The Junction
511 W South Street, Frederick, MD 21701
TheJunction-MDMgr@EnvolveLLC.com
P: 227.223.6801 | F: 227.223.6802

Dear Applicant,

Thank you for your interest in **The Junction**, professionally managed by **Envolve LLC**.
Please complete the application and return it to our office as soon as possible.

Application Completion: Complete all fields. Each adult (18+) in the household must complete a full application and sign the forms before returning it to our office. Complete in pen only*; pencil is not permitted. White-out cannot be used on these forms*. Should you make a mistake, simply draw a single line through the mistake and write the correction above. Initial any changes.

Please refer to the attached Bring Back Checklist and bring any and all items applicable to your household. Examples:

- *Proof of Employment Income:* provide the last 6 consecutive paystubs of your current employment, 1st paystub of the year, and proof of Date of Hire.
- *Proof of Social Security/SSI:* provide a copy of the current Social Security Benefits Letter(s). If you do not have this, you may download/print it from www.ssa.gov/myaccount.
- *Proof of Child Support:* provide the Current YTD & Prior Year statements of Child Support payments, available on md.smartchildsupport.com.
- *Child Support Court Order(s):* provide the Child Support/Placement Court Order. If you do not have this, you may contact the County Clerk where the order was finalized and/or access md.smartchildsupport.com.
- *Copy of Photo ID of each household adult (18+).*
- *Copy of Birth Certificate of each household minor (<18).*
- *Copy of SSN Card of each household member.*

Application Process: Once our office receives your application, we will: verify your income & assets; complete a background & credit check; and verify your rental history. At any time, you may be contacted to call your financial institutions to expedite the verification process.

Once your application has been processed, you will be notified of acceptance or denial. If your application is accepted and a unit is not available, your application will be placed on an interest list, unless you request its remove or do not respond to our correspondence in a timely manner.

Once completed, send the original application with original signatures to the leasing office **THE JUNCTION**, 511 W South Street, Frederick, MD 21701 -OR- (*preferred*) schedule an appointment to drop it off in-person (contact information below).

If you have any questions, please reach out to us:

- *Phone*: 227.223.6801
- *Fax*: 227.223.6802
- *Email*: TheJunction-MDMgr@EnvolveLLC.com

Sincerely,

THE JUNCTION

Ready to submit your application?
Book an appointment with
The Junction NOW!
Scan the QR Code above.

Provide the required items above to The Junction via email, fax, or scheduling an appointment to bring to office.
If you have any questions, please contact the office (contact information at top of page).

The Junction
511 W South Street, Frederick, MD 21701
manager@liveatjunction.com
P: 227.223.6801 | F: 227.223.6802

BRING BACK CHECKLIST
Move-in Application

If applicable to your household, please provide the following with your paperwork/appointment.

