



APPLICATION TO LEASE RENTAL PROPERTY

Hersch Lauren, LLC 1800 N Charles Street, Suite 202, Baltimore, MD 21201 Phone: 410.727.7612

IN OUR EFFORTS TO PROVIDE AFFORDABLE RENTAL HOUSING TO LOW AND MODERATE INCOME FAMILIES AND INDIVIDUALS WE DO NOT REQUIRE AN APPLICATION FEE.

Income Eligibility

Combined annual income for the household must be no more than

\$30,350 for a family of 1	\$34,700 for a family of 2
\$39,050 for a family of 3	\$43,350 for a family of 4
\$46,850 for a family of 5	\$50,300 for a family of 6
\$53,800 for a family of 7	\$57,250 for a family of 8

Qualifications

Full Time students qualify only if they meet one of the following criteria: is married and filing a joint federal income tax return; or, receiving assistance under Title IV of the Social Security Act; or, is enrolled in a job training program receiving assistance under the Job Training Partnership Act; or, is under other similar federal, state, or local laws, a single parent living with his/her minor child(ren) and not claimed as dependents; or is eligible for orphan/foster care services until the age of 18. Our Web Address: WWW.HLBaltimore.com

1. Complete the application and submit it by mail to the address above; by email to shersch@herschlauren.com; or by fax to 410-539-7519. All household members age 18 and over are required to complete the application process.
2. Income must be 3 times monthly rent (Section 8 Excluded) Example: \$500/month rent requires \$1250-1500 monthly income. Housing voucher holders must earn 2.5-3 times the annual utility cost for the property applied for. Less income may be acceptable for persons with no credit collections or past due bills and 4 months rents saved in a verifiable bank account.
3. One household member must have 12 months of consecutive employment or other verifiable source of annual income.
4. The applicant must have verifiable rental history.
5. The applicant must have verifiable Baltimore Gas and Electric (or similar utility) history.
6. Credit. Your credit report should not reflect unpaid judgments or collections.

The Application Process

1. Submit your completed application as described above.
2. Your credit and application will be reviewed for
 - Completion and signatures from all household members age 18+
 - Income qualification and eligibility
 - Employment
 - Sources of income
 - Rental history
 - Credit report

All household members age 18 and over will be required to attend an application appointment to prove eligibility. Be prepared to provide the following types of documents:

<input checked="" type="checkbox"/> Birth Certificate(s) & social security cards(s)	<input checked="" type="checkbox"/> Child Support verification	<input checked="" type="checkbox"/> Student status verification
<input checked="" type="checkbox"/> Income/Employment Verification form(s)	<input checked="" type="checkbox"/> Bank statement(s)	<input checked="" type="checkbox"/> Rental verification/home visit

The documents listed above are NOT to be submitted with the application and are accepted at a later date by appointment only.

Applicants: be advised that your application may be declined or returned if submitted with incomplete information.

The Application

Head of Household Signature _____ Date _____

Head of Household Name _____ Social Security Number _____ Birth Date _____ Marital Status _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Numbers: _____ Email Address: _____

Currently: Check one: _____ Renting _____ Home Owner _____ Live with relatives _____ Other _____

Current Monthly Rent: _____ Landlord/Property Management Company: _____

Telephone No. of Landlord/Property Management Company: _____

Reason for Moving: _____

Have you ever been evicted? Yes _____ No _____ Judgments for failure to pay rent? Yes _____ No _____

Do you have a Section 8 voucher or certificate? Yes _____ No _____

Head of Household Employment

Company/Employer _____ Occupation _____ Date hired _____ Gross Annual Income _____

Supervisor/Manager's Name _____ Title _____ Telephone No. _____

Address _____ City _____ State _____ Zip Code _____ FAX No. _____

Previous Employer _____ Length of Employment _____ Company phone number: _____

Co-Head of Household Signature _____ Date _____

Co-Head of Household Name _____ Social Security Number _____ Birth Date _____ Marital Status _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone Numbers: _____

Currently: Check one: _____ Renting _____ Home Owner _____ Live with relatives _____ Other _____

Current Monthly Rent: _____ Landlord/Property Management Company: _____

Telephone No. of Landlord/Property Management Company: _____

Reason for Moving: _____

Have you ever been evicted? Yes _____ No _____ Judgments for failure to pay rent? Yes _____ No _____

Do you have a Section 8 voucher or certificate? Yes _____ No _____

Co-Head of Household Employment

Company/Employer _____ Occupation _____ Date hired _____ Gross Annual Income _____

