



22680 Cedar Lane Court, Leonardtown, MD 20650

Phone: 301-475-8966 **MD Relay** 7-1-1 in MD

Fax: 301-475-1629 **Web:** www.cedar-lane.org

APARTMENT APPLICATION

How did you hear about us?

- | | |
|---|--|
| ☐ Family member | ☐ Cedar Lane resident |
| ☐ Friend | ☐ Local to area |
| ☐ Facebook | ☐ Website |
| ☐ Newspaper | ☐ Expo/Fair |
| ☐ Referring agency | ☐ Other _____ |

DATE: _____

(PLEASE COMPLETE ENTIRE APPLICATION)

Applicant's Name:

FIRST NAME

MIDDLE INITIAL

LAST NAME

Other Names Used:

Social Security Number:

Birth Date:

Phone Number(s): Cell

Home

Other

Email Address:

Current Address:

City:

State:

Zip:

How Long have you lived at this address?

Do you rent, own, or live with family?

Landlord's Name:

Landlord's Phone:

Landlord's Address:

Have you been displaced? ☐ Yes ☐ No If Yes, For How Long?

(Displacement that has occurred due to government action or disaster as declared by the President of the United States)

List other states in which applicants have resided:

Previous Address: (*only required if less than 2 years at present address) How Long at this Address?

Address:

City:

State:

Zip:

Landlord's Name:

Landlord's Phone:

Landlord's Address:

Other Occupants who will live with you in apartment:

Name:

Social Security Number:

Relationship:

Birth Date:

Have a pet? ☐ Yes ☐ No Assistance animal? ☐ Yes ☐ No What type? ☐ Dog ☐ Cat ☐ Other:

You must complete a separate pet application, show proof of vaccinations and health cert. Pet Deposit is \$200.

NO SMOKING allowed anywhere on Cedar Lane property.

Smoking in the apartment is prohibited and may lead to eviction. Initial(s) _____



Equal Housing Opportunity



Date Received: _____ Time Received: _____ ☐ AM ☐ PM Received By: _____ Updated 7/01/2026

People who should be notified in case of emergency

*Emergency Contact:

Name:	Phone:
Address:	
City:	State: Zip:
Relationship:	Power of Attorney? ☐ Yes ☐ No
	Email Address:

Additional Contact:

Name:	Phone:
Address:	
City:	State: Zip:
Relationship:	Power of Attorney? ☐ Yes ☐ No
	Email Address:

Please complete the entire application and answer all questions

Have you ever been evicted? ☐ Yes ☐ No

If yes, was it subsidized housing? ☐ Yes ☐ No

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, please explain and give dates:

Are you subject to lifetime sex offender registration in any state? ☐ Yes ☐ No

Do you require any reasonable accommodations in order to live at Cedar Lane Senior Living Community?

If yes, please explain:

Do you have a scooter, electric wheelchair or other mobility device?

If yes, please describe:

Are you a student? ☐ Yes ☐ No Full Time or Part Time? ☐ FT ☐ PT

Do you receive income in the form of Financial Student Assistance? ☐ Yes ☐ No

Are you a military veteran? ☐ Yes ☐ No

If yes, which branch? ☐ Army ☐ Navy ☐ Air Force ☐ Marines ☐ Coast Guard

Gross Monthly Income Information:	Head of Household	Additional Occupants
Wages/Salaries:		
Social Security (SSI):		
Pension/Annuity:		
Social Security Disability (SSD):		
Other: (define)		
Total Gross Monthly Income:		
You must list gross income (before any taxes or deductions) for everyone who will occupy apartment.		
Estimated cash value of assets (investments, savings, certificates, whole life policies, real estate equity)		

APARTMENT OPTIONS

Please place a check mark next to the apartment types you are applying to. This section must be completed.

SUBSIDIZED APARTMENTS In these apartments your rent is calculated based on your income, eligible deductions and assets.		UNSUBSIDIZED APARTMENTS These apartments do not offer rental assistance and have a flat monthly rent.	
BUILDING I CHURCH Annual income limit* 1 person – \$74,800 max 2 people – \$85,450 max ☐ Studio ☐ 1 Bedroom ☐ 2 Bedroom <i>(2 bedroom apartment requires 2–3 occupants)</i>	BUILDING II BURCH Annual income limit* 1 person – \$49,600 max 2 people – \$56,650 max ☐ 1 Bedroom ☐ 2 Bedroom <i>(2 bedroom apartment requires 2–3 occupants)</i>	BUILDING I CHURCH No income limit ☐ Studio ☐ 1 Bedroom	BUILDING III COLTON-WEINBERG No income limit ☐ 1 Bedroom ☐ 2 Bedroom

*Annual income limit: Your gross annual income (before any deductions) must be under this amount to be eligible for subsidized rent in that particular apartment building. If you are called and offered an apartment, you may ‘accept’ or ‘reject’. Rejecting any apartment at the time it is offered results in your name being removed from the waitlist for that apartment option. You may reapply.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance which would, if disclosed, affect my application unfavorably. As an inducement to enter into the lease, I authorize Cedar Lane Senior Living Community to secure from a consumer reporting agency an investigative consumer report. This report may contain, but would not be limited to, a consumer credit report and verification of my residences, employment, income as well as criminal background. I further authorize Cedar Lane Senior Living Community and the consumer reporting agency to verify any and all information contained in this application and to inquire into my character, general reputation, personal characteristics and mode of living and release all concerned from any liability in connection with the information they give.