1. **App Fee**: provide a $15 per adult Processing Fee in Money Order or Cashier's Check, payable to THE JUNCTION.
2. **Social Security:** provide a copy of each household member's Social Security Number card.
3. **Photo ID:** provide a copy of each household adult's *government-issued* photo identification.
4. **Birth Certificate:** provide a copy of each household minor's birth certificate (non-PBV units).
5. **Employment:** provide a copy of the 6 most recent earning statements from your current employment(s) (provide 8 if you are paid weekly).
6. **Employment:** if hired before 01/01/2026, provide a copy of the 1st earning statement of 2026.
7. **Employment:** if hired on or after 01/01/2026, provide Proof of Date of Hire *(e.g., Job Offer Letter/Email, Screenshot of Employee Portal, Letterhead from HR/Payroll, etc.)*.
8. **Social Security:** provide a copy of your 2026 Social Security Benefit Verification Letter, available on www.ssa.gov/myaccount.
9. **SSI:** provide a copy of your 2026 Supplemental Security Income Benefit Verification Letter, available on www.ssa.gov/myaccount.
10. **VA Benefit:** provide a copy of your 2026 VA Benefit Verification Letter, available on va.gov.
11. **Child Support:** provide a copy of the Child Support/Placement Court Order(s), available from the County Clerk where the order(s) was finalized -OR- provide a copy of all Case Details, available on md.smartchildsupport.com.
12. **Child Support:** provide a copy of the 2025 AND "Current Year to Date" Child Support Payment Statements (even if none received), available on md.smartchildsupport.com.
13. **Self-Employment:** provide a copy of your 2025 (or most recent) Tax Return forms: 1040, Schedule 1, and all Schedule Cs. If you have not completed taxes for your Self-Employment Income, you must provide a copy of your most recent 12-months of financial statements (showing profits & losses).
14. **Self-Employment:** complete the Self-Employment Affidavit (see office).
15. **Checking and Savings:** provide a copy of the most recent bank statement(s).
16. **Prepaid Card:** provide an ATM slip of your prepaid card's "current balance," signed & dated.
17. **Retirement Account:** provide a copy of your most recent retirement account statement, available from the financial institution's website -OR- by contacting your Plan Sponsor.
18. **Whole/Universal Life Insurance:** provide a copy of your most recent life insurance statement, available from the financial institution's website -OR- by contacting your agent. **Term Life Insurance is not needed.*
19. **Rent Assistance:** provide a copy of your current Assistance Contract or Proof of Voucher, available from your caseworker.
20. **Student:** provide a copy of your 2025 & 2026 courseload, available on your university's website OR by contacting the admissions office.
21. **Student:** provide a copy of your financial aid statement, available on y our university website OR by contacting the admissions office.
22. **Household Pet or Animal:** provide a copy of the animal's proof of inoculation, proof of licensing, and color photo.

More items might be needed, depending on your household's composition and income/asset structure.

Provide the required items above to The Junction via email, fax, or scheduling an appointment to bring to office.
If you have any questions, please contact the office (contact information at top of page).

THE JUNCTION

QUICK REFERENCE GUIDE

MODERN AFFORDABLE LIVING IN DOWNTOWN FREDERICK, MD

Where Everything Connects

UNIT PRICING

1BD	2BD	3BD
$1,550–$1,695	$1,800–$1,910	$2,100–$2,270

MINIMUM INCOME REQUIREMENTS

Minimum monthly household income (2.5x rent)

1BD	2BD	3BD
$3,875–$4,238	$4,500–$4,775	$5,250–$5,675

60% AMI INCOME LIMITS

Maximum household income

1 PERSON HOUSEHOLD	2 PERSON HOUSEHOLD	3 PERSON HOUSEHOLD	4 PERSON HOUSEHOLD	5 PERSON HOUSEHOLD	6 PERSON HOUSEHOLD	7 PERSON HOUSEHOLD
$69,780	$79,740	$89,700	$99,660	$107,640	$115,620	$123,600

AMENITIES

- Nine-foot ceilings
- LVP flooring throughout
- Quartz countertops
- Stainless steel appliances
- Modern white cabinetry
- In-unit washer & dryer
- Flexible layouts with dens
- Fob entry & security cameras
- Business lounge with Zoom pods
- Outdoor Wi-Fi workstations
- Vibrant courtyard
- Fitness center
- Package room
- Large community room
- Covered parking, on-street parking, off-street parking

511 W South Street, Frederick, MD 21701
227.223.6801
manager@liveatjunction.com

EQUAL HOUSING OPPORTUNITY

LIVEATJUNCTION.COM

RENTAL APPLICATION

Office Use Only:
Date Rec'd: _____ Time: _____ am/pm
By (initials): _____

Development Name: The Junction Apartments

Address: 511 & 524 W. South Street - Frederick, MD 21701 Email: thejunction-mdmgr@envolvellc.com

Phone Number: (227) 223-6801 Fax Number: (227) 223-6802

# of Bedrooms Desired: ❑ Eff ❑ 1 Br ❑ 2 Br ❑ 3 Br ❑ 4 Br How many people live in your home now?_____

The following is to be completed in its entirety by household members ages 18 and older.
Please answer ALL questions. Do not leave any blank spaces. Write NONE or N/A where appropriate. Please print.

