

Glenarden Hills

Thank you for your interest in residing at Residences at Glenarden Hills (62+) **PRE-APPLICATION INSTRUCTIONS:**

- Pre-application MUST be filled out in its entirety to be eligible for housing.
- Pre-application MUST be returned VIA US MAIL and should be addressed to:

Residences at Glenarden Hills Leasing Office 3171 Roland Kenner Loop Glenarden, MD 20706

- Once your Pre-Application is received, the Residences at Glenarden Hills leasing office will reach out to schedule an appointment. Please bring all of the following documents to your appointment.
- **APPLICATION FEE** Please mail a Check or Money Order made out to <u>Residences at</u> <u>Glenarden Hills 2</u> for \$25 per adult that will be residing in the apartment (including live-in aid).
- PROOF OF INCOME A current letter (not more than 90 days old) to verify: Social Security, SSI, SSDI, TANF, Pension, Welfare, Child Support, Alimony, Unemployment, your last six (6) pay stubs from your employer or a letter from your employer stating your hire date, hourly rate/ salary, hours worked per week, and any other type of income you may be receiving
- PROOF OF BANKING Six (6) current bank statements from your financial institution for EACH account
- **ASSETS** A current (not more than 90 days) statements for stocks, bonds, mutual funds, 401k, certificates of deposits, etc.
- SCHOOL VERIFICATION A current letter (not more than 90 days) from the school/college, for any member of your household 18 years and older if they are attending school/college
- **ADDITIONAL INCOME** it is very important to report any income. Failure to disclose all sources of income may delay/deny your application for housing
- Birth Certi icates and Social Security Cards for all household members.
- Valid Government Issued ID, Driver's License or Passport for all household members 18 years and older

FOR MORE INFORMATION:

ResidencesatGlenardenHills.com ResidencesatGH@Pennrose.com T: 410.995.7337 | TDD: 800.545.1833 x647





PROGRAMS AND ELIGIBILITY

Program requirements are specific to the property and individual unit. Eligibility for programs depends on several factors including: the number of people in the household, the total annual household income, credit and criminal background screening, and other criteria. Residences at Glenarden Hills offers the following rent programs for seniros 62 and older: Tax Credit.

Unit Size	Household Size	Qualifying Household Income Range	% AMI	Monthly Rent	
1 Bedroom	1 person	\$40,410 - \$52,920	C09/	\$1,299	
1 Bath	2 people	\$40,410 - \$60,480	60%		
2 Bedroom 1 Bath	1 person	\$48,510 - \$52,920	60%		
	2 people	\$48,510 - \$60,480	60%	\$1,617	
	3 people	\$48,510 - \$68,040	60%	Ş1,017	
	4 people	\$48,510 - \$75,600	60%		

INCOME LIMITATIONS & RENTS



Address:3171 Roland Kenner Loop
Glearden, MD 20706Phone:410.995.7337Fax:240.539.8798Email:ResidencesatGH@pennrose.comTTY:800.545.1833 x647

To be completed by offic	e staff:
Application Number	
Date Application Rec'd _	
Time Application Rec'd	
Initials of Staff Member	

Please return all applications via US Mail to the address below: Residences at Glenarden Hills Leasing Office, 3171 Roland Keener Loop, Lanham, MD 20706

		MF			
NAME:		_ SSN:			
(First)	(Middle Initial)		(Last)		
CURRENT ADDRESS:				HOME #:	
	(House #)	(Street Name)			
				CELL #:	
(City)	(State)		(Zip Code)	- WORK #:	
EMAIL:				_ D.O.B:	
How did you hear abou	ut us?			DRIVER LICENSE STATE:	
				DRIVER LICENSE NUMBER:	
		HOUSE	EHOLD MEMBER	S	

Depending on the unit you qualify for, a non-refundable \$25 application fee per adult household member may be required.

Name	DOB	M/F	Relationship	Soc. Sec. Number	DL State & Number

ANNUAL HOUSEHOLD INCOME

Employment/Wages	\$
Social Security Income	\$
Social Security Disability Income	\$
Public Assistance (Welfare/TANF)	\$
Child Support	\$
Pension	\$
Other Income (Please Specify):	\$







Preferences for Determining Waiting List Position (if applicable)

Do you or any member of your household have a DISABILITY?				
Is the Head of Household or Spou	use 62 years of age or older or disa	bled?	Y	Ν
Are you currently employed?			Y	Ν
Are you a student or recent graduate of an educational or training program?				
Do you have a portable Section 8 Voucher?				
If yes above, through what age	ency?			•
Are you homeless?				
Do you require a unit with special features? (e.g. unit for mobility impaired, visually impaired, hearing impaired, walk-in shower, grab bars, no steps, etc.)				
If yes above, please circle featu	ires required:			
Unit for mobility impaired	Unit for visually impaired	Unit for hearing impaired		
Grab bars	No steps	Other:		
Describe:		-	I	

I hereby certify that the above is true and correct and complete to the best of my knowledge. I understand that any false statement or misrepresentation will be grounds for expulsion from the program and/or prosecution under Title 18, Section 1001 of the US Code.

I, ______, hereby give my permission for a credit and criminal background check, which is part of the application process.

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Types of Program Assistance (For Office Use ONLY)	**Important: You must notify us promptly should any
Applicant Signature:	Date:
Applicant Signature:	Date:
Applicant Signature:	Date:

information on this application change

Tax Credit	50%	60%		
ACC	30%			
			ENN ks & Mortar	

May 2020



