



# Catholic Charities

Division of Housing Services  
1966 Greenspring Drive, Suite 200  
Timonium, Maryland 21093  
Phone: 443-798-3423



## Dear Applicant:

Thank you for your interest in choosing a Catholic Charities' Senior Housing community. We offer two types of housing which differ by funding source and income requirements—HUD Rent Assisted Housing and Tax Credit Properties.

### Income Eligibility

Your gross income is an essential factor to qualifying you for residency in any of our facilities. The U.S. Department of Housing and Urban Development (HUD) sets the income limits.

The established maximum annual income limits (per household) are:

Building Type	1 Person		2 Person	
HUD (all except Starner Hill)	\$28,800		\$32,900	
HUD (Starner Hill)	\$24,300		\$27,800	
Tax Credit*	\$34,560		\$39,470	

\*Tax Credit Properties also have a **minimum** annual income to qualify.

In HUD properties, residents pay 30% of their adjusted gross income in rent. In tax credit properties, residents' rent is based on the apartment type regardless of individual income.

### Age Eligibility

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.

### Application Instructions

The application must be filled out entirely and accurately. Include all information for each intended tenant and co-tenant. If a section on the application does not

apply to your household, write NONE or N/A for that question. All applicants and co-tenants need to sign their full name on the last page of the application.

### **Supplement To Application For Federally Assisted Housing**

As part of your application, you have the right to include information of a contact person. The contact information is for the purpose of identifying a person or organization that may be able to help in resolving issues or provide special care or services to you during your tenancy. Please indicate that you do not wish to list a contact person by placing a check mark in the appropriate box. All forms must be signed and dated.

Return the completed application and Supplement To Application to:

Catholic Charities  
Division of Housing Services  
1966 Greenspring Drive, Suite 200  
Timonium, Maryland 21093

This application may be refused or rejected solely on the grounds that it is not satisfactorily completed and/or legible, or if any information is found to be false.

### **What Happens Next?**

Your application will be screened by the main office and then forwarded on to the leasing office of the appropriate building(s). You will receive a notification letter from the main office regarding the initial screening of your application.

If you meet the criteria of the initial screening, the building manager will then contact you within 30 days to let you know your status on the waiting list and provide you with additional information about the facility.

### **Screening**

An investigative report by a registered Consumer Reporting Agency (CRA) will be conducted on each applicant for credit, rental, criminal and sex offender history. Applicants must meet the established housing criteria set forth in Catholic Charities' Tenant Selection Plan to be eligible for housing.

### **Questions?**

If you have any questions, please contact our main office at 443-798-3423 or [housing@cc-md.org](mailto:housing@cc-md.org).

Catholic Charities  
Division of Housing Services



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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

- Our Lady of Fatima I, Baltimore
- 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 Credit (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
	\$ /mo.	\$ /mo.	\$ /mo.
Social Security (SSA)			
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:

Medical Expense	Monthly Out of Pocket Cost
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. 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 AND THE ATTACHED SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING 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 Credit: Tax credit apartment rents are determined by apartment size and location. Section 8 vouchers may be used in tax credit apartments.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.