PART 1 – HEAD OF HOUSEHOLD DATA:

HH First Name:	M.I.:	Last Name:
Mailing Address:		Phone #:
City/State/Zip:		Email:
Current Marital Status: ❑ Single ❑ Married ❑ Divorced ❑ Separated ❑ Widowed		
Have you ever used another name? ❑ Yes ❑ No If yes, please indicate name:		

❑ Spouse ❑ Co-Head ❑ Other Adult		
First Name:	M.I.:	Last Name:
Mailing Address:		Phone #:
City/State/Zip:		Email:
Current Marital Status: ❑ Single ❑ Married ❑ Divorced ❑ Separated ❑ Widowed		
Have you ever used another name? ❑ Yes ❑ No If yes, please indicate name:		

Directions to Member: Please complete the table below listing each member of the household, whether or not those members are related. Include all members who you anticipate will live with you at least 50% or more of the time during the next 12 months. (A full-time student is anyone who is enrolled for at least five calendar months for the number of hours or courses which are considered full-time attendance by that institution. The five months need not be consecutive).

PART 2 – HOUSEHOLD COMPOSITION:

	HOUSEHOLD MEMBER NAME(S)	RELATIONSHIP TO HEAD	DATE OF BIRTH	FULL TIME STUDENT (Y/N)	GENDER	SSN NUMBER
1.		Head			☐M F☐	
2.					☐M F☐	
3.					☐M F☐	
4.					☐M F☐	
5.					☐M F☐	
6.					☐M F☐	
7.					☐M F☐	

Anticipated changes in household size within the next 12 months? ❑ Yes ❑ No If Yes, explain: _____

Are there any absent household members who normally reside in the household? ❑ Yes ❑ No If Yes, explain: _____

Anticipated change in number of students within the next 12 months? ❑ Yes ❑ No If Yes, explain: _____

PART 3 – HOUSEHOLD INFORMATION:

RENTAL HISTORY (Head of Household - must show most recent 2-year rental history)		
Household Member Name:		
	Current Residence	**Previous Residence**
Street Address:		
City, State, Zip:		
Select One:	❑ Rent ❑ Own ❑ Other	❑ Rent ❑ Own ❑ Other
If other, explain:		
Owner/Landlord Name:		
Owner/Landlord #		
Reason for Leaving		
Dates of Residency mm/yy	From: _____ To:_____	From: _____ To:_____

RENTAL HISTORY (Co-Head / Other Adult - must show most recent 2-year rental history)		
Household Member Name:		
	Current Residence	**Previous Residence**
Street Address:		
City, State, Zip:		
Select One:	❑ Rent ❑ Own ❑ Other	❑ Rent ❑ Own ❑ Other
If other, explain:		
Owner/Landlord Name:		
Owner/Landlord #		
Reason for Leaving		
Dates of Residency mm/yy	From: _____ To:_____	From: _____ To:_____

Have you or any member(s) of the household ever had your lease terminated or been evicted? ❑ Yes ❑ No

Are you or any member(s) of your household receiving rental assistance (voucher, public housing, etc.) ❑ Yes ❑ No

Are you or any member(s) of your household currently fleeing from an abusive situation? ❑ Yes ❑ No

Are there any animals in the household? ❑ Yes ❑ No

Would you or any member(s) of the household benefit from the features of an accessible unit? ❑ Yes ❑ No

Do you or any member(s) of the household require any accommodations and/or modifications to the unit for any disability? ❑ Yes ❑ No

Have you or any member(s) of your household ever been convicted of a crime? ❑ Yes ❑ No

Are you or any member(s) of your household subject to state lifetime sex offender registration? ❑ Yes ❑ No

If yes to any question(s) above, please explain: _____

EMERGENCY CONTACT INFORMATION		
Name:		
Relationship:	Phone #:	Email:

PART 4 – EMPLOYMENT INFORMATION:

