

GARRETT COUNTY, MARYLAND, COMMUNITY ACTION COMMITTEE, INC.

PROPERTY MANAGEMENT

104 E. CENTER STREET
OAKLAND, MARYLAND 21550
(301) 334-9431 FAX (301) 334-8555
1-888-877-8403

Garrett County Community Action Committee, Inc., herein referred to as “GCCAC,” has established the following to be used in processing and selecting applicants. GCCAC will follow the Fair Housing and Equal Opportunity Guidelines in our processing and selection process. GCCAC is an equal opportunity employer and administers all personnel practices without regard to race, color, religion, sex, age, national origin, disability, sexual orientation, gender identity or expression, marital status, veteran status, genetics or any other category protected under applicable law. Each applicant will be evaluated according to the following criteria and every effort will be made to screen the applicants consistently. Applications will be kept on file for (6) Six months. There is no fee when returning this application.

Applicant must:

- Complete this application in its entirety
- Must be at least 18 years of age
- Must sign and date all pages of application
- This application includes 3 Landlord Verification forms that must be mailed out from this office. If the Landlord Verification forms are completed prior to you returning your application, your application will be denied. The application should have the name and mailing address of your current landlord and the last two (2) landlords that you have had, including any family members you have rented from or lived with at ANY time in the past, and a current phone numbers / email address you may have. If you have no past landlords, simply write “No rental history.” All person who will reside in the unit will need to be on the application.

Reasons for denying applicants:

- Incomplete application
- Eviction,
- Poor rental history including but not limited to: Late payment history, destruction of property, liens, verbal threats to past landlords, verbal threats against the property, non-compliance, misuse or gross negligence of property, tenant harassment, owing past landlords money, unsatisfied judgements due to past landlords.
- Misrepresentation or Fraudulent application
- Any applicant who is subject to a life time registration requirement under a state sex offender registration program
- Physical violence
- Credit history
- Eviction from a federally assisted housing property for drug related criminal activity within 3 years of eviction date.
- Applicants who are convicted of methamphetamine production in assisted housing who are permanently barred from public housing
- Negative background

The applicant will be notified in writing whether application is approved or denied. If the application is denied, the denial letter will clearly state the reason(s) for the denial. GCCAC has a “No Pet” Policy.

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RENTAL APPLICATION

Bedrooms needed: _____ **Location preferred:** _____

Applicant

First Name: _____ M.I. _____ Last Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ SSN: _____

Phone No: _____ Email Address: _____

Income amount & Source: _____

Co-applicant

First Name: _____ M.I. _____ Last Name: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ SSN: _____

Phone No: _____ Email Address: _____

Income amount & Source _____

List **ALL** persons who will live in the Unit with applicants even if part time.

<u>Name</u>	<u>Relationship</u>	<u>Birth Date</u>	<u>Social Security Number</u>
1. _____	Applicant	_____	_____
2. _____	Co-Applicant	_____	_____
3. _____		_____	_____
4. _____		_____	_____
5. _____		_____	_____
6. _____		_____	_____
7. _____		_____	_____
8. _____		_____	_____

I/We certify that all the information given in this application is true and correct to the best of my/our knowledge.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____

Garrett County Community Action Committee (GCCAC)
104 E. Center Street
Oakland, MD 21550

AUTHORIZATION TO RELEASE INFORMATION

I consent to and authorize the Garrett County Community Action to obtain information from the individuals or organizations listed below for determining or verifying my eligibility for federally assisted housing programs:

Banks and Financial Institutions	Landlords, Past and Present
Credit Bureaus	Law Enforcement Agencies
Courts	Pensions and Annuities
Department of Veteran Affairs	Providers of Alimony
Educational Institutions	Providers of Child Care
Employers, Past and Present	Social Security Administration
Health and Human Services Agencies	Unemployment Agencies
Information Protected by HIPPA	Workers' Compensation Agencies
Housing Assistance Agencies	Power of Attorney
Housing Authorities	Lawyer, Public Defender, Attorney
Health Care Professionals	Family Friends/Relatives

I agree that photocopies of this RELEASE will be used for the purposes stated above and that the original of this form will remain in the Authority's office. This AUTHORIZATION TO RELEASE INFORMATION is valid for up to 15 months from the date of signature.

Failure to sign this authorization may result in denial of, or termination of housing assistance.

