

## Homes at Oxon Hill

(301) 686-7001 | TTY 711

HomesAtOxonHill@hrehllc.com

4550 Wheeler Hills Road, Oxon Hill, MD 20745

Thank you for choosing Homes at Oxon Hill as your new home.

### To Apply Please Complete the Following Steps:

- **Complete & Sign the Application Packet**

### Provide the Items Listed Below:

- **Identification:**
  - Photo ID for household members
  - Social Security or ITIN numbers for all household members
- **Application Fee:**
  - An application fee of \$17.00 per applicant is due at the time of application and is payable via check or money order
- **Employment/Income Information:**
  - 8 current, consecutive paystubs
  - Name, address, phone, & fax # of employer
  - If self-employed, last year's complete tax return
- **Other income Information:**
  - Current benefits letters - social security, public assistance, pension/annuity
- **Bank/Asset Information:**
  - Checking accounts - 6 recent complete bank statements
  - Savings accounts - most recent complete bank statement
  - Other accounts (401K, mutual funds, etc.) - most recent statements
  - Name, address, phone, & fax # of banking institution
  - Internet based accounts (CashApp, Venmo, PayPal, etc.) - most recent complete statement
- **Rental History:**
  - 3 years of landlord history - name, address, phone number, email of landlord

\*The above is not an exhaustive list; our team may request additional documents as we work to process the application.





# HOMES AT OXON HILL APPLICATION FOR HOUSING

**For Office Use Only:**

Date Rcvd: \_\_\_\_\_

Agent Initials: \_\_\_\_\_

Application #: \_\_\_\_\_

**FILL IN ALL SECTIONS AND FIELDS; IF NOT APPLICABLE, INSERT 'N/A.' INCOMPLETE APPLICATIONS WON'T BE PROCESSED.**

## A. Head of Household (HOH) Information

Name: _____ <i>Last First MI</i>		Social Security # : _____	Date of Birth: _____
Additional Names Used: _____		Email Contact: _____	
Contact Phone #: _____ ( ) -	Preferred Apartment Size: <i>(can list more than 1)</i> _____	How did you hear about the property?	

## B. Household Composition

**Please see Resident Selection Criteria for Occupancy Standards**

**Please be sure to include your HOH information (from above) in this section, Member #1 - HOH**

All persons who will reside in the apartment.	Relationship to HOH	Name Last, First MI	Marital Status	Social Security Number	Date of Birth (mm/dd/yyyy)	Student Y/N
Applicant #1	HOH					
Applicant #2						
Applicant #3						
Applicant #4						
Applicant #5						
Applicant #6						
Applicant #7						

Do you anticipate any household changes within the next twelve months? <input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, Expected # of: Additions: _____ or Reductions: _____	Changes could make you ineligible for occupancy
---	---	---

## C. Residential History – 2 Years Minimum

<b>Current Address</b>	Street Address: _____ Unit #: _____ City _____ State _____ Zip Code _____				
	Landlord: <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Apartment <input type="checkbox"/> Other		From (MM/YY)	To (MM/YY)	Monthly Payment:
	Name: _____		Select applicants from this application currently residing at residence: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7		
	Landlord Contact Name and Phone #: _____		City	State	Zip Code
Do you: Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	Landlord Street Address _____		Avg Cost/Month _____		
	How Many Bedrooms were at this residence? <input type="checkbox"/> SRO <input type="checkbox"/> #0 <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> 5+		Utilities Paid <input type="checkbox"/> Heat <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Other \$ _____		

<b>Current/ Prior Address</b>	Street Address: _____ Unit #: _____ City _____ State _____ Zip Code _____				
	Landlord: <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Apartment <input type="checkbox"/> Other		From (MM/YY)	To (MM/YY)	Monthly Payment:
	Name: _____		Select applicants from this application currently residing at residence: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7		
	Landlord Contact Name and Phone #: _____		City	State	Zip Code
Do you: Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	Landlord Street Address _____		Avg Cost/Month _____		
	How Many Bedrooms were at this residence? <input type="checkbox"/> SRO <input type="checkbox"/> #0 <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> 5+		Utilities Paid <input type="checkbox"/> Heat <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Other \$ _____		

<b>Current/ Prior Address</b>  <b>Do you:</b> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>	Street Address:		Unit #:	City	State	Zip Code
	Landlord: <input type="checkbox"/> Mortgage Company <input type="checkbox"/> Apartment <input type="checkbox"/> Other		From (MM/YY)	To (MM/YY)	Monthly Payment:	
	Landlord Contact Name and Phone #:		Select applicants from this current application who resided at this residence: <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7			
	Landlord Street Address		City	State	Zip Code	
	How Many Bedrooms were at this residence? <input type="checkbox"/> SRO <input type="checkbox"/> #0 <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> 5+		Utilities Paid <input type="checkbox"/> Heat <input type="checkbox"/> Electric <input type="checkbox"/> Water <input type="checkbox"/> Other		Avg Cost/Month \$ _____	

