Dear Applicant:

Thank you for your interest in choosing a Catholic Charities’ senior community. We offer two types of communities 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 communities. The U.S. Department of Housing and Urban Development (HUD) sets the income limits.

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

<table>
<thead>
<tr>
<th>Building Type</th>
<th>1 Person</th>
<th>2 Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>HUD (all except Starner Hill)</td>
<td>$33,250</td>
<td>$38,000</td>
</tr>
<tr>
<td>HUD (Starner Hill)</td>
<td>$25,000</td>
<td>$28,550</td>
</tr>
<tr>
<td>Tax Credit*</td>
<td>$39,900</td>
<td>$45,600**</td>
</tr>
</tbody>
</table>

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

**Subject to change, up or down, updated April 1, 2018.

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’ senior communities. 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 are required to sign their full name on the last page of the application. After submitting your application, it is important to keep your contact information current so you can be notified of changes to your waitlist status and apartment availability. Failure to keep your contact information current may result in removal from the waitlist.

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. If you do not wish to list a contact person, please indicate that 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 Senior Communities
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. Upon review of your application and community(s) selected, you will be placed on the Senior Communities waitlist for which you are eligible as of the date your application was received. You will receive a notification letter from the main office regarding the status of the initial screening of your application.

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 Senior Communities’ Tenant Selection Plan to be eligible.

Questions?
If you have any questions, please contact our main office at 667-600-2280 or housing@cc-md.org.
Frequently Asked Questions about Catholic Charities Senior Communities

Do I have to be catholic to live in a Catholic Charities Senior Community?
No. Catholic Charities is an equal housing opportunity provider. We believe that all people, regardless of their religion, beliefs, race or financial means, are entitled to a home.

Why do I have to keep my address and phone number current?
Catholic Charities Senior Communities requires that you notify us in writing whenever there is a change in your address or telephone number. Having current contact information is necessary to notify you of changes to your waitlist status and apartment availability. If you are unable to be contacted, your application may be removed from the waitlist.

What is the size of the apartment?
Some communities have several different floor plans to choose from, however, most floor plans average 540 square feet.

How much is the monthly rent?
In most communities residents pay approximately 30% of their adjusted gross income for rent. Adjusted gross income equals gross income minus allowable medical expenses.

How much is the security deposit?
The security deposit equals one month’s rent.

Is there an entrance fee?
No. There is not an application or entrance fee.

Are utilities included?
In most communities residents are responsible for paying the electric.

Are pets allowed?
Pets weighing 25 pounds or less are allowed in all communities. There is a $300 pet deposit.

How do I apply for admission to a Catholic Charities Senior Community?
Fill out the application and mail it to the address on the last page. Call (667) 600-2280 to receive an application by mail or download one on line at www.cc-md.org/senior-communities. Please remember to sign the last page of the application.

How do I know if I'm eligible?
In most cases, to be eligible applicants must be 62 years of age or older with an annual income under the Section 8 income limits published by HUD. In a few communities the income limit is higher and
there are some exceptions to the age requirement for non-elderly persons with physical disabilities in the Section 202/8 communities.

Is there a waiting list?
All Catholic Charities Senior Communities maintain a waiting list. For details, you can call 667-600-2280 or each community separately.

I own my own home, will I have to sell it before moving in?
No. It is not necessary to sell your home before moving into a Catholic Charities Senior Community.

Can I keep my car?
Yes. Most communities have ample resident parking.

What appliances do you offer?
In addition to a refrigerator and an electric stove, the apartments are carpeted and the windows have mini-blinds. For added peace of mind each apartment is equipped with a state-of-the-art emergency response system.

Is there an elevator?
All communities have an elevator.

Is there security personnel in the community?
Some Catholic Charities Senior Communities have on-site security staff. All buildings are equipped with a front door controlled entry system. All apartments are equipped with an emergency response system.

What services are available?
Some communities have a Senior Support Services Program which provides meals and assistance with housekeeping, laundry and personal assistance services to residents participating in the program. Program fees vary according to individual income and assets. All Catholic Charities Senior Communities have Service Coordinators who link residents with resources available in the community.

How do I receive information about services in the community?
Check “Yes” in Section J: SERVICES on the Catholic Charities Senior Communities Application for Admission.

If I move into a Senior Communities apartment, can I remain on the waitlist?
Catholic Charities Senior Communities requires that your name be removed from all Catholic Charities Senior Community waiting lists upon admission to one of the Senior Communities.

What if I am a victim of domestic violence?
The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.

Will my application be denied for poor credit due to domestic violence?
You cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.
OVERVIEW OF SERVICES:

Senior Support Services Program

A Congregate Housing Services Program certified by the Maryland Department of Aging (MDoA)

Senior Support Services Program is available at:
Arundel Woods, Friendship Station in Anne Arundel County; St. Luke’s Place, Trinity House, Village Crossroads in Baltimore County; Basilica Place, DePaul & St. Joachim House in Baltimore City.

