



Main Street Housing, Inc.

Rental Application

Our mission is to develop quality, affordable, and independent rental housing for individuals and families with psychiatric disabilities.

Return Completed Application To:

Main Street Housing, Inc.
~~1521 Edgewood St., Suite G~~
~~Baltimore, MD 21227~~
~~Fax: 410-646-0264~~
~~Phone: 410-646-7840~~

We've Moved!
 7310 Esquire Ct. #14
 Elkridge, MD 21075
 Fax: 410-540-9024
 Phone: 410-540-9067

APPLICANT INFORMATION

First Name	Middle Name	Last Name
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Other Names Used: _____

County of Residence	Date of Birth
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Social Security Number	Driver's License or Government ID Number
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Current Mailing Address (Full Address: Street Number, Street Name, Apartment #, City, State, Zip Code)

Home Cell Other:

Primary Telephone Number (including area code)

Home Cell Other:

Other Telephone Number (including area code)

Gender: Male Female Transgender Male Transgender Female

Ethnicity: *This information is requested by Funding Agencies; see Non-Discrimination Statement below.*

- | | | |
|--|---|--|
| <input type="checkbox"/> Prefer Not to Answer | <input type="checkbox"/> South Asian or Indian | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> African-American, Afro-Caribbean or African | <input type="checkbox"/> Middle Eastern or Arab | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> East Asian or Asian | <input type="checkbox"/> Other or Multiracial |

Describe any special equipment or accommodations required and reason for need: *Attach add'l info as needed.*

- | | | |
|--|--|--|
| Do you have any pets? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <i>If Yes: Pets are <u>NOT</u> allowed in any Unit/Property</i> |
| Do you smoke? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <i>If Yes: Smoking is <u>not</u> allowed inside Units/Properties</i> |
| Do you own/use a motor vehicle? | <input type="checkbox"/> YES <input type="checkbox"/> NO | <i>If Yes: Make, model, year and tag number of vehicle:</i> |



MAIN STREET HOUSING, INC. OFFERS HOUSING FOR A PARTICULAR PROTECTED CLASS UNDER THE FEDERAL FAIR HOUSING REGULATIONS BUT THE PROPERTY SHALL BE MADE AVAILABLE TO ALL PERSONS WITHIN THAT CLASS WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, PHYSICAL OR MENTAL HANDICAPS, FAMILIAL STATUS OR ANY ADDITIONAL PROTECTED CLASSES SPECIFIED BY THE STATE OF MARYLAND OR LOCAL JURISDICTIONAL LAW.

Additional Occupants:

List everyone, including children, who will live with you. A **separate Rental Application** must be completed for **each** Applicant/Occupant aged 18 or older.

Full Name	Date of Birth	Relationship to You
1. _____		
2. _____		
3. _____		

RENTAL & LEGAL HISTORY

Current or Most Recent Residence: Please check the option that best describes your current living situation:

- Homeless (on Street/in Shelter)
- Staying with Family/Friends
- Transitional Housing
- Supportive Housing Program
- Other: _____
- Inpatient Unit/Facility
- Incarcerated/Criminal Justice Facility
- Residential Rehabilitation Program (RRP)
- Independent Housing

Address: Street Number, Street Name, Apartment #, City, State, Zip Code

Move In Date Move Out Date Reason for Leaving

Landlord/Manager Landlord/Manager's Phone Number

Previous Address: Street Number, Street Name, Apartment #, City, State, Zip Code

Move In Date Move Out Date Reason for Leaving

Landlord/Manager Name Landlord/Manager's Phone Number

Have you ever lived outside the State of Maryland? YES NO

If Yes, When and Where? _____

Have you submitted a *Rental Application* to Main Street Housing before? YES NO

If Yes, When? _____

Have you ever been evicted? YES NO

If Yes: Please describe the circumstances of any evictions. Attach additional sheets if necessary.



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Criminal History: Have your ever been: arrested or charged for a crime? YES NO
convicted of a crime? YES NO
incarcerated? YES NO

If Yes: Please provide the **year** and an **explanation** of all incidents/offenses. Attach additional sheets as necessary. *MSH will perform a criminal history check for each Applicant.*

EMPLOYMENT HISTORY

Have you ever served in the military? YES NO
 Are you currently enrolled in school or formal training? YES NO

Please check the option that best describes your current employment situation:
 Unemployed: Seeking Work Employed: Seasonal or Temporary
 Unemployed: Retired Employed: Part-Time
 Unemployed: Disabled, Not Seeking Work Employed: Full-Time

Name and Address of Current or Most Recent Employer

Dates Employed	Type of Job or Title
Supervisor's Name	Supervisor's Phone Number

Name and Address of Next Most Recent Employer

Dates Employed	Type of Job or Title
Supervisor's Name	Supervisor's Phone Number

PERSONAL REFERENCES

Please provide accurate contact information for 3 Personal References and let them know we may contact them.