EMPLOYMENT HISTORY (Head of the Household)			
Household Member Name:			
ARE YOU SELF-EMPLOYED? (Gig Income: Ride Share, Food Delivery, etc.) ❑ **YES** ❑ **NO**		**If yes, complete the Self-Employment Affidavit form.**	
Current Employer			
Employer Name:		**Phone:**	
Street Address:			
City:	**State:**	**Zip:**	
Date Started: mm/yy	**Position:**	**Supervisor:**	
Salary:	**Per** ❑ Hour ❑ Week ❑ Month ❑ Year ❑ Other		
If other, explain:			

DO YOU HAVE A SECOND JOB? (HEAD OF THE HOUSEHOLD) ❑ **YES** ❑ **NO**	**If yes, complete below:**
Employer Name:	**Phone:**
Position:	**Supervisor:**
Salary:	**Per** ❑ Hour ❑ Week ❑ Month ❑ Year ❑ Other
If other, explain:	

EMPLOYMENT HISTORY (Co-Head / Other Adult)			
Household Member Name:			
ARE YOU SELF-EMPLOYED? (Gig Income: Ride Share, Food Delivery, etc.) ❑ **YES** ❑ **NO**		**If yes, complete the Self-Employment Affidavit form.**	
Current Employer			
Employer Name:		**Phone:**	
Street Address:			
City:	**State:**	**Zip:**	
Date Started: mm/yy	**Position:**	**Supervisor:**	
Salary:	**Per** ❑ Hour ❑ Week ❑ Month ❑ Year ❑ Other		
If other, explain:			

DO YOU HAVE A SECOND JOB? (CO-HEAD / OTHER ADULT) ❑ **YES** ❑ **NO**	**If yes, complete below:**
Employer Name:	**Phone:**
Position:	**Supervisor:**
Salary:	**Per** ❑ Hour ❑ Week ❑ Month ❑ Year ❑ Other
If other, explain:	

PART 5 – HOUSEHOLD ASSETS:

I/We hereby certify that I/we ❑HAVE ❑HAVE NOT sold or given away assets for less than their fair market value within the last 2 years. (Excluding items lost in bankruptcy, divorce, or foreclosure)

If Applicable: Identify all assets sold of disposed of for less than fair market value in the last two years.

HOUSEHOLD MEMBER NAME	ASSET DESCRIPTION	MARKET VALUE	DATE DISPOSED	AMOUNT RECEIVED

Do you or anyone in the household have any of the following assets? Please mark "yes" or "No" for each source of income.

	HEAD OF HOUSEHOLD		CO-HEAD		ADDITIONAL HOUSEHOLD MEMBERS	
Type of Asset	**Check One**	**Cash Value**	**Check One**	**Cash Value**	**Check One**	**Cash Value**
Cash on Hand	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Money Cards (Chime, SmiOne, Way2GO, etc)	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Checking Accounts	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Savings/Money Market Accounts	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Certificates of Deposits	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Stocks/Bonds	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Trust Funds (excluding irrevocable)	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Real Estate/Land	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Mortgage or Deed of Trust	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Cryptocurrency (Bitcoin, etc.)	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Life Insurance (excluding Term)	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
GoFundMe/Crowdsourcing	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Mobile Payment Services (Venmo, CashApp, etc.)	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Personal Property (Held as an investment)	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Other Investments	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Have you received any lump sum payments such as the following:						
Inheritances	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Lottery or other Winnings	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Insurance Settlements	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Workers' Compensation Settlements	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Social Security Disability Settlements	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Unemployment Compensation Settlements	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
VA Disability Settlements	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Severance Pay	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Capital Gains	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Other	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$

ASSET DETAILS (detail ALL assets for ALL household members marked yes above)

HOUSEHOLD MEMBER NAME	TYPE OF ASSET	BANK/FINANCIAL INSTITUTION NAME	# OF ACCOUNTS

PART 6 – SOURCES OF INCOME:

Is income received from any of the following sources? Please mark "yes" or "No" for each source of income.