What is Senior Support Services (SSS)?
The SSS Program is a Congregate Housing Services (CHS) Program designed to meet the needs of those 62 years of age and over who have some difficulty with essential Activities of Daily Living. The standard (“full”) CHS package includes:
- Two meals per day (seven days per week) served in a group setting.
- Housekeeping, laundry and personal assistance services (total of 3 hours per week, tailored to individual needs.) Please note: Personal assistance services are limited and are not provided on a daily basis.
- Service management provided by the on-site CHS Supervisor
- Current residents of our SSS Communities listed above may choose other packages to meet their specific needs, such as a meals only package. These packages vary by program.

Who Are CHS Participants?
Individuals applying to the full program:
- Participate in congregate dining, if enrolled in a meal service
- Ambulate independently or with an assistive device and, if using a wheelchair, transfer in and out of wheelchair independently
- Supervise their own medications or have a designated party to manage medications
- Independently manage personal finances or have a responsible party to do so

What does CHS Cost?
The participant(s) may be eligible for a subsidy from MDoA dependent upon their individual level of income and assets. Exact CHS fees cannot be determined until the Supervisor has reviewed all financial information.

Please note: The CHS fee is in addition to the amount paid for rent. CHS participants are responsible for the CHS fee, Rent, BGE (if not included in rent), Telephone Service, and any personal expenses.

For more information please call 667-600-2280

Senior Support Services exists to provide a helping hand to the low- and middle-income senior housing population. In doing so, we work to prevent injury and illness, thereby helping to eliminate or delay the need for admission to a higher level of care.
APPLICATION FOR ADMISSION

KEEP A COPY FOR YOUR RECORDS

Please check your choice(s):
(At least one (1) building must be selected in order for your application process to begin. If there is no selection, your application will be returned.)

Rent Assisted (see last page):
☐ Aberdeen Court, Aberdeen
☐ Abingdon Gardens, 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
☐ Our Lady of Fatima II, 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
☐ Village Crossroads II, Nottingham

Tax Credit (see last page):
☐ Everall Gardens, Overlea
☐ Kessler Park, Lansdowne

☐ St. Mark’s Apartments, Catonsville

Rent Assisted & Tax Credit (see last page):
☐ Village Crossroads I*, Nottingham

*Senior Support Services Available

# of bedrooms desired  0____1_____2_____(0 and 2 bedroom units are not available in all communities)

A. GENERAL INFORMATION (Fill in all that applies to you as Head of Household. If a question on the application does not apply to your household, write NONE or N/A for that question.)

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

2. Present Address: _________________________________________________________
   (Street) ____________________________________________ (Apt. #)
   (City) __________________________ (State) __________________________ (Zip Code)

   Telephone Number ______________________________________________________
   (Home) ____________________________________________ (Work)
3. How long have you lived at present address? __________ Years from __________ to __________
(a.) If you have lived at the above address less than five (5) years, list your previous address:

<table>
<thead>
<tr>
<th>(Street)</th>
<th>(Apt. #)</th>
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<tbody>
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(Street) | (Apt. #) 
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(Street) | (Apt. #) |
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</table>

— Years from ______ to ________
(b.)

<table>
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<tr>
<th>(Street)</th>
<th>(Apt. #)</th>
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(Street) | (Apt. #) |
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</table>

— Years from ______ to ________
(c.)

<table>
<thead>
<tr>
<th>(Street)</th>
<th>(Apt. #)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

— Years from ______ to ________

4. Are you employed? Yes____ No____

5. Do you have a car? Yes____ No____

6. How did you hear about Catholic Charities Senior Communities? ________________

7. Will you be bringing a pet to live with you? Yes____ No____ (If yes, the pet cannot weigh more than 25 lbs.)

8. Have you ever been convicted of illegal drug use or any other criminal activity? Yes____ No____
   a. Date of conviction? ________________ State where conviction occurred? ________________

9. Are you or is any member of the household subject to a lifetime registration requirement under a state sex offender registration program? Yes____ No____

10. Do you or a member of your household smoke marijuana? Yes____ No____

SPOUSE OR CO-TE NANT INFORMATION

11. Spouse or Co-Tenant Name: ________________________________
    (print name as it appears on social security card)

12. Present Address: ____________________________________________
    (Street) | (Apt. #) |
<table>
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<table>
<thead>
<tr>
<th>(Street)</th>
<th>(Apt. #)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

— (City) — (State) — (Zip Code)

1/10/2019
13. How long have you lived at present address? _______ Years from __________ to __________

(a.) If you have lived at the above address less than five (5) years, list your previous address:

<table>
<thead>
<tr>
<th>Street</th>
<th>Apt. #</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

_____ Years from _______ to __________

(b.)

<table>
<thead>
<tr>
<th>Street</th>
<th>Apt. #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_____ Years from _______ to __________

(c.)