### E. Household Personal Information

Have you or any member of your household above resided in another State?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please list all states where they have ever lived and Member # (from above):
Have you or any member of your household above been convicted of a Felony or Other Crime	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain and provide the date(s) and Member #(from above):
Have you or any member of your household above ever been evicted from a rental?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain and provide the date(s) and Applicant #(from above):
Do you or any household member above possess a current Section 8 Voucher/Certificate, or is receiving housing assistance from HUD or a PHA?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Please provide the name & address of your County or City Housing Authority: Name: _____ Phone: ( ) - _____ Street Address: _____ City, State & Zip: _____ Voucher Bedroom Size: _____
If Yes, Is the Voucher/Certificate transferable?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Which household member(s) possess the Voucher/Certificate: #(s): _____ <span style="float: right; font-size: small;">From Above</span>
Have you or any member of your household above ever filed for Bankruptcy?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please list member # and provide the date(s) of Bankruptcy:
Do you or any household member above plan to have pets in the unit?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please explain pet details:
Do you or any member of your household above require special accommodations?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please list member # and explain what accommodations you require:
Do you or any household member above have custody arrangement of any child (ren) listed above?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please list member # and explain custody arrangements?
Do you or any household member above owe any apartment community money?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please list member # and explain:
Do you or any member of your household above have renter's insurance?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, please list member #, Insurance Company, Policy #, and Agent Info:

#### Full-Time Student Information

(This apartment is governed by Federal and State Housing Program(s) that restrict full-time students. We must determine your household student status prior to eligibility and, if such eligibility is granted, each subsequent year you remain in the unit.)

If unsure of Full-Time status, inquire with Management for determination of "Full-Time" prior to completing the following section.

Are you or any household member above (including minors) currently a Full-Time Student?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you or any household member (including minors) anticipate becoming a Full-Time Student?	YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes to the above two questions, complete the following:			
Are any Full-Time Student(s) married and filing a joint tax return?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are any of the Full-Time Student(s) enrolled in a Job Training Program receiving assistance under the Job Training Partnership Act?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Any Full-Time Student(s) a single parent living w/ his/her minor child who is not claimed on another's Tax Return?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Are any of the Full-Time Student(s) a TANF or Title IV recipients?	YES <input type="checkbox"/> NO <input type="checkbox"/>

#### Demographic Data

<b>The following information is required to determine program utilization and for statistical purposes only. This information will not affect the processing of this application.</b>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
	Race: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	
	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	

## F. Income & Assets

Describe all Household Members' (from above) income from employment, self-employment, and any other source, including assistance.

Current Employer:		Supervisor:		Phone: ( ) -	
Address: _____ Street Address City State Zip Code					Household Member # <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7
Job Title:	Salary: \$ _____ Dollar Amount	_____ <i>Hours per week</i>	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Monthly	From (MM/YY)	To (MM/YY)
HR Contact Name:			HR Contact Phone Number: ( ) -		
<b>Total Employment Income</b>	<input type="checkbox"/> Zero Income	<input type="checkbox"/> \$1-\$12,500	<input type="checkbox"/> \$12,501-\$20,000	<input type="checkbox"/> \$20,001-\$27,000	<input type="checkbox"/> \$27,001-\$35,000
	<input type="checkbox"/> 35,001-\$42,000	<input type="checkbox"/> \$42,001-\$50,000	<input type="checkbox"/> \$50,001-\$57,500	<input type="checkbox"/> \$57,501-\$65,500	<input type="checkbox"/> \$65,501-\$75,000+

  

Current or Previous Employer:		Supervisor:		Phone: ( ) -	
Address: _____ Street Address City State Zip Code					Household Member # <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7
Job Title:	Salary: \$ _____ Dollar Amount	_____ <i>Hours per week</i>	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Monthly	From (MM/YY)	To (MM/YY)
HR Contact Name:			HR Contact Phone Number: ( ) -		
<b>Total Employment Income</b>	<input type="checkbox"/> Zero Income	<input type="checkbox"/> \$1-\$12,500	<input type="checkbox"/> \$12,501-\$20,000	<input type="checkbox"/> \$20,001-\$27,000	<input type="checkbox"/> \$27,001-\$35,000
	<input type="checkbox"/> 35,001-\$42,000	<input type="checkbox"/> \$42,001-\$50,000	<input type="checkbox"/> \$50,001-\$57,500	<input type="checkbox"/> \$57,501-\$65,500	<input type="checkbox"/> \$65,501-\$75,000+

