

BEAUTIFUL 2 BR CONDOS AND
2 BR/2 FLOOR CONDOS
IN PRIME ROCKVILLE LOCATION
KING FARM AND FALLSGROVE!

INCREDIBLY LOW RENTS STARTING FROM \$968!

All units include:

Energy saver appliances and windows

Large walk-in closets

Washer and Dryer in the unit

Balconies/patios

Close proximity to parks, playgrounds and shopping

No application fee and low security deposit

Income guidelines must be met as follows

The minimum income: \$38,720

The maximum income per household size:

1 person	\$43,500
2 persons	\$49,680
3 persons	\$55,920
4 persons	\$62,100

Applications and required documents may be emailed to sbrooks@rockvillehe.org or faxed to 301-217-5857, attn: Stacy Brooks or submitted in person at Rockville Housing Enterprises, 621-A Southlawn Lane, Rockville MD 20850.

RELP ONE LP
REQUIRED DOCUMENTS

To be eligible for housing provided by Rockville Housing Enterprises (RHE), or to continue assistance, all adult members of the household, 18 and older must comply to the requirements of the program. Please provide the following documents that are applicable to your household. Documents verifying income may not be over 60 days old.

1. Proof of Income from **all sources**, including but not limited to:

Employment: Statement from Employer of current income – *include start date, annual salary, current hourly rate, hours worked per week, and overtime AND/OR your last six (6) pay stubs.*
Proof of Court-Ordered Child Support and Payment Summary for past 12 months
Proof of Direct Child Support – current statement from non-custodial parent, including name and address
Proof of Alimony
Proof of any other income (retirement, pensions, Social Security, SSI, TANF, Workman's Compensation, Self-employment, regular gifts, etc.)
2. If 18 or older, proof of full time student status
3. Proof of any assets (bank accounts, equity in real property, investments, etc.) – six (6) months of bank statements
4. Copy of Driver's License/State I.D. for all adult members of household 18 and older
5. Copy of most recent IRS Form 1040, with W-2's attached or proof of non-filing (IRS form 8821)
6. Name, address & telephone numbers of current and previous three (3) landlords or residences
7. If 18 or older, you must fill out the POE Request Form and sign the Consumer Report Authorization (make copies as needed)

Additional verifications may be requested at your interview. A criminal background check, credit check, and landlord reference check will be completed on all adult members of the household to determine eligibility for tax credit housing.

FOR OFFICE USE ONLY
 TYPE OF CERTIFICATION:
 INITIAL
 RECERTIFICATION
 OTHER

Rockville Housing Enterprises

REL ONE LP

PERSONAL DECLARATION

Date: _____

Name: _____

Address: _____

Home Telephone Number _____

Work and/or Cell Number _____

Emergency Contact Person Name _____

Contact Person Telephone Number _____

STATEMENT OF FAMILY COMPOSITION AND INCOME

I. Household Composition: List all persons presently living in your household, listing head of household first. (Use the back of this form if necessary)

Last Name	First Name	M. I.	Date of Birth	Place of Birth (City, County, State or Country)	Relation to Head	Social Security Number	Race	Sex	Age
1.					<i>Self</i>				
2.									
3.									
4.									
5.									
6.									

Is this the entire household to occupy the unit? Yes ___ No ___

If no, list and explain:

No one else can join the household without prior management approval. Do you plan to have anyone living with you in the future not listed above? Yes ___ No ___

If yes, list and explain:

Does any member of your household have a disability? Yes ___ No ___
 If yes, would any member of your household benefit from accessible features in the unit?
 Yes ___ No ___
 If yes, describe:

II. TOTAL HOUSEHOLD INCOME

Fill in these blanks for you and each person in your household working. *If none initial here _____

Household Member Name	Employer Name and Address	Weekly Wages

If you or any person in your household receives income from any of the following sources check the source(s) and fill in the blanks (use back of this sheet if necessary) *If none initial here _____

Welfare Assistance ___ Retirement/Pension ___ Social Security ___ SSI ___ Unemployment ___ VA Benefits ___
 Child Support ___ Other ___

Received By: (Name)	Received From: (Source)	Amount:
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____
_____	_____	\$ _____ per _____

III. ASSETS

Do you or any member of your family have the following assets? Checking, Savings, Certificate of Deposit, IRA, Stocks or Bonds, etc. *If none initial here _____

Household Member	Type of Asset	Name and Address of Financial Institution	Current Total

Real Estate Property: Do you own any property?	Yes ___ No ___
If yes, type of property:	
Location of property:	
Appraised Market Value:	\$
Mortgage or outstanding loan(s) balance due:	\$
Amount of annual insurance premium	\$
Amount of most recent tax bill:	\$

