

Main Street Housing, Inc.

Home Office

1521 Edgewood St., Suite C
Baltimore, MD 21227
410-646-0262 ext.19
Fax 410-646-0264

Eastern Shore Office

28578 Mary's Court, Suite 1
Easton, MD 21601
410-770-4801 ext.308
Fax 410-770-4809

Rental Application

Mission Statement: We are dedicated to developing quality, safe, affordable, independent housing for persons and families with psychiatric disabilities.

Separate application required from each applicant age 18 or older.

APPLICANT

Full Name – include all names you use(d) :

Telephone Number: () Circle: Home Work Cell

Telephone Number: () Circle: Home Work Cell

County of Residence:

Social Security Number: Date of Birth (mm/dd/yyyy):

Ethnicity Please check one (Information Requested by Funding Agencies)

White	<input type="checkbox"/>	American Indian/Alaskan Native & White Asian & White	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	Black/African American & White	<input type="checkbox"/>
Asian	<input type="checkbox"/>	American Indian/Alaskan native & Black/African American	<input type="checkbox"/>
American Indian/Alaska Native	<input type="checkbox"/>	Other Multi-racial	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>		<input type="checkbox"/>
Hispanic	<input type="checkbox"/>		<input type="checkbox"/>

DISABILITY STATUS

Applicant must complete evidence of psychiatric disability section attached below as part of application.

ADDITIONAL OCCUPANTS

List everyone, including children, who will live with you:

Full Name:	DOB:	Relationship:

Do you have any pets? Yes No

If yes, please indicate how many and what type of pet you own:

RENTAL HISTORY

Current Address:

Dates Lived at Address:	Reason for Leaving:
Landlord/Manager:	Landlord/Manager's Phone:

Previous Address:

Dates Lived at Address:	Reason for Leaving:
Landlord/Manager:	Landlord/Manager's Phone:

Previous Address

Dates Lived at Address:	Reason for Leaving:
Landlord/Manager:	Landlord/Manager's Phone:

EMPLOYMENT HISTORY

Name and Address of Current or Most Recent Employer:

Name of Supervisor:	Supervisor's Phone:
Dates Employed:	Position or Title:

Name and Address of Previous Employer:

Name of Supervisor:	Supervisor's Phone:
Dates Employed:	Position or Title:

REFERENCES AND EMERGENCY CONTACT

Personal Reference:	Relationship:
Address:	
Phone:	How long have you known this person?
Personal Reference:	Relationship:
Address:	
Phone:	How long have you known this person?
Emergency Contact:	Relationship:
Address:	
Phone:	

I understand that by completing this rental application, I am not guaranteed housing through Main Street Housing, Inc.

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

I understand that Main Street Housing, Inc. may check the accuracy of the information that I have provided about my household, income, employment, rental, and criminal history.

I authorize Main Street Housing, Inc. to verify any information provided in this rental application regarding my credit history, current and previous landlords and employers, criminal background, psychiatric disability.

I authorize Main Street Housing, Inc. to contact any personal reference listed on this rental application.

I authorize Main Street Housing, Inc to release information provided in this application to persons checking to see that Main Street Housing, Inc has complied with the restrictions on its funding, including the local mental health core service agency.

I certify that the information I have provided in this application and attached form 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.

Date

Applicant's Signature

Main Street Housing, Inc.

Evidence of Psychiatric Disability Form

Main Street Housing, Inc. is an organization that develops quality, safe, affordable, independent housing for persons and families with psychiatric disabilities. An individual who wishes to live in a Main Street Housing, Inc. unit is required to show evidence of having a psychiatric disability.

It is the applicant's responsibility to have this form filled out and attach it to the rental application. Applications without a completed Evidence of Psychiatric Disability Form will not be considered.

An applicant will need to have a community mental health provider review and sign this form in the designated space below:

I am a community mental health provider who has worked with _____ as their _____. It is my belief that this person currently has a psychiatric disability.

Community Mental Health Provider

Date

Credentials / Title

Community Mental Health Organization

Phone

Date

Applicant's Signature