	HEAD OF HOUSEHOLD		CO-HEAD		ADDITIONAL HOUSEHOLD MEMBERS	
Type of Income	**Check One**	**Monthly $**	**Check One**	**Monthly $**	**Check One**	**Monthly $**
Employment	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Self-Employment	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Gig Income (Ride Share, Food Delivery, etc.)	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Regularly Recurring gifts	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Social Security / SS Disability	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
SSI (Supplemental Security Income)	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Retirement Income	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Pensions	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Disability or Death Benefits (not SSI)	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
TANF or other Public Assistance	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Alimony	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Child Support	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Unemployment Compensation	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Workers' Compensation	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Income from Rental Property	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Military Pay, including all allowances	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Severance Pay	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Annuities Income	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Insurance Policies Income	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Scholarships/Grants/Work Study	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Long Term Care Payments	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
Income from Training Programs	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
List Other Income:	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$
	❑ Yes ❑ No	$	❑ Yes ❑ No	$	❑ Yes ❑ No	$

Do you or any member of the household anticipate any change in income? ❑ YES ❑ NO If yes, complete a self-affidavit form.

INCOME DETAILS (detail ALL income for ALL household members marked yes above)

HOUSEHOLD MEMBER NAME	TYPE OF INCOME	COMPANY/PROVIDER NAME	CONTACT INFO

PART 7– OTHER INFORMATION

Head of Household Drivers license number / State ID#:	State Issued:
Spouse / Co-Head Drivers license number / State ID#:	State Issued:
Other Adult Drivers license number / State ID#:	State Issued:

PART 8– VEHICLE INFORMATION

Year:	Make:	Model:	Color:
License Plate #:		State:	

Year:	Make:	Model:	Color:
License Plate #:		State:	

Year:	Make:	Model:	Color:
License Plate #:		State:	

PART 9– SIGNATURES:

Must be signed and dated by all members of the household age 18 & older:

I/we understand that the above information is being collected to determine eligibility for residence.

I/we certify that all assets currently held or previously disposed of and all income sources have been listed on this application. I/we further certify that the statements made in this application are true and complete to the best of my/our knowledge and belief and are aware that false statements are punishable under Federal law.

I/we authorize the owner/manager to verify information provided on this application and the signature(s) below are the consent to obtain such verification.

Head of Household Printed Name	Head of Household Signature	Date
Spouse / Co-Head Printed Name	Spouse / Co-Head Signature	Date
Other Adult Printed Name	Other Adult Signature	Date
Other Adult Printed Name	Other Adult Signature	Date

TENANT RELEASE AND CONSENT

I/We_____, the undersigned hereby authorize all persons or companies in the categories listed below to release without liability, information regarding employment, income, and/or assets to The Junction (MD)
(owner or agent)
for purposes of verifying information on my/our apartment rental application.

INFORMATION COVERED

I/We understand that previous or current information regarding me/us may be needed. Verifications and inquiries that may be requested include, but are not limited to: personal identity; employment, income, and assets; medical or child care allowances. I/We understand that this authorization cannot be used to obtain any information about me/us that is not pertinent to my eligibility for and continued participation as a Qualified Tenant.

The groups or individuals that may be asked to release the above information include, but are not limited to:

Past and Present Employers	Welfare Agencies	Veterans Administration
Previous Landlords (including Public Housing Agencies)	State Unemployment Agencies	Retirement System
	Social Security Administration	Banks and other Financial Institutions
Support and Alimony Providers	Medical and Child Care Providers	

CONDITIONS

I/We agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file and will stay in effect for a year and one month from the date signed. I/We understand I/we have a right to review this file and correct any information that is incorrect.

SIGNATURES

_____	_____	_____
Applicant/Resident	(Print Name)	Date
_____	_____	_____
Co-Applicant/Resident	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date
_____	_____	_____
Adult Member	(Print Name)	Date

EQUAL HOUSING OPPORTUNITY

Student Certification

(For use with the LIHTC Program)

Property Name: The Junction (MD) Unit Number:_____

This information on this form is used to help determine the household's eligibility for certain housing programs. A household member is considered a student if they attend an educational institution such as elementary, junior and senior high, college, university, technical, trade, and mechanical schools.

