



Residences at Glenarden Hills

Thank you for your interest in residing at Residences at Glenarden Hills (55+)

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:**

**Residences at Glenarden Hills Leasing Office
3171 Roland Kenner Loop
Lanham, MD 20706**

- **Once your Pre-Application is received, the Residences at Glenarden Hills leasing office will reach out to schedule an appointment. Please bring all of the following documents to your appointment.**
- **APPLICATION FEE** - Please bring a Check or Money Order made out to Residences at Glenarden Hills for \$25 per adult that will be residing in the apartment (including live-in aid).
- **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

FOR MORE INFORMATION:

ResidencesatGlenardenHills.com

ResidencesatGH@Pennrose.com

T: 410.995.7337 | TDD: 800.545.1833 x647

Address: 3171 Roland Kenner Loop
Lanham, MD 20706
Phone: 410.995.7337
Fax: 240.539.8798
Email: ResidencesatGH@pennrose.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 _____

Please return all applications to the address below:
Residences at Glenarden Hills Leasing Office, 3171 Roland Keener Loop, Lanham, 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

Depending on the unit you qualify for, a non-refundable \$25 application fee per adult household member may be required.

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 have a portable Section 8 Voucher?			Y	N
If yes above, through what agency?				
Are you homeless?			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.

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

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 50% 60%

ACC 30%

May 2020

