List Head of Household first:

NAME	RELATIONSHIP	AGE	BIRTH DATE	SOCIAL SECURITY NUMBER
	Head of Household			
	Co-Head of Household			

Special Requirements (Note that special requirements can extend your wait for an apartment) _____

Veterans Admission Preference Yes _____ No _____

If head or co-head is an honorably discharged veteran of the US Armed Services or such veteran's spouse, who served on active duty and resides in NYS, check box and attach form DD-214 for determination of eligibility for admission preference.

INCOME & ASSET INFORMATION

TYPE OF

INCOME

GROSS MONTHLY AMOUNTS

TYPE OF ASSET

TOTAL VALUE

	GROSS MONTHLY AMOUNTS			TOTAL VALUE	
	HEAD	CO-HEAD		HEAD	CO-HEAD
Wages	\$	\$	Savings Account Checking	\$	\$
Unemployment	\$	\$	Account (s) Certificates of	\$	\$
Social Security	\$	\$	Deposits (CD's) Stocks &	\$	\$
Public Assistance	\$	\$	Bonds	\$	\$
Pensions/Annuity	\$	\$	Real Property	\$	\$
Disability/SSI	\$	\$	Cash (Safe deposit box, etc.)	\$	\$
Child Support/Alimony	\$	\$	Any other	\$	\$
Section 8 Assistance	\$	\$			
Other	\$	\$			

Have you or any member of the household ever been convicted of a felony? Yes No
 If yes explain: _____

Are any members of the household subject to a lifetime sex offender registration requirement in any state? Yes _____ No _____

Your signature(s) below serves as written permission for Glenwood Apartments to obtain a Consumer Report (credit history) and previous landlord references. Glenwood may obtain credit information from other sources and may exchange credit information with consumer reporting agencies. The applicant(s) affirms that all information in this application is true and complete. The applicant(s) also understands that a personal interview must be held, and assets and income verified and approved. All information received is confidential. This application creates no obligation for the Landlord or Applicant. After the application process is approved, a security deposit must be made and a lease agreement signed by both applicants. If accepted, Applicant(s) certify this apartment will be their sole residence. The undersigned makes the foregoing representation knowing that if any of such proves false, Glenwood Apartments may cancel and annul any lease given in reliance upon such information.

Applicant Signature: _____ Date: _____

Co-Applicant Signature: _____ Date: _____

If a portion or all of the application is completed by someone other than the applicant, the following statement must be completed.

I/We have completed all or part of this application at the request of the applicant(s):

Signature: _____ Date: _____

Signature: _____ Date: _____

PLEASE RETURN THIS FORM TO:

Glenwood Apartments, 1031 Old Eastern Avenue, Baltimore, Maryland 21221 Ph(410)686-6383 Fax(410)686-0074

<p>Office Use Only: Date Received _____ Time Received _____ Identification # _____</p> <p>Mgr. Comments _____</p>
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