



**Division of Housing Services**

1966 Greenspring Drive, Suite 200  
Timonium, MD 21093  
(443) 798-3423

**KEEP A COPY FOR YOUR RECORDS**

**HOUSING FOR SENIORS  
APPLICATION FOR ADMISSION**

**Please check your choice(s):**

● **HUD Financed** (see last page):

- Aberdeen, Aberdeen
- Abingdon, Abingdon
- Arundel Woods\*, Glen Burnie
- Basilica Place\*, Baltimore
- Coursey Station, Lansdowne
- DePaul House\*, Violetville
- Friendship Station\*, Odenton
- Friendship Village, Odenton
- Holy Korean Martyrs, Woodlawn
- Owings Mills New Town, Owings Mills

- Reister's Clearing, Reisterstown
- Reister's View, Reisterstown
- Starner Hill, Grantsville
- St. Charles House, Pikesville
- St. Joachim\*, Violetville
- St. Luke's Place\*, Edgemere
- Trinity House\*, Towson

*\*Senior Support Services Available*

**\*\*Tax Credits** (see last page):

- Everall Gardens, Overlea
- Kessler Park, Lansdowne
- St. Mark's Apartments, Catonsville

**A. GENERAL INFORMATION (Fill in all that applies to you as Head of Household)**

1. Applicant Name: \_\_\_\_\_  
(print name as it appears on social security card)

2. Present Address: \_\_\_\_\_  
(Street) (Apt. #)  
\_\_\_\_\_  
(City) (State) (Zip Code)

3. How long have you lived at present address? \_\_\_\_\_

Telephone Number \_\_\_\_\_  
(Home) (Work)

If you have lived at the above address less than three (3) years, list your previous address:

\_\_\_\_\_  
(Street) (Apt. #)  
\_\_\_\_\_  
(City) (State) (Zip Code)

How long have you lived at your previous address: \_\_\_\_\_

4. Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_  
 a. If you are employed, what is your occupation? \_\_\_\_\_  
 b. If you are retired, what was your occupation? \_\_\_\_\_
5. Do you have a car? Yes \_\_\_\_\_ No \_\_\_\_\_  
 a. What is the make? \_\_\_\_\_ What is the model? \_\_\_\_\_  
 b. What is the color? \_\_\_\_\_ What is the tag number? \_\_\_\_\_
6. Do you have any special talents, hobbies or special volunteer interests? If yes, name them: \_\_\_\_\_  
 \_\_\_\_\_
7. How did you hear about Catholic Charities Senior Housing? \_\_\_\_\_
8. Will you be bringing a pet to live with you? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, the pet cannot weigh more than 25 lbs.)
9. Have you ever been convicted of illegal drug use or any other criminal activity? Yes \_\_\_\_\_ No \_\_\_\_\_  
 a. Date of conviction? \_\_\_\_\_ State where conviction occurred? \_\_\_\_\_
10. Are you or is any member of the household subject to a lifetime registration requirement under a state sex offender registration program? Yes \_\_\_\_\_ No \_\_\_\_\_

**SPOUSE OR CO-TENANT INFORMATION**

11. Spouse or Co-Tenant Name: \_\_\_\_\_  
 (print name as it appears on social security card)
12. Present Address: \_\_\_\_\_  
 (Street) (Apt. #)  
 \_\_\_\_\_  
 (City) (State) (Zip Code)
13. How long have you lived at present address? \_\_\_\_\_  
 a. If at above address less than three (3) years, list previous address: \_\_\_\_\_  
 b. Telephone Number \_\_\_\_\_  
 (Home) (Work)  
 c. How long have you lived at your previous address? \_\_\_\_\_
14. Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_  
 c. If you are employed, what is your occupation? \_\_\_\_\_  
 d. If you are retired, what was your occupation? \_\_\_\_\_
15. Do you have a car? Yes \_\_\_\_\_ No \_\_\_\_\_  
 a. What is the make? \_\_\_\_\_ What is the model? \_\_\_\_\_  
 b. What is the color? \_\_\_\_\_ What is the tag number? \_\_\_\_\_
16. Do you have any special talents, hobbies or special volunteer interests? If yes, name them: \_\_\_\_\_  
 \_\_\_\_\_
17. Have you ever been convicted of illegal drug use or any other criminal activity? Yes \_\_\_\_\_ No \_\_\_\_\_  
 a. Date of conviction? \_\_\_\_\_ State where conviction occurred? \_\_\_\_\_

