



Glenarden Hills

Thank you for your interest in residing at Glenarden Hills

PRE-APPLICATION INSTRUCTIONS:

- Pre-application **MUST** be filled out in its entirety to be eligible for housing.
- Pre-application **MUST** be returned **VIA US MAIL** and should be addressed to:

Glenarden Hills
8441 Marvin Wilson Way
Glenarden, MD 20706

- **Once your Pre-Application is received, the Glenarden Hill leasing office will reach out to schedule an appointment. Please bring all of the following documents to your appointment.**
- **PROOF OF INCOME** – A current letter (not more than 90 days old) to verify: Social Security, SSI, SSDI, TANF, Pension, Welfare, Child Support, Alimony, Unemployment, your last six (6) pay stubs from your employer or a letter from your employer stating your hire date, hourly rate/salary, hours worked per week, and any other type of income you may be receiving
- **PROOF OF BANKING** - Six (6) current bank statements from your financial institution for EACH account
- **ASSETS** - A current (not more than 90 days) statements for stocks, bonds, mutual funds, 401k, certificates of deposits, etc.
- **SCHOOL VERIFICATION** – A current letter (not more than 90 days) from the school/college, for any member of your household 18 years and older if they are attending school/college
- **ADDITIONAL INCOME** – it is very important to report any income. Failure to disclose all sources of income may delay/deny your application for housing
- **Birth Certificates and Social Security Cards** - for all household members.
- **Valid Government Issued ID, Driver's License or Passport** – for all household members 18 years and older
- **Federal Income Taxes** – You can obtain these from the IRS if you do not have your latest tax return. If you did not file taxes, you will need to provide proof that you were not required to file taxes. You can call the IRS and visit their official website at www.irs.gov.



Glenarden Hills

Address: 8441 Marvin Wilson Way
 Glenarden, MD 20706
 Phone: 410.921.9622
 Fax: 240.245.2365
 Email: GlenardenHills@penrose.com
 TTY: 800.545.1833 x647

To be completed by office staff:
 Application Number _____
 Date Application Rec'd _____
 Time Application Rec'd _____
 Initials of Staff Member _____

**All Pre-Applications Must be Sent via U.S. Mail and Addressed to:
 Glenarden Hills, 8441 Marvin Wilson Way, Glenarden, MD 20706**

HEAD OF HOUSEHOLD

M	F
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NAME: _____ SSN: _____
 (First) (Middle Initial) (Last)

CURRENT ADDRESS: _____ HOME #: _____
 (House #) (Street Name) (Apt. #)
 _____ CELL #: _____
 (City) (State) (Zip Code) WORK #: _____

EMAIL: _____ D.O.B: _____

How did you hear about us? _____ DRIVER LICENSE STATE: _____
 DRIVER LICENSE NUMBER: _____

HOUSEHOLD MEMBERS

Name	DOB	M/F	Relationship	Soc. Sec. Number	DL State & Number

ANNUAL HOUSEHOLD INCOME

Employment/Wages	\$
Social Security Income	\$
Social Security Disability Income	\$
Public Assistance (Welfare/TANF)	\$
Child Support	\$
Pension	\$
Other Income (Please Specify):	\$



Preferences for Determining Waiting List Position (if applicable)

Do you or any member of your household have a DISABILITY?			Y	N
Is the Head of Household or Spouse 62 years of age or older or disabled?			Y	N
Are you currently employed?			Y	N
Are you a student or recent graduate of an educational or training program?			Y	N
Do you require a unit with special features? (e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)			Y	N
If yes above, please circle features required:				
Unit for mobility impaired	Unit for visually impaired	Unit for hearing impaired		
Grab bars	No steps	Other:		
Describe:				

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

I, _____, hereby give my permission for a credit and criminal background check, which is part of the application process.

I, _____, hereby give my permission for a credit and criminal background check, which is part of the application process.

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Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Applicant Signature: _____ Date: _____

Types of Program Assistance (For Office Use ONLY)

****Important: You must notify us promptly should any information on this application change**

Tax Credit	<input type="checkbox"/>	50%	<input type="checkbox"/>	60%	<input type="checkbox"/>
ACC	<input type="checkbox"/>	30%	<input type="checkbox"/>	50%	<input type="checkbox"/>

Dec. 2018

