

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
- 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
- Holy Korean Martyrs, Woodlawn

**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 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. Are you now living in a government assisted unit? Yes _____ No _____
Do you presently have a Section 8 voucher or certificate? Yes _____ No _____
9. 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 _____
10. 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
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%

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. 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.