



Renaissance Row

1-, 2-, and 3-Bedroom Apartment Homes

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:**

Renaissance Row

P.O. Box 68081

3500 Doldfield Avenue, Baltimore, MD 21215

- **Once your Pre-Application is received, the Renaissance Row 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 Renaissance Row 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
- **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.

FOR MORE INFORMATION:

RenaissanceRowApts.com | RenaissanceRow@Pennrose.com

T: 410.450.3041 | TDD: 800.545.1833 x647



Renaissance Row

PROGRAMS AND ELIGIBILITY

Program requirements are specific to the property and individual unit. Eligibility for programs depends on several factors including: the number of people in the household, the total annual household income, credit and criminal background screening, and other criteria. Renaissance Row offers the following rent programs: Low-Income Housing Tax Credit

INCOME RESTRICTIONS*

If you have an annual income that correlates with the household size in the chart below, you may qualify for a **60% Area Median Income Apartment**. Please note these figures are provided by HUD and are subject to change at anytime.

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent
1 Bedroom	1 people	\$38,434 - \$44,160	60%	\$1,121
	2 people	\$38,434 - \$50,460		
2 Bedroom	2 people	\$45,874 - \$50,460	60%	\$1,338
	3 people	\$45,874 - \$56,760		
	4 people	\$45,874 - \$63,060		
3 Bedroom	3 people	\$53,074 - \$56,760	60%	\$1,548
	4 people	\$53,074 - \$63,060		
	5 people	\$53,074 - \$68,160		
	6 people	\$53,074 - \$73,200		

*Updated as of 8/18/2021 and subject to change at anytime.

Address: 4301 Park Heights Avenue
 Baltimore, MD 21215
 Phone: 410.450.3041
 Fax: 443.769.1576
 Email: renaissancerow@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 _____

Applications MUST BE returned vis US Mail to the address below:
PO Box 68081, 3500 Dolfield Avenue, Baltimore, MD 21215

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

May 2020

