



**DEPARTMENT OF HOUSING & COMMUNITY DEVELOPMENT
FREDERICK COUNTY, MARYLAND**

401 Sagner Ave. • Frederick, Maryland 21701
301-600-3504 • FAX 301-600-3585 • TTY Use Maryland Relay
www.FrederickCountyMD.gov/Housing

BELL COURT HOUSING APPLICATION

<u>OFFICE USE ONLY</u>
DATE COMPLETED APP REC'D: _____
TIME: _____

All units are one level / one bedroom townhouse-style homes on a private cul-de-sac in Woodsboro.

ELIGIBILITY:

- Applicants must have an annual income at or below 30% of Area Median Income.
- Applicants must be 62 years of age or older.

SELECTION FROM WAITING LIST:

- Applicants will be pulled from the Wait List & considered for eligibility on a first come/first served basis.
- All applicants will be screened for credit, criminal background, and tenant history.

RENT / SECURITY DEPOSIT:

- Rent is set at a percentage of gross income; there is a minimum rent of \$335, a maximum base rent, and a yearly evaluation.
- Tenants pay electric separate from rent. Water, sewer and trash is included.
- Security Deposit is equivalent of one month rent and is handled according to Maryland Law.

Please complete the application in its entirety and return to:

Frederick County Department of Housing & Community Development
401 Sagner Avenue
Frederick, MD 21701
Attn: Bell Court

HOUSEHOLD INFORMATION (Who will be residing in Bell Court unit)	SOCIAL SECURITY NUMBER	DISABLED OR HANDICAPPED YES/ NO	(OPTIONAL) RACE W-WHITE B-BLACK I-INDIAN A-ASIAN	SEX MALE OR FEMALE	AGE	DATE OF BIRTH	U.S. CITIZEN YES/NO
FULL NAME							

STREET ADDRESS: _____ **CITY:** _____ **STATE:** ____ **ZIP CODE:** _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): _____ **CITY:** _____ **STATE:** ____ **ZIP CODE:** _____

TELEPHONE NUMBERS: HOME _____ **WORK** _____ **OTHER (CELL/FAMILY MEMBER)** _____

EMAIL: _____ **OTHER CONTACT:** _____

CURRENT INCOME NAME OF HOUSEHOLD MEMBER WITH INCOME:	SOURCE OF INCOME: E.G., SOCIAL SECURITY, EMPLOYER NAME, ETC.	GROSS AMOUNT OF EACH CHECK	HOW OFTEN DO YOU RECEIVE A CHECK?

EMPLOYMENT (If applicable) LIST EMPLOYER(S)	EMPLOYER ADDRESS	DATE EMPLOYMENT BEGAN	DATE EMPLOYMENT ENDED / WHY ENDED

ASSETS: NAME OF HOUSEHOLD MEMBER WITH ASSET:	DESCRIPTION OF ASSET <i>Includes:</i> Checking/Savings accounts, Certificates of Deposit, Stocks or Bonds, Pensions, Real Estate, Etc.	VALUE OF ASSET	ANNUAL INCOME FROM ASSET	NAME AND ADDRESS OF BANK

MISCELLANEOUS: PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY:

CRIMINAL BACKGROUND:

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN CONVICTED OF A CRIME? _____ WHAT? _____

WHEN? _____

EXPLAIN? _____

CREDIT BACKGROUND: DO YOU HAVE ANY CURRENT CREDIT ISSUES? _____

IF YES, PLEASE EXPLAIN: _____

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SIGNATURE OF CO-APPLICANT: _____ **DATE:** _____

FOR OFFICE USE ONLY:

Current 30% AMI: _____

(1) Applicant Gross Income: _____

(2) Annual Income from Assets: _____

Total Gross Income (1+2): _____

Income Eligible for Bell Court: _____