1. Reference Name: _____ **Relationship to You:** _____
 Phone: _____ How long have you known this person? _____ years

2. Reference Name: _____ **Relationship to You:** _____
 Phone: _____ How long have you known this person? _____ years

3. Reference Name: _____ **Relationship to You:** _____
 Phone: _____ How long have you known this person? _____ years



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FINANCIAL HISTORY

Accepted Applicants will be required to provide verification of income sources (bank statements, check stubs, benefit letters from SSA or VA, Housing Assistance vouchers, etc.). Benefits must be valid in the county of residence.

CURRENT MONTHLY INCOME:

Employment Income: Describe: _____ \$ _____

Food Stamps/SNAP/Independence Card: Describe: _____ \$ _____

SSDI: Describe: _____ \$ _____

SSI: Describe: _____ \$ _____

VA Benefits: Describe: _____ \$ _____

Unemployment Benefits: Describe: _____ \$ _____

Pension or Retirement Income: Describe: _____ \$ _____

Child Support or Alimony: Describe: _____ \$ _____

TCA: Expires On: _____ \$ _____

Other Source of Monthly Income: Describe: _____ \$ _____

Other Source of Monthly Income: Describe: _____ \$ _____

Other Source of Monthly Income: Describe: _____ \$ _____

TOTAL HOUSEHOLD MONTHLY INCOME: \$ _____

CURRENT MONTHLY EXPENSES:

Child Support or Alimony Payment: Describe: _____ \$ _____

Car Loan/Insurance Payments: Describe: _____ \$ _____

Student/Personal Loan Payments: Describe: _____ \$ _____

Credit Card Payments: Describe: _____ \$ _____

Other Mandatory Payments: Describe: _____ \$ _____

Other Mandatory Payments: Describe: _____ \$ _____

TOTAL HOUSEHOLD MONTHLY EXPENSES: \$ _____

Are you enrolled in a Housing or Rental Assistance Program? YES ON WAITING LIST NO
 Ex: Housing Choice Section 8 Voucher If Yes, County: _____

Do you have any outstanding debts with any utility companies? YES NO

Do you have a checking or savings account? YES NO

Do you have health insurance? YES NO
 Ex: Medical Assistance, PAC, private insurance, etc. If Yes, Carrier: _____

PLEASE NOTE: Single adult Applicants need to have a **minimum income of \$500 per month** to be eligible for tenancy with Main Street Housing, Inc. Income requirements for families vary by jurisdiction; contact the MSH Office for details. If offered tenancy, the Applicant will be expected to sign a Lease Agreement with an initial term of one (1) year and provide **payment of Security Deposit and First Months' Rent at Lease signing**. Amount of Security Deposit and Rent is unique to each Property.



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DISCLOSURES & PERMISSIONS

**I understand that completing this *Rental Application*
DOES NOT GUARANTEE housing through Main Street Housing, Inc.**

I give permission for Main Street Housing, Inc. to check the accuracy of all the information I have provided about my household, income, employment, rental and criminal history by contacting Employers, Landlords, References and court records or files.

I understand that my application may be terminated if I have made any false or incomplete statements in this *Rental Application*.

I understand that I must provide evidence of having a psychiatric disability by submitting a completed and signed *Evidence of Psychiatric Disability Form* with this *Rental Application*.

I authorize Main Street Housing, Inc. to verify any information regarding my psychiatric disability as presented on the attached *Evidence of Psychiatric Disability Form*.

I authorize Main Street Housing, Inc. to discuss this application with the local mental health Core Service Agency.

I authorize Main Street Housing, Inc. to release information provided in this application to person(s) or agencies checking to see that Main Street Housing, Inc. has complied with the restrictions of its funding.

I certify that the information I have provided in this application and attached form(s) is true and exact to the best of my knowledge. I certify that I have read and agree with the terms and conditions stated above.

Did anyone assist you in completing this *Rental Application*? YES NO

If Yes: Name of Person Assisting: _____

Relationship to You: _____

Organization/Contact Info: _____

Date

Applicant's Signature

Applicant's Name (Please Print)

Please make sure you have answered ALL questions
on this *Rental Application* before submitting.



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Main Street Housing, Inc. Evidence of Psychiatric Disability Form

Main Street Housing, Inc. is an organization that develops quality, affordable, independent rental housing for persons and families with psychiatric disabilities.

Individuals seeking consideration for tenancy with *Main Street Housing, Inc.* are responsible for providing a completed and signed *Evidence of Psychiatric Disability Form* with their *Rental Application*.

Evidence of Psychiatric Disability

I have worked with _____
Name of Applicant

in the capacity of _____ during the period of
Title / Relationship

_____ to _____ and do hereby attest to
Start Date End Date or "Current"

my belief that this person currently has a psychiatric disability.

Mental Health Provider Signature Date

Printed Name and Credentials/Title

Organization / Company Phone Number

Agreed To:

Applicant's Signature Date



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