  

Current or Previous Employer:		Supervisor:		Phone: ( ) -	
Address: _____ Street Address City State Zip Code					Household Member # <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7
Job Title:	Salary: \$ _____ Dollar Amount	_____ <i>Hours per week</i>	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Monthly	From (MM/YY)	To (MM/YY)
HR Contact Name:			HR Contact Phone Number: ( ) -		
<b>Total Employment Income</b>	<input type="checkbox"/> Zero Income	<input type="checkbox"/> \$1-\$12,500	<input type="checkbox"/> \$12,501-\$20,000	<input type="checkbox"/> \$20,001-\$27,000	<input type="checkbox"/> \$27,001-\$35,000
	<input type="checkbox"/> 35,001-\$42,000	<input type="checkbox"/> \$42,001-\$50,000	<input type="checkbox"/> \$50,001-\$57,500	<input type="checkbox"/> \$57,501-\$65,500	<input type="checkbox"/> \$65,501-\$75,000+

  

Current or Previous Employer:		Supervisor:		Phone: ( ) -	
Address: _____ Street Address City State Zip Code					Household Member # <input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input type="checkbox"/> #6 <input type="checkbox"/> #7
Job Title:	Salary: \$ _____ Dollar Amount	_____ <i>Hours per week</i>	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually <input type="checkbox"/> Bi-Wkly <input type="checkbox"/> Bi-Monthly	From (MM/YY)	To (MM/YY)
HR Contact Name:			HR Contact Phone Number: ( ) -		
<b>Total Employment Income</b>	<input type="checkbox"/> Zero Income	<input type="checkbox"/> \$1-\$12,500	<input type="checkbox"/> \$12,501-\$20,000	<input type="checkbox"/> \$20,001-\$27,000	<input type="checkbox"/> \$27,001-\$35,000
	<input type="checkbox"/> 35,001-\$42,000	<input type="checkbox"/> \$42,001-\$50,000	<input type="checkbox"/> \$50,001-\$57,500	<input type="checkbox"/> \$57,501-\$65,500	<input type="checkbox"/> \$65,501-\$75,000+

Other Income Sources	Source Name, Address & Telephone No.	Gross Monthly	Member #
Social Security (SS, SSI, AFDC)			
Social Security (SS, SSI, AFDC)			
Social Security (SS, SSI, AFDC)			
Pensions (VA, Retirement Plan, etc.)			
Pensions (VA, Retirement Plan, etc.)			
Pensions (VA, Retirement Plan, etc.)			
Financial Investments			
Financial Investments			
Financial Investments			
Gifts from Household			
Gifts from Household			
Other:			
Other:			
Other:			
Other:			
Other:			
<b>TOTAL MONTHLY INCOME FROM OTHER SOURCES:</b>			<b>ALL</b>

**Zero Income Verification**

Are **YOU** or **ANY ADULT** member of your household claiming zero (\$0) income? YES  NO

Indicate which household member(s) here:

#1  #2  #3  #4  #5  #6  #7

Asset Source	Source Name, Address & Telephone No.	Value or Balance	Member #
Checking or Credit Union Banking			
Checking or Credit Union Banking			
Checking or Credit Union Banking			
Checking or Credit Union Banking			
Savings			
Savings			
Savings Bonds			
Whole Life Insurance			
Whole Life Insurance			
Mutual Fund		Cash Value: _____	
Mutual Fund		Cash Value: _____	
Stocks		Cash Value: _____	
Bonds		Cash Value: _____	
Other:		Cash Value: _____	

Do you own any Real Estate Property?  
 YES  NO

If Yes, Type of Property: \_\_\_\_\_

Location of Property: \_\_\_\_\_

Owned by Household Members: \_\_\_\_\_

Mortgage or Outstand Loan Due: \_\_\_\_\_

Appraised Market Value: \_\_\_\_\_

Have you or any other household member disposed of or given away ANY asset(s) for LESS than Fair Market Value within the last two years?

Amount: \$ \_\_\_\_\_ Explanation: \_\_\_\_\_  YES  NO

## I. Certification -Signature & Consent

**Applicant's Statement:** I/We declare under penalty of perjury under the laws of the State of Maryland that the information contained in this application and any information or documents that support this application is true and correct. I acknowledge that false information herein may constitute grounds for rejection of this application and termination of any rights of occupancy and constitutes a criminal offense under the laws of this state. As part of the procedure for processing this application, I recognize that an investigative consumer report will be prepared with information obtained through personal interviews with my landlord, neighbors, friends, and others with whom I am acquainted. This includes my employment, income, character, general reputation, personal characteristics, and mode of living. A routine criminal records check will also be run. I authorize such investigation of myself and any other applicant listed above on B. Household Composition as a household member and obtaining a credit report.