**B. CONTACTS**

List below two relatives or friends who know how to contact you:

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY/STATE/ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

**C. HOUSEHOLD COMPOSITION & CHARACTERISTICS**

1. List yourself, as Head of Household, and all persons who will be living with you in this apartment:

(a) Full Name	(b) Social Security #	(c) Birth Date	(d) Birth Place (State)	(e) Age	(f) Sex	(g) Relationship

**D. APARTMENTS FOR PHYSICALLY CHALLENGED PERSONS**

Apartments for physically challenged persons are units which are designed and designated for physically disabled persons whose handicap results in a functional limitation in access and use of the building. Do you need the special features of a mobility/hearing impaired apartment?

Yes \_\_\_\_\_ No \_\_\_\_\_

**E. CATEGORY OF INDEPENDENCE**

Please place a check mark next to the categories that best describe the areas in which you or your spouse (or co-tenant) may need some assistance:

	yourself	spouse or co-tenant		yourself	spouse or co-tenant		yourself	spouse or co-tenant
Housekeeping			Money Management			Transferring		
Meal Preparation			Transportation Management			Dressing		
Laundry			Correspondence			Feeding		
Taking Medications			Planning & Decision Making			Toileting		
Telephoning			Safety Precaution			Bathing		
Mobility & Associated Tasks			Appropriate Communications					

Are you or your spouse (or co-tenant) interested in the Senior Support Services Program? (Provides meals and assistance with housekeeping, minimal personal care and care management. Please see brochure.)

Yes \_\_\_\_\_ No \_\_\_\_\_

**F. CURRENT HOUSING STATUS/NEED**

- 1. Do you own or rent your home? \_\_\_\_\_ Own \_\_\_\_\_ Rent
- 2. What is your mortgage payment \$ \_\_\_\_\_ (monthly) or current rent \$ \_\_\_\_\_ (monthly)
- 3. What is your current utility expense? \$ \_\_\_\_\_ (monthly)
- 4. Do you plan to have anyone live with you who is not listed on this application? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please name and explain: \_\_\_\_\_  
\_\_\_\_\_
- 5. Does anyone live with you **NOW** who is not listed on this application? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please name and explain: \_\_\_\_\_  
\_\_\_\_\_
- 6. Are you or have you ever been evicted? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain the circumstances: \_\_\_\_\_  
\_\_\_\_\_
- 7. Why do you wish to move? \_\_\_\_\_  
\_\_\_\_\_
- 8. Would you consider an efficiency unit if available? Yes \_\_\_\_\_ No \_\_\_\_\_
- 9. Are you now living in a government assisted unit? Yes \_\_\_\_\_ No \_\_\_\_\_  
Do you presently have a Section 8 voucher or certificate? Yes \_\_\_\_\_ No \_\_\_\_\_
- 10. Has your residency or government assistance in an assisted housing program ever been terminated for fraud, non-payment of rent, or failure to comply with recertification procedures? Yes \_\_\_\_\_ No \_\_\_\_\_
- 11. Current Landlord's Name: \_\_\_\_\_  
Landlord's Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Landlord's Phone Number: \_\_\_\_\_

**G. INCOME INFORMATION**

Answer each of the following questions. For each **YES** answer provide detailed information requested in the charts that follow the list of questions.

- 1. Does any member of your household work full time, part time, or seasonally? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2. **Does any member of your household expect to work during the next twelve (12) months?** Yes \_\_\_\_\_ No \_\_\_\_\_
- 3. Does any member of your household work for someone who pays them in cash? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4. Does any member of your household receive or expect to receive unemployment? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Does any member of your household receive or expect to receive alimony? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Does any member of your household receive or expect to receive SSI or Public Assistance? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Does any member of your household receive or expect to receive income from Social Security? Yes \_\_\_\_\_ No \_\_\_\_\_
8. Does any member of your household receive or expect to receive income from a pension or annuity? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Does any member of your household receive or expect to receive regular contributions from organizations or from individuals not living in the unit? Yes \_\_\_\_\_ No \_\_\_\_\_
10. Does any member of your household receive income from assets including interest or dividends from checking or savings accounts, Certificates of Deposit, stocks, bonds, mortgages, or income from rental property, real estate, or business ventures? Yes \_\_\_\_\_ No \_\_\_\_\_

