



Main Street Housing, Inc.

Rental Application

Our mission is to develop and manage quality, affordable and independent housing for individuals and families living with psychiatric disabilities.

Return Completed Application To:

Fax: 410-540-9024

Mail: 7310 Esquire Court, Mailbox 14, Elkridge, MD 21075

Questions? Visit www.mainstreethousing.org or call 410-540-9067

APPLICANT INFORMATION

First Name _____ Middle Name _____ Last Name _____

Other Names _____ Gender _____
Nickname or Previous Last Names

Date of Birth _____ Social Security Number _____

Maryland County of Residence _____
Ex: Anne Arundel, Baltimore City, Talbot, Dorchester, Washington

Ethnicity: This question is **OPTIONAL**. Please see Non-Discrimination Statement.

- | | | |
|--|---|--|
| <input type="checkbox"/> Prefer Not to Answer | <input type="checkbox"/> South Asian or Indian | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> African-American, Afro-Caribbean or African | <input type="checkbox"/> Middle Eastern or Arab | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> East Asian or Asian | <input type="checkbox"/> Other or Multiracial |

Household Size & Additional Occupants: List everyone who will live with you if you are offered tenancy. A separate Rental Application must be completed for each Occupant aged 18 or older.

Full Name	Date of Birth	Relationship to You
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Current **Mailing Address:** In Care Of, Street Number, Street Name, Unit #, City, State, Zip Code

Home Cell Other:

Primary Telephone Number (including area code) _____

Home Cell Other:

Other Telephone Number (including area code) _____

CURRENT HOUSING STATUS

- Psychiatric Inpatient Unit: Facility Name: _____ Discharge: _____
- Residential Rehabilitation Program (RRP): Provider Name: _____
- Homeless: Where are you staying now? _____
- Other: _____



Main Street Housing, Inc. offers housing for a particular protected class under the Federal Fair Housing Regulations but rental opportunities shall be made available to all persons within that class without regard to race, color, national origin, religion, sex, gender, sexual orientation, physical or mental disability, familial status or any additional protected classes specified by the State of Maryland or local jurisdictional law.

RENTAL & LEGAL HISTORY

Current Residence: *Where you are living now? If Homeless, where was your last stable residence?*

Address: *Street Number, Street Name, Apartment #, City, State, Zip Code*

Move In Date

Landlord/Manager Name

Landlord/Manager's Phone Number

Have you ever lived outside the State of Maryland? NO YES: _____
City, State and Start/End Dates

Have you ever been evicted? NO YES

Have you ever been charged OR convicted OR incarcerated for any criminal offense? NO YES

IF YES: Please attach a letter **IN YOUR OWN WORDS** that explains **what happened and why.**
It is important and to your benefit to include as much detail as possible.

EMPLOYMENT HISTORY

Have you ever served in the military? NO YES: _____

Name and Address of Current or Most Recent Employer

Dates Employed

Type of Job or Title

Supervisor's Name

Supervisor's Phone Number

PERSONAL REFERENCES

*Please provide **accurate contact information** for 3 Personal References and **let them know** MSH may contact them.*

1. Reference Name: _____

Relationship to You: _____

Phone: _____

How long have you known this person? _____ years

2. Reference Name: _____

Relationship to You: _____

Phone: _____

How long have you known this person? _____ years

3. Reference Name: _____

Relationship to You: _____

Phone: _____

How long have you known this person? _____ years



FINANCIAL INFORMATION

Applicants need to have income of at least **\$500 per month**. Income limits for families vary by family size. Maximum income limits also apply. MSH will request income documentation prior to offering tenancy.

CURRENT GROSS MONTHLY INCOME:

Employment Income: \$ Wage per Hour: _____ Average # Hours/Week: _____ \$ _____

Food Assistance (SNAP, WIC, etc.) Describe: _____ \$ _____

SSDI: _____ \$ _____

SSI: _____ \$ _____

Veteran Benefits: _____ \$ _____

Unemployment Benefits: Ends on: _____ \$ _____

Pension or Retirement Income: Describe: _____ \$ _____

Child Support or Alimony: Describe: _____ \$ _____

TCA: Expires On: _____ \$ _____

Other Source of Monthly Income: Describe: _____ \$ _____

Other Source of Monthly Income: Describe: _____ \$ _____

Other Source of Monthly Income: Describe: _____ \$ _____

TOTAL GROSS MONTHLY INCOME: \$ _____

CURRENT MONTHLY EXPENSES:

Child Support or Alimony Payment: Describe: _____ \$ _____

Car Loan/Insurance Payments: Describe: _____ \$ _____

Student/Personal Loan Payments: Describe: _____ \$ _____

Credit Card Payments: Describe: _____ \$ _____

Other Mandatory Payments: Describe: _____ \$ _____

Other Mandatory Payments: Describe: _____ \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

Do you currently have a Housing Choice (Section 8) Voucher or other Rental Assistance?

- Yes, County: _____
- On the waiting list, County: _____
- Have never applied
- Denied or Lost: *Explanation:* _____

Do you have any outstanding debts with any utility companies? NO YES: _____

Please make sure you have answered ALL questions on this Rental Application.



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DISCLOSURES & PERMISSIONS

I understand that by completing this *Rental Application*:

I am not guaranteed housing with Main Street Housing, Inc.

I give permission for Main Street Housing, Inc. to check the accuracy of all the information I have provided about my household, income, employment, rental and criminal history by contacting Employers, Landlords, References and court records or files.

I understand that my application may be terminated if I have made any false or incomplete statements in this *Rental Application*.

I understand that I must provide evidence of having a psychiatric disability by submitting a completed and signed *Evidence of Psychiatric Disability Form* with this *Rental Application*. Please initial one:

_____ A completed and signed *Evidence of Psychiatric Disability Form* is included with this application.

_____ I will send this Form separately. **I understand that my application will be complete once** Main Street Housing, Inc. receives a completed and signed *Evidence of Psychiatric Disability form* for me.
The Form will be completed by:

Provider Name: _____

Provider Phone: _____

I authorize Main Street Housing, Inc. to verify any information regarding my psychiatric disability as presented on the *Evidence of Psychiatric Disability Form*.

I authorize Main Street Housing, Inc. to discuss this application with the local mental health Core Service Agency.

I authorize Main Street Housing, Inc. to release information provided in this application to person(s) or agencies checking to see that Main Street Housing, Inc. has complied with Fair Housing regulations and funders.

I certify that the information I have provided in this application and attached form(s) is true and exact to the best of my knowledge.

I certify that I have read and agree with the terms and conditions stated above.

Did anyone assist you in completing this *Rental Application*? NO YES

If Yes: Name of Person Assisting: _____

Relationship to You: _____

Organization Name: _____

Phone Number: _____

Date

Applicant's Signature

Applicant's Name (Please Print)



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Main Street Housing, Inc.

Evidence of Psychiatric Disability Form

Main Street Housing, Inc. is an organization that develops and manages quality, affordable and independent housing for individuals and families living with psychiatric disabilities. Individuals seeking consideration for tenancy with Main Street Housing, Inc. are responsible for providing a completed and signed *Evidence of Psychiatric Disability Form* with their *Rental Application*.

Evidence of Psychiatric Disability

I have worked with _____
Full Name of Applicant

in the capacity of _____ during the period of
Title / Relationship

_____ to _____ and do hereby attest to my
Start Date End Date or "Current"

belief that this person is currently living with a psychiatric disability.

Mental Health Provider Signature Date

Printed Name and Credentials/Title

Organization / Company Phone Number

Agreed To:

Applicant's Signature Date

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