Supervisor/Manager's Name _____ Title _____ Telephone No. _____

Address _____ City _____ State _____ Zip Code _____ Telephone No. _____

Previous Employer _____ Length of Employment _____ Company phone number _____

INCOME AND HOUSEHOLD CERTIFICATION

SECTION I: HOUSEHOLD COMPOSITION

	Name	Relationship to Head	Social Security Number	Age	Has Income? Yes/No	Full Time Student age 18? Y or N
Head of Household						
Spouse						
Occupant						
Occupant						
Occupant						
Occupant						
Occupant						
Occupant						

1. Do you expect a change in the number of household in the next 12 months? **Yes** **No**

If Yes, explain:

2. Is this entire household to occupy the unit applied for? **Yes** **No**

If No, explain:

SECTION II: STUDENT STATUS

If there are adult full-time students in the household please answer the following:

A. Is the full-time student(s) married and filing a joint federal income tax return? **YES** **NO**

B. Is the full-time student(s) receiving assistance under Title IV of the Social Security Act? **YES** **NO**

C. Is the full-time (student(s) enrolled in a job training program receiving assistance under the Job Training Partnership Act, or under other similar federal, state, or local laws? **YES** **NO**

D. Is the full-time student(s) a single parent living with his/her minor child(ren) and not claimed as dependents by anyone else? **YES** **NO**

E. Is the full-time student(s) a graduate of a foster care or orphanage? **YES** **NO**

SECTION III: HOUSEHOLD INCOME

Please answer **YES** or **NO** for each of the following types of income received in your household. If **YES**, please complete the information requested:

SOURCE OF INCOME	YES or NO	AMOUNT	RECEIVED HOW OFTEN	WHO RECEIVES THIS INCOME?
Employment (Full-time, Part-time, Seasonally)				
Child Support/Alimony				
TCA/Unemployment				
Social Security/SSI/Disability				
Pension/Annuity				
Veterans Benefits/Military Pay				
Cash Contributions?				
Income from Business?				
Income from Assets?				
Other Income Not Listed Here:				

SECTION IV: HOUSEHOLD ASSETS

1. Please answer YES or NO for each of the following types of assets owned by persons in your household. For each item marked yes, please answer if interest is earned, the cash value/balance, and the household member that holds the asset.

Type of Asset	Write Yes or No	Interest Earned? Yes or No	Cash Value/Balance	Who does it belong to?
Checking Account				
Savings Account				
Certificates of Deposit				
IRA				
Stocks or Bonds				
Mutual Funds				
Trust Accounts				
Cash Value Life Insurance				

2. Do you own a home or other real estate? YES NO

3. If real estate is owned, is it for sale? YES NO Rented? YES NO

4. Has any member of your household bought or sold any assets in the last two years not listed above? YES NO

5. Have any assets been sold or disposed of within the past two years? YES NO

If Yes, please explain what the assets were, the market value of the assets, the amount received, and the date the assets were sold?

(Note: Any assets disposed of in the last two years for less than market value will be counted as assets/income if the difference between the market value and the amount received exceeds \$1000.)

6. Please list any other asset not listed or personal property held as an investment:

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name	Address	City	State	Zip Code
()				
Telephone No.	Relationship			

HOW DID YOU HEAR ABOUT US?

- | | |
|---|--|
| <input type="checkbox"/> Current/Former Resident Referred | <input type="checkbox"/> Craigslist |
| <input type="checkbox"/> Flyer/Postcard | <input type="checkbox"/> Building Sign |
| <input type="checkbox"/> www.HLBaltimore.com | <input type="checkbox"/> If Other, describe: _____ |

Thank you for applying for housing with Hersch Lauren, LLC. Please read and initial the following in order to submit your application:

We hereby affirm that the answers to the foregoing questions are true and correct to the best of our knowledge and belief, and that we have not knowingly withheld any fact or circumstance which would, if disclosed, affect this application unfavorably. As an inducement to enter into a lease, to make the requested loan or to extend credit, whichever is applicable, we hereby authorize Hersch/Lauren LLC and its agents and employees to verify any and all of the information contained in the application and to inquire into our character, general reputation, personal characteristics, and mode of living, and release all concerned for any liability in connection with any information they give. We have also been advised of the right under Section 606(B) of the Fair Credit Reporting Act, to make a written request, within a reasonable time, for a complete and accurate disclosure of the nature and scope of any investigation. Furthermore, we have no objection to an inspection of the home where we currently reside.

By signing below, we understand that the above information is being collected to determine our eligibility for residency in an affordable housing program. We authorize verification of all information provided on this application/certification and our signature(s) is/are consent(s) to obtain such verification.