<table>
<thead>
<tr>
<th>Street</th>
<th>Apt. #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

_____ Years from _______ to __________

14. Are you employed? Yes ____ No ____

15. Do you have a car? Yes ____ No ____

16. 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: ________________________________ NAME: ________________________________

RELATIONSHIP: ________________________ RELATIONSHIP: ________________________

ADDRESS: ______________________________ ADDRESS: ______________________________

CITY/STATE/ZIP: ________________________ CITY/STATE/ZIP: ________________________

PHONE: ________________________________ PHONE: ________________________________
C. HOUSEHOLD COMPOSITION & CHARACTERISTICS

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

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>(g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
<td>Last 4 digits of Social Security #</td>
<td>Birth Date</td>
<td>Birth Place (State)</td>
<td>Age</td>
<td>Sex</td>
<td>Relationship</td>
</tr>
<tr>
<td>Example: John Smith</td>
<td>xxx-xx-1223</td>
<td>07/01/1940</td>
<td>MD</td>
<td>71</td>
<td>M</td>
<td>Self</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Yourself</th>
<th>Spouse or Co-tenant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housekeeping</td>
<td>Money Management</td>
</tr>
<tr>
<td>Meal Preparation</td>
<td>Transportation Management</td>
</tr>
<tr>
<td>Laundry</td>
<td>Correspondence</td>
</tr>
<tr>
<td>Taking Medications</td>
<td>Planning &amp; Decision Making</td>
</tr>
<tr>
<td>Telephoning</td>
<td>Safety Precaution</td>
</tr>
<tr>
<td>Mobility &amp; Associated Tasks</td>
<td>Appropriate Communications</td>
</tr>
</tbody>
</table>

Are you or your spouse (or co-tenant) interested in the Senior Support Services Program? (A fee for service program that 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 are you or your co-tenant 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. Have you or your co-tenants 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: _______________________________________________________________  

12. If your current landlord is a family member or you have lived with your current landlord for less than five (5) years, please provide us with the following information for your previous landlord.  
    Previous Landlord’s Name: ________________________________________________________________  
    Landlord’s Address: ______________________________________________________________________  
    City/State/Zip: _________________________________________________________________________  
    Landlord’s Phone Number: _______________________________________________________________  

    Previous Landlord’s Name: ________________________________________________________________  
    Landlord’s Address: ______________________________________________________________________  
    City/State/Zip: _________________________________________________________________________  
    Landlord’s Phone Number: _______________________________________________________________  

    Previous Landlord’s Name: ________________________________________________________________  
    Landlord’s Address: ______________________________________________________________________  
    City/State/Zip: _________________________________________________________________________  
    Landlord’s Phone Number: _______________________________________________________________  

    Previous Landlord’s Name: ________________________________________________________________  
    Landlord’s Address: ______________________________________________________________________  
    City/State/Zip: _________________________________________________________________________  
    Landlord’s Phone Number: _______________________________________________________________  

    Previous 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** answered 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. If no income, write $0. Use the chart below:

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

<table>
<thead>
<tr>
<th>Type of Account</th>
<th>Bank Name</th>
<th>Balance</th>
<th>Interest Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>%</td>
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<td>$</td>
<td>%</td>
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</tbody>
</table>

2. **SECURITIES/STOCKS**:

<table>
<thead>
<tr>
<th>Name of Company</th>
<th># of Shares</th>
<th>Price Per Share</th>
<th>Annual Dividend</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

3. **BONDS**:

<table>
<thead>
<tr>
<th>Denomination Amounts</th>
<th>Number of Bonds</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

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_____

<table>
<thead>
<tr>
<th>Asset</th>
<th>Fair Market Value</th>
<th>Amount Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
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<tr>
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<td>$</td>
</tr>
</tbody>
</table>

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

1. 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:
2. 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:

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

3. Do you receive medical assistance through SSI? Yes _____ No _____

**I. SERVICES**
Do you want to receive information about services? Yes _____ No _____

**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 credit, rental, criminal and sex offender history 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. **I understand that if my application is approved, I must keep my contact information current. Failure to do so may result in removal from the waitlist.**

(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
SENIOR COMMUNITIES
1966 Greenspring Drive, Suite 200
Timonium, Maryland 21093

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

Rent Assisted: Rent 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.

<table>
<thead>
<tr>
<th>Applicant Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>Telephone No:</td>
<td>Cell Phone No:</td>
</tr>
<tr>
<td>Name of Additional Contact Person or Organization:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Telephone No:</td>
<td>Cell Phone No:</td>
</tr>
<tr>
<td>E-Mail Address (if applicable):</td>
<td></td>
</tr>
<tr>
<td>Relationship to Applicant:</td>
<td></td>
</tr>
<tr>
<td>Reason for Contact:</td>
<td>(Check all that apply)</td>
</tr>
<tr>
<td>☐ Emergency</td>
<td>☐ Assist with Recertification Process</td>
</tr>
<tr>
<td>☐ Unable to contact you</td>
<td>☐ Change in lease terms</td>
</tr>
<tr>
<td>☐ Termination of rental assistance</td>
<td>☐ Change in house rules</td>
</tr>
<tr>
<td>☐ Eviction from unit</td>
<td>☐ Other:__________</td>
</tr>
<tr>
<td>☐ Late payment of rent</td>
<td></td>
</tr>
</tbody>
</table>

**Commitment of Housing Authority or Owner:** 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.

**Confidentiality Statement:** The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.

**Legal Notification:** 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.

<table>
<thead>
<tr>
<th>Signature of Applicant</th>
<th>Date</th>
</tr>
</thead>
</table>

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.