

Main Street Housing, Inc.

Home Office
 1521 Edgewood St. Suite C
 Baltimore, MD 21227
 1-410-646-0262 x 19
 Fax 1-410-646-0264

Eastern Shore Office
 8221 Teal Drive Suite 203
 Easton, MD 21601
 1-410-770-4801 x 308
 Fax 1-410-770-4809

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.

THIS SECTION TO BE COMPLETED BY LANDLORD

Address of Property to Be Rented: _____

First month's rent \$ _____
 Security Deposit \$ _____
 Credit check fee \$ _____
 Other (specify) : \$ _____

APPLICANT

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

Home Phone: () _____ Work Phone: () _____

County of Residence: _____ Date of Birth (mm/dd/yyyy): _____

Social Security Number: _____ Driver's License Number (State): _____

Vehicle Make _____ Model: _____ Color: _____ Year: _____

License Plate Number / State: _____

Ethnicity Please check one (Information Requested by Funding Agencies)

White		American Indian/Alaskan Native & White Asian & White	
Black/African American		Black/African American & White	
Asian		American Indian/Alaskan native & Black/African American	
American Indian/Alaska Native		Other Multi-racial	
Native Hawaiian/Other Pacific Islander			
Hispanic			

DISABILITY STATUS

See attached form Evidence of Psychiatric Disability Form

ADDITIONAL OCCUPANTS

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

Full Name:	Relationship to Applicant

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:

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

Name and Address of Previous Employer:

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

INCOME:

1. Your gross monthly employment income (before deductions):	\$
2. Average monthly amounts of other income (specify sources):	\$
TOTAL	\$

CREDIT AND FINANCIAL INFORMATION

Bank/ Financial Accounts	Account Number	Bank/Institution	Branch
Savings Account			
Checking Account			
Money Market or Similar Account			

MISCELLANEOUS

Credit Accounts & Loans	Type of Account (Auto loan, Visa, etc.)	Account Number	Name of Creditor	Amount Owed	Monthly Payment
Major Credit Card:					
Major Credit Card:					
Loan (mortgage, car, student loan, etc.)					
Other Major Obligation:					

Describe the number and type of pets you want to have in the rental property: **N/A Pets are not permitted.**

Describe water-filled furniture you want to have in the rental property:

Do you smoke? Yes No

Have you ever:

Filed for bankruptcy?

Yes No

Been sued?

Yes No

Been evicted?

Yes No

Been convicted of a crime?

Yes No

Explain any "yes" listed above:

REFERENCE AND EMERGENCY CONTACT:

Personal Reference:

Relationship:

Address:

Phone:

Personal Reference:

Relationship:

Address:

Phone:

Contact in Emergency:

Relationship:

Address:

Phone:

I certify that all the information given in this application and attached forms is true and understand that my lease or rental agreement may be terminated if I have made any false or incomplete statement in this application. I authorize verification for the information provided in this application form my credit sources, credit bureaus, current and previous landlords and employers, and personal references.

Date

Applicant

Notes (Landlord / Manager):