All household members age 18 and over are required to sign below:

Head of Household Printed Name	Head of Household Signature	Date Signed
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Co-Applicant Printed Name	Co-Applicant Signature	Date Signed
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HERSCH/LAUREN LLC
1800 North Charles Street, Suite 202
Baltimore, MD 21201
410-727-7612 - 410-539-7519 (fax)

Rental Verification Request

I authorize Hersch/Lauren LLC and its affiliates and managing agents to investigate my rental history. The investigation may include, but is not limited to the questions listed below.

APPLICANT NAME	APPLICANT'S SIGNATURE	DATE
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CO-APPLICANT NAME	CO-APPLICANT'S SIGNATURE	DATE
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ADDRESS OF PREVIOUSLY RENTED PROPERTY	DATES OF OCCUPANCY
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The above named person(s) have applied for rental housing with Hersch/Lauren LLC. Kindly complete the questionnaire below and return it to us by fax or mail to our office.

TO BE COMPLETED BY OWNER OR PROPERTY MANAGEMENT COMPANY FOR THE ABOVE REFERENCED PROPERTY AND APPLICANT(S)

Is the applicant(s) currently renting from the above address? Yes _____ No _____

Dates of residency: Lease began: _____ Lease ends: _____

What is the current monthly rent? _____

Does the applicant pay the rent as required by the lease? Yes _____ No _____ If NO,

How many times in the last 12 months has the applicant's rent been late? _____

Does the applicant adhere to the rules and regulations of your rental housing? Yes _____ No _____

Does the applicant maintain the interior and exterior of your property? Yes _____ No _____

Does the applicant promptly report damages and needed repairs? Yes _____ No _____

Did the applicant give your proper notice for vacating the premises? Yes _____ No _____

Would you lease to this applicant again having the knowledge you have today? Yes _____ No _____

Comments:

Signature _____ Title _____ Date _____

Address _____ Phone _____ Fax _____



HERSCH/LAUREN LLC
1800 North Charles Street, Suite 202
Baltimore, MD 21201
410-727-7612
410-539-7519 (fax)

Employment Verification Request

I authorize Hersch/Lauren LLC and its affiliates and managing agents to investigate my employment history. The investigation may include, but is not limited to the questions listed below.

APPLICANT NAME	APPLICANT'S SIGNATURE	DATE
CO-APPLICANT NAME	CO-APPLICANT'S SIGNATURE	DATE
NAME AND ADDRESS OF EMPLOYER		DATES OF EMPLOYMENT

The above named person(s) has applied for rental housing with Hersch/Lauren LLC. Kindly complete the questionnaire below and return it by fax or mail to our office.

TO BE COMPLETED BY THE EMPLOYER FOR THE ABOVE REFERENCED APPLICANT(S)

Is the applicant(s) currently an employee of your company? Yes _____ No _____

What are the dates of employment? Beginning: _____ Ending: _____

Current rate of compensation (hourly, weekly, monthly or annually)? _____

How many hours per week does the applicant work for your company? _____

Comments:

Signature _____ Title _____ Date _____

Address _____ Phone _____ Fax _____



HERSCH/LAUREN LLC
1800 North Charles Street Suite 202
Baltimore, MD 21201
410-727-7612
410-539-7519 (fax)

Guarantor Information

I agree to become a guarantor of the monthly rental payment for the APPLICANT. As such I agree and authorize Hersch/Lauren LLC and its affiliates and managing agents to investigate my employment history and current assets. This investigation may include, but is not limited to the questions listed below.

APPLICANT NAME	APPLICANT'S SIGNATURE	DATE
CO-APPLICANT NAME	CO-APPLICANT'S SIGNATURE	DATE
GUARANTOR'S NAME	CO-APPLICANT'S SIGNATURE	DATE
NAME AND ADDRESS OF EMPLOYER	DATES OF EMPLOYMENT	

The above named person(s) has applied for rental housing with Hersch/Lauren LLC and the guarantor's employment history must be verified. Kindly complete the questionnaire below and return it by fax or mail to our office.

TO BE COMPLETED BY THE EMPLOYER FOR THE ABOVE REFERENCED APPLICANT(S)

Is the guarantor currently an employee of your company? Yes _____ No _____

What are the dates of employment? Beginning: _____ Ending: _____

Current rate of compensation (hourly, weekly, monthly or annually)? _____

How many hours per week does the guarantor work for your company? _____

Comments:

Signature _____ Title _____ Date _____

Address _____ Phone _____ Fax _____