Have you sold/dispensed of any property in the last two years?	Yes ___ No ___
If yes, type of property:	
Market Value when sold/dispensed	\$
Amount sold/dispensed for:	\$
Date of Transaction	

Have you disposed of any other assets in the last 2 years? (Example: Given away money to relatives, set up irrevocable Trust Accounts, etc.)	Yes ___ No ___
If yes, describe the asset:	
Date of disposition:	
Amount disposed:	\$

Do you have any other assets not listed above (excluding personal property)?	Yes ___ No ___
If yes, please list:	

Do you own a car?	Yes ___ No ___
Model/Year	Tag #

Do you own a second car?	Yes ___ No ___
Model/Year	Tag #

IV. GENERAL INFORMATION

Have you or anyone in your household ever been involved charged, arrested and/or convicted of any crime other than traffic violations? *If none initial here _____
 Full Name: _____ Date of Incident: _____ Explanation: _____

Have you ever committed fraud in a federally assisted housing program or been requested to repay money for knowingly misrepresenting information for such housing programs?

Yes ___ No ___

If yes, explain: _____

Have you or any adult members ever used any name(s) or social security number(s) other than the one you are currently using? Yes ___ No ___

If yes, explain: _____

Does anyone outside your household pay for any of your bills or give you money?

Yes ___ No ___

If yes, explain: _____

V. Household Student Status Verification:

Will **all** of the persons in the household (18 & over) be or have been full-time this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?
 Yes ___ No ___

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return?	Yes	No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act (federal, state or local)?	Yes	No
Are any full-time student(s) TCA or a Title IV recipient?	Yes	No
Are any full-time student(s) a single parent living with his/her minor child who is not a dependant on another's tax return (other than a parent)?	Yes	No

ALL ADULT MEMBERS 18 YEARS AND OLDER OF THIS HOUSEHOLD MUST SIGN BELOW CERTIFYING THE ABOVE INFORMATION IS TRUE AND CORRECT.

ALL REPORTED INCOME MUST BE DOCUMENTED

I/We certify that the information given to Rockville Housing Enterprises/RELP ONE LP on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that giving false statements or information can be grounds for punishment under federal and state laws and can be ground for termination of housing assistance. I/We also understand that **all changes** in the **income** of any member of the household s well as **any changes** in the **household members** must be reported to Rockville Housing Enterprises **in writing immediately.**

Signature of Head of Household

Date

Signature of Spouse/Co-Head of Household

Date

Signature of other Adult Family Member

Date

Signature of other Adult Family Member

Date

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRADULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES

Rockville Housing Enterprises

AUTHORIZATION OF RELEASE OF INFORMATION

Applicant or participant and any household member eighteen (18) years or older must complete this form.

CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to Rockville Housing Enterprises any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the Housing Assistance Program. I understand and agree that this authorization or the information obtained with it may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION COVERED

I understand that depending on program policies and requirements, previous or current information regarding my household or me may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status	Medical/Child Care Allowances
Employment, Income and Assets	Criminal Activity
Residences/Rental Activity	

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for or continued participation in the Housing Assistance Program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information include, but are not limited to:

Previous and Current Landlords (Including public Housing Agencies)	Law Enforcement Agencies
Social Security Administration	Banks & Financial Institutions
Medical and Child Care Providers	Support and Alimony Providers
Welfare Agencies	Courts and Post Offices
Utility Companies	Veterans Administration
Past and Present Employers	Schools and Colleges
State Unemployment Agencies	Retirement Systems

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. This authorization will stay in affect for one year and one month (13 months) from the date signed.

HEAD OF HOUSEHOLD (PRINT)	SIGNATURE	SOCIAL SECURITY#	DATE
SPOUSE (Print Name)	SIGNATURE	SOCIAL SECURITY#	DATE
ADULT MEMBER (Print Name)	SIGNATURE	SOCIAL SECURITY#	DATE
ADULT MEMBER (Print Name)	SIGNATURE	SOCIAL SECURITY#	DATE
ADULT MEMBER (Print Name)	SIGNATURE	SOCIAL SECURITY#	DATE

Rockville Housing Enterprises

APPLICANT/TENANT CERTIFICATION

GIVING TRUE AND COMPLETE INFORMATION

I certify that all the information provided on household composition, income, family assets and items for allowances and deductions are accurate and complete to the best of my knowledge. I have reviewed the application and certify that the information shown is true and correct.

REPORTING CHANGES IN INCOME OR HOUSEHOLD COMPOSITION

I know I am required to report immediately in writing any changes in income and any changes in the household size, when a person moves in or out of the unit. I understand the rules regarding guest/visitors and I must report when someone moves into my unit.