Signature of Applicant

Print Name

Date

Signature of Spouse or Co-Applicant

Print Name

Date

Signature of Other Adult

Print Name

Date

Signature of Other Adult

Print Name

Date

FOR OFFICE USE ONLY

NAME OF LANDLORD	ADDRESS	DATE MAILED	DATE RECEIVED

Garrett Co. Community Action Committee Inc. / RENTAL HISTORY FORM

Name of Applicant: (Print) _____ or _____

I do here by authorize this release of information to GCCAC for the use of determining rental eligibility.

Applicant Signature _____ **Date** _____

Name of Landlord: _____

Landlord Address: _____

Landlord Phone # _____ **Landlord E-Mail** _____

To be completed by Landlord only

Are you a: Current Landlord _____ Previous Landlord _____ Other _____

How long did applicant rent from you? From ____/____/____ to ____/____/____

1. Rent Payment

Amount of Rent? \$ _____

Did applicant pay rent on time? _____

If he/she ever paid late? _____ How often? _____

Had you ever begun/completed eviction for non-payment? _____

Was a court judgment rendered in your favor for the eviction? _____

2. Caring for the Unit

Did the applicant keep the unit clean inside and outside? _____

Has (had) the applicant damaged the unit? _____

Describe: _____

Did the applicant make any alterations to the unit without your permission? _____

3. General

Did the applicant permit other persons than those on lease to stay in the unit? _____

Did the applicant or their guests harass, threaten or become violent towards other tenants, neighbors or the landlord's representatives? _____

Did the applicant or their guests engage in any criminal / drug activity while in the unit? _____

Would you rent to this applicant again? _____

Comments _____

Signature of Landlord _____ Date _____

Garrett Co. Community Action Committee Inc. / RENTAL HISTORY FORM

Name of Applicant: (Print) _____ or _____

I do here by authorize this release of information to GCCAC for the use of determining rental eligibility.

Applicant Signature _____ **Date** _____

Name of Landlord: _____

Landlord Address: _____

Landlord Phone # _____ **Landlord E-Mail** _____

To be completed by Landlord only

Are you a: Current Landlord _____ Previous Landlord _____ Other _____

How long did applicant rent from you? From ____/____/____ to ____/____/____

4. Rent Payment

Amount of Rent? \$ _____

Did applicant pay rent on time? _____

If he/she ever paid late? _____ How often? _____

Had you ever begun/completed eviction for non-payment? _____

Was a court judgment rendered in your favor for the eviction? _____

5. Caring for the Unit

Did the applicant keep the unit clean inside and outside? _____

Has (had) the applicant damaged the unit? _____

Describe: _____

Did the applicant make any alterations to the unit without your permission? _____

6. General

Did the applicant permit other persons than those on lease to stay in the unit? _____

Did the applicant or their guests harass, threaten or become violent towards other tenants, neighbors or the landlord's representatives? _____

Did the applicant or their guests engage in any criminal / drug activity while in the unit? _____

Would you rent to this applicant again? _____

Comments _____

Signature of Landlord _____ Date _____

Garrett Co. Community Action Committee Inc. / RENTAL HISTORY FORM

Name of Applicant: (Print) _____ or _____

I do here by authorize this release of information to GCCAC for the use of determining rental eligibility.

Applicant Signature _____ **Date** _____

Name of Landlord: _____

Landlord Address: _____

Landlord Phone # _____ **Landlord E-Mail** _____

To be completed by Landlord only

Are you a: Current Landlord _____ Previous Landlord _____ Other _____

How long did applicant rent from you? From ____/____/____ to ____/____/____

7. Rent Payment

Amount of Rent? \$ _____

Did applicant pay rent on time? _____

If he/she ever paid late? _____ How often? _____

Had you ever begun/completed eviction for non-payment? _____

Was a court judgment rendered in your favor for the eviction? _____

8. Caring for the Unit

Did the applicant keep the unit clean inside and outside? _____

Has (had) the applicant damaged the unit? _____

Describe: _____

Did the applicant make any alterations to the unit without your permission? _____

9. General

Did the applicant permit other persons than those on lease to stay in the unit? _____

Did the applicant or their guests harass, threaten or become violent towards other tenants, neighbors or the landlord's representatives? _____

Did the applicant or their guests engage in any criminal / drug activity while in the unit? _____

Would you rent to this applicant again? _____

Comments _____

Signature of Landlord _____ Date _____