**For each person who will be living in the unit**, please list the type and amount of **GROSS INCOME** each person expects to receive monthly. Use the chart below:

Income Source	Head of Household	Spouse	Co-Tenant
Social Security (SSA)	\$ /mo.	\$ /mo.	\$ /mo.
Supplemental Security (SSI)			
Pension			
Annuity			
Wages/Salaries, etc.			
Recurring Cash Contributions			
Welfare Assistance			
Alimony			
Rental/Real Estate Income			
Unemployment Benefits			

## **H. ASSET INFORMATION**

For each asset a household member has enter the requested information in the chart below:

1. **BANK ACCOUNTS:** Checking, Savings, CD's, Money Market, IRA, etc.

Type of Account	Bank Name	Account #	Balance	Interest Rate
			\$	%
			\$	%
			\$	%
			\$	%

			\$		%
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**2. SECURITIES/STOCKS:**

Name of Company	# of Shares	Price Per Share	Annual Dividend
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

**3. BONDS:**

Denomination Amounts	Number of Bonds

**4. PROPERTY OWNED:**

Do you own a home or real estate? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, provide the full address:

Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

What is the current Market Value of this property? \$ \_\_\_\_\_

5. Have you sold or given away any assets for less than its Fair Market Value in the past two (2) years?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

Asset	Fair Market Value	Amount Received
	\$	\$
	\$	\$

**I. MEDICAL EXPENSES** (Not required for Tax Credit Properties)

1. Do you have a personal physician? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

2. Do you pay for a care attendant or for any equipment for a disabled member(s) of your household which is necessary to permit someone in your household to work? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, identify expenses: \_\_\_\_\_

3. If you presently have any of the following medical expenses which you pay **OUT OF POCKET** and are not reimbursed, please fill in the following requested information:

<b>Medical Expense</b>	<b>Monthly Out of Pocket Cost</b>
Medicare insurance	\$
AARP insurance	\$
Blue Cross/Blue Shield insurance	\$
Other medical insurance	\$
Physician visit	\$
Home health care costs	\$
Service of health care facilities	\$
Prescriptions/Non-prescription	\$
Transportation to medical office/visits/hospitals	\$
Dental expenses	\$
Eyeglasses, hearing aids, batteries	\$
Monthly payments on medical bills	\$
Medical expenses of a permanently institutionalized household member	\$
Rental of medical equipment	\$

4. Do you receive medical assistance through SSI? Yes \_\_\_\_\_ No \_\_\_\_\_

**J. EMERGENCY CONTACT INFORMATION**

In the event of emergency, list one person who you authorize to handle your personal and financial affairs:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

**K. APPLICANT CERTIFICATION**

I certify that the unit I occupy will be my only residence. I understand that the above information is being collected to determine my eligibility for housing. I authorize the owner to verify all information provided on this application and to contact previous or current landlords or other sources of credit and verification information which may be released to appropriate Federal, State or local agencies. As a condition of consideration for housing a criminal background check will be required. I certify that the statements made in this application are true and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under Federal law.

_____	_____
(Signature of Head of Household)	(Date)
_____	_____
(Signature of Spouse or Co-Tenant)	(Date)
_____	_____
(Signature of Third Co-Tenant)	(Date)
_____	_____
(Management)	(Date)

PLEASE RETURN THIS COMPLETED AND SIGNED APPLICATION TO:

CATHOLIC CHARITIES  
DIVISION OF HOUSING SERVICES  
1966 Greenspring Drive, Suite 200  
Timonium, Maryland 21093

**WE STRONGLY RECOMMEND THAT YOU KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS.**

• HUD Financed: HUD assisted apartment rents are based on 30% of the adjusted gross income of a resident. An applicant must be 62 years old or older at the time of application to apply to all but five of Catholic Charities' buildings. The five buildings that accept non-elderly disabled persons\* are Basilica Place, Coursey Station, DePaul House, Starner Hill and St. Charles.

\*non-elderly disabled persons are persons that qualify for units specifically designed for physically handicapped or mobility impaired persons under the age of 62 years old.

\*\* Tax Credits: Tax credit apartment rents are determined by apartment size and location. Section 8 vouchers may be used in tax credit apartments.