I understand that if I don not report these changes, I am subject to repayment of monies owed to the Rockville Housing Enterprises. I understand that failure to repay could result in termination of housing assistance or termination of tenancy.

REPORTING ON PRIOR HOUSING ASSISTANCE

I certify that I have disclosed where I have received any previous Federal housing assistance and whether or not any money is owed. I certify that for this previous assistance I did not commit any fraud, knowingly misrepresent any information, or vacate the unit in violation of the lease.

NO DUPLICATE RESIDENCE OR ASSISTANCE

I certify that the house or apartment will be my principal residence and that I will not obtain duplicate Federal housing assistance while I am in this current program.

COOPERATION

I know I am required to cooperate in supplying all information needed to determine my eligibility, level of benefits, or verify my true circumstances. Cooperation includes attending pre-scheduled appointments for certification or recertifications, and completing and signing needed forms. I understand failure or refusal to do so may result in delays, termination of assistance, or eviction.

CRIMINAL AND ADMINISTRATIVE ACTIONS FOR FALSE INFORMATION

I understand that knowingly supply false, incomplete or inaccurate information is punishable under Federal or State criminal law. I understand that knowingly supplying false, incomplete, or inaccurate information is grounds for termination of housing assistance and/or termination of tenancy.

ALL ADULT HOUSEHOLD MEMBERS (EIGHTEEN (18) YEARS OR OLDER) MUST SIGN AND DATE THIS FORM

_____ SIGNATURE (HEAD)	_____ DATE	_____ SPOUSE OR CO-HEAD SIGNATURE	_____ DATE
_____ OTHER ADULT MEMBER	_____ DATE	_____ OTHER ADULT MEMBER	_____ DATE
_____ OTHER ADULT MEMBER	_____ DATE	_____ OTHER ADULT MEMBER	_____ DATE

Rockville Housing Enterprises

ZERO INCOME STATEMENT

Date _____

Name _____

Address _____

Social Security Number _____

This self-declaration statement is to certify that I am not currently working nor am I receiving any form of income.

This includes but is not limited to income from any of the following:

- Wages
- Earned Income tax credit
- Unemployment Compensation
- Public Assistance/Welfare
- Child Support
- Alimony
- Regular Monetary Gifts
- Social Security/SSI
- Pension/VA Benefits/Annuity/Retirement Funds
- Assets (real estate, stocks, etc., inherited property)
- Income from interest from Savings, Checking, Christmas Club and other bank accounts
- U.S. Savings Bonds, stocks or bonds of any kind
- Whole Life Insurance
- Burial Plots
- ANY OTHER INCOME: (includes tips, sold property, babysitting, hair styling, etc.)

Please be aware that any misrepresentation can and will result in the termination of my participation in the housing assistance program.

I understand that by signing this form I have declared that I have absolutely no income source at this time. I also, understand that as soon as I start receiving any income I will report it to the Rockville Housing Enterprises IMMEDIATELY.

SIGNATURE

DATE

POE PROSPECTIVE RESIDENT INVESTIGATION REQUEST FORM

Property: REL ONE LP Client: Rockville Housing Authority
Requested By: _____ Date of Request: _____
Telephone No.: *98-424-6265 Facsimile No.: 1-301-217-5857

To POE: On the following individual, please conduct a criminal history records investigation in the jurisdiction(s) indicated, match the name and identifiers against those persons listed at POE as registered sex offenders and match the name and identifiers against those persons listed on the wants/warrants/fugitive & terrorist lists maintained by POE. I certify that we have a legally permissible, legitimate, business need for this information and that the below named individual has placed with us an application as a resident and/or occupant. I further certify that my office has secured this individual's signature authorizing POE to conduct this investigation.

LAST NAME: _____ MAIDEN/SUFFIX: _____
FIRST NAME: _____ MIDDLE NAME: _____
DATE OF BIRTH: _____ SOC SEC # _____
PRESENT ADDRESS: _____
CITY: _____ STATE _____ ZIP: _____
DRIVERS LICENSE NO. _____ STATE _____

Please automatically conduct the search in MARYLAND & also provide the following, if checked:

- VA Criminal Courts Search (Statewide)
- DC Criminal Courts Search MD, VA & DC Criminal Courts Search
- Criminal Records Search in the state of _____ & county of: _____
- Consumer credit report Rent Court Report

*****PLEASE DO NOT WRITE BELOW THIS LINE*****

WWFT & RSO Screen in MD, DC, VA & DE by: _____ on: _____
OTHER RSO screen in: _____ by: _____ on: _____
CFRI DATA RETRIEVED BY: _____ on: _____
No record Hayes finalized by _____ the following: ****over****
Last name checked as _____
First name checked as _____
Checked all first names starting with _____