By signing this document, I am advised that I have the right, under Federal Fair Credit Reporting Act, Section 606(B) to make a written request of Cedar Lane Senior Living Community, and the consumer reporting agency, within a reasonable time, for a complete and accurate disclosure of the nature and scope of the investigation. I also acknowledge the right to disclosure of such information as required by Section 609 of the Fair Credit Reporting Act entitled “A Summary of your rights under the Fair Credit Reporting Act.” I also authorize Cedar Lane Senior Living Community to obtain my consumer credit report at any time during the term of the lease, and after termination of the lease, in order to assist Cedar Lane Senior Living Community in collection efforts against me. I understand that HUD assistance is for U.S. citizens or nationals and eligible noncitizens only and I will be required to declare U.S. Citizenship or submit evidence of eligible immigration status during my intake interview.

I understand that if I move or if my contact information changes, it is my responsibility to contact Cedar Lane Senior Living Community to update my file. Failure to do so may result in being removed from the waitlist and not being offered an apartment. Once you are contacted regarding an available apartment you must make a rental decision within 48 hours. Names on the wait list will be maintained and honored in the order of the date the completed application of interest was received.

☐ **I agree to these terms and conditions.**

Please Print Name: _____

Applicant Signature: _____

Date: _____

Co-Applicant Signature: _____

Date: _____

*The application must be signed by the applicant or by Power of Attorney for the applicant with a copy of the POA submitted with the application. **Falsifying or failing to disclose information on your application can lead to eviction.**
A copy of the Tenant Selection Plan is available upon request.*

Race and Ethnic Data Reporting Form

U.S. Department of Housing
and Urban Development
Office of Housing

OMB Approval No. 2502-0204
(Exp. 03/31/2014)

Name of Property	Project No.	Address of Property
Name of Owner/Managing Agent		Type of Assistance or Program Title:
Name of Head of Household		Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

***Definitions of these categories may be found on the reverse side.**

There is no penalty for persons who do not complete the form.

Signature

Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> ☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> ☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____ </td> </tr> </table>		☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____
☐ Emergency ☐ Unable to contact you ☐ Termination of rental assistance ☐ Eviction from unit ☐ Late payment of rent	☐ Assist with Recertification Process ☐ Change in lease terms ☐ Change in house rules ☐ Other: _____		
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



SELF-CERTIFICATION: ABILITY TO RESIDE IN APARTMENT HOUSING THAT DOES NOT PROVIDE DAILY CARE SERVICES

I understand and accept that Cedar Lane Senior Living Community does not provide daily care services like those offered in licensed assisted living communities or skilled nursing homes. Accordingly, I hereby self-certify that I am capable of meeting the requirements of tenancy in an apartment complex that does not offer services for activities of daily living such as eating, bathing, getting dressed, toileting, mobility, and continence.

For example, Cedar Lane Senior Living Community does not provide:

- Ambulatory/escort services.
- Any services regarding personal hygiene or grooming, such as assisting with bathing or dressing.
- Automatic housekeeping services for apartments. Residents must keep their apartment in a safe and sanitary condition or arrange for paid housekeeping services to do so.
- Medication assistance services. Residents are responsible for their own medications, either on their own or with the assistance of family, friends or a paid caregiver.

I have been informed and understand that Cedar Lane Senior Living Community does not discriminate on the basis of race, color, religion, sex, disability, familial status, sexual orientation, gender identity or national origin and will make reasonable accommodations to rules and policies and reasonable modifications to premises based on disability and need, as required by state and federal fair housing laws. I also understand that I am free to arrange for any needed services provided by third-party providers at my own cost.

In signing this Self-Certification, I certify (or my responsible family member or Attorney-In-Fact holding a power of attorney signing on my behalf certifies) my ability to reside in an apartment community that does not provide services essential to daily care.

If I cease to meet the requirements of tenancy, with or without assistance services I arrange for or reasonable accommodations or modifications provided by management, I agree that alternative placement in a more suitable setting must be arranged.

Applicant Name: (print) _____ Date _____

Applicant Signature _____ Date _____

And/or

Guardian Signature _____ Date _____

And/or

Attorney-In-Fact with
Power of Attorney Signature _____ Date _____

Effective 07/01/2026