**NOTE:** Qualifying as an income-eligible household does not give you any lease or rental rights. **You will be approved and offered a unit only after being presented with a written lease.**

_____ Applicant Signature (HOH) #1	_____ Printed Name	_____ Date
_____ Applicant Signature (Other Adult/Co-Head) #2	_____ Printed Name	_____ Date
_____ Applicant Signature (Other Adult) #3	_____ Printed Name	_____ Date
_____ Applicant Signature (Other Adult) #4	_____ Printed Name	_____ Date

**The undersigned agent certifies that the information sought herein is for evaluating the applicant's tenancy and for no other purpose. Additionally, I have verified the identification of the individual named above by reviewing government-issued identification:**

_____ Office Staff Signature	_____ Printed Name	_____ Date
---------------------------------	-----------------------	---------------



## Information Release Authorization and Consent

I, \_\_\_\_\_, the undersigned, hereby authorize those third parties listed below in section 1 to release, without liability, information stated below in section 2 for purposes of documenting information required under Federal, State, and/or Local housing program guidelines and the community's Resident Selection Criteria.

I, \_\_\_\_\_, the undersigned, hereby authorize Humphrey Management, Inc. as management agent for \_\_\_\_\_ **Homes at Oxon Hill LP** \_\_\_\_\_ to contact those third parties listed below in section 1 to request information stated below in section 2 for the purpose of documenting information required under Federal, State, and/or Local housing program guidelines and the community's Resident Selection Criteria.

### Section 1: Entities Authorized to Release Information

This authorization applies to the following entities whom may be contacted for information:

- |  |   |
|--|---|
| 1. Current and Previous Employer(s)                          | 9. Department of Veteran Affairs                                    |
| 2. Providers of alimony, child support, pensions, annuities. | 10. Federal, State, or Local Government Agencies and Departments    |
| 3. Banks and Other Financial Institutions                    | 11. Internal Revenue Service  |
| 4. Schools and Colleges                                      | 12. Credit Reporting Agencies                                       |
| 5. Social Security Administration                            | 13. Local, state and federal courts & law enforcement agencies      |
| 6. State unemployment  | 14. Current and Previous Landlord(s)                                |
| 7. Child Support Enforcement                                 | 15. Providers of medical care, childcare, accessibility assistance. |
| 8. Welfare Agencies  | 16. Utility Companies and providers                                 |

### Section 2: Authorized Information for Release

The undersigned understands that previous or current information regarding their household may be needed for the stated purpose of determining initial or ongoing eligibility for housing at this community.

This authorization applies to the following types of verifications and inquiries that may be requested:

- |                                      |   |
|--------------------------------------|---|
| 1. Employment status and income      | 9. Participation in Federal, State, or Local programs |
| 2. All other types of income         | 10. Tax Information                                   |
| 3. Assets                            | 11. Personal Identity                                 |
| 4. Student Status                    | 12. Address/Landlord/Renter's History                 |
| 5. Household Composition             | 13. Medical Expenses                                  |
| 6. Marital Status                    | 14. Childcare Expenses                                |
| 7. Custody of Minors                 | 15. Accessibility Assistance Expenses                 |
| 8. Federal, State, or Local benefits | 16. Utility Data                                      |

### Section 3: Conditions for Release

This authorization is given with the understanding that it cannot be used to obtain any information that is not relevant to eligibility for and/or continued participation as a qualified resident under Federal, State and/or Local housing program guidelines and the community's Resident Selection Criteria.

This authorization form expires 15 months after the date the form is signed.

This authorization allows HAI Management, Inc. to use a photocopy of this authorization for the purposes stated above.

\_\_\_\_\_  
*Applicant's Printed Name*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).



# ACKNOWLEDGEMENT OF RECEIPT OF VAWA DOCUMENTS

---

Property: Homes at Oxon Hill

Resident(s): \_\_\_\_\_  
\_\_\_\_\_

Please sign below to acknowledge you have received the two following Violence Against Women Act (VAWA) documents:

- 1) VAWA Notice of Occupancy Rights Under the Violence Against Women Act, Form HUD-5380
- 2) VAWA Certification of Domestic Violence, Dating Violence, Sexual Assault or Stalking, Form HUD-5382

I certify that I am the Head/Co-Head/Spouse or other Adult member of the household and I certify that I have received a copy of the VAWA documents listed above.

\_\_\_\_\_  
Head of Household Date

\_\_\_\_\_  
Co-Head Date

\_\_\_\_\_  
Adult Household Member over 18 Date

I certify that I have provided VAWA Form HUD-5380 and VAWA Form HUD-5382 to the household listed above.

\_\_\_\_\_  
Community Manager / Office Date