Part A - *Check only one statement below.*

1. Household contains ***at least one occupant who is <u>not a student</u> and has not been/will not be a student*** for five months or more during the current and/or upcoming calendar year *(months need not be consecutive)*.

2. Household contains all students, but is qualified because ***at least one occupant is a <u>part-time student</u>*** who is not/will not be a full-time student for five months or more during the current and/or upcoming calendar year.

Name(s) of Part-Time Students:	

3. Household consists of ***all members who have been/will be <u>full-time students</u>*** for five months or more during the current and/or upcoming calendar year *(months need not be consecutive)*.

Part B - *Complete this section only if you checked box #3 in Part A.*

1. Does the household include students who are married and entitled to file a joint tax return?	Yes	No
2. Does the household include at least one single parent and their child(ren)? If yes,	Yes	No
a. Is this parent a dependent of another individual?	Yes	No
b. Are these child(ren) dependents of an individual other than a parent?	Yes	No
3. Does the household include at least one student receiving assistance under Title IV of the Social Security Act? *(This includes Temporary Assistance to Needy Families (TANF), otherwise known as Aid to Families with Dependent Children (AFDC).)*	Yes	No
4. Does the household include at least one student participating in a program receiving assistance under the Job Training Partnership Act, Workforce Investment Act, or under other similar federal, state, or local laws *(i.e. Job Corp, AmeriCorp, etc.)*?	Yes	No
5. Does the household include at least one student who was under the care and placement responsibility of a state agency administering foster care under Part B or Part E of Title IV of the Social Security Act *(i.e. adults who were in the foster care system during childhood)*?	Yes	No

REQUIRED SIGNATURES - *All adult members must sign below.*

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the denial of admission or termination of a lease agreement.

Signature	Date	Signature	Date
Signature	**Date**	**Signature**	**Date**
Signature	**Date**	**Signature**	**Date**
Signature	**Date**	**Signature**	**Date**

EQUAL HOUSING OPPORTUNITY

Modified 10/9/2024

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UNEMPLOYED APPLICANT/RESIDENT AFFIDAVIT

I have applied/reside at: The Junction

Name: _____ Unit No: _____

I attest to the following:

☐ I am not presently employed and not aware of an employment start date, but anticipate becoming employed within the next twelve (12) months.

Based on my past work experience, skills, and income history as shown on my most recent tax return (copy attached) and adjustments to reflect circumstances anticipated within the next twelve (12) months, I expect to earn $_____ per year once I become employed.

If no tax return has been filed with the Internal Revenue Service or with the state, please attach notarized self-affidavit for explanation.

☐ I am not presently employed, but I am aware of an employment start date of _____ at a rate of $ _____ per (hour/ week/ month).

☐ I am not presently employed and *do not anticipate* becoming employed within the next twelve (12) months.

Warning: Section 1010 of Title 18 of the US Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction.

_____ _____

Signature Date

CHILD SUPPORT CERTIFICATION

One form to be completed per household when applicable.

Development Name: The Junction

Applicant/Resident Name: _____ Unit No: _____

Certification Type: ☐ Initial ☐ Recertification (Effective Date: _____)

PART 1 – SELECT ONE OPTION:

☐ **Yes** Child Support **IS** being collected and distributed to this household through a child support enforcement agency.

(Include CSE printout as documentation of child support received over the past 12 months.)

☐ **No** Child Support is **NOT** being collected and distributed to this household through a child support enforcement agency.

PART 2 – CHECK ALL THAT APPLY:

☐ In addition to any child support disclosed in Part 1, support/compensation **IS** being received for the following:

NAME	AMOUNT	FREQUENCY
		☐ monthly ☐ bi-weekly ☐ weekly ☐ other:
		☐ monthly ☐ bi-weekly ☐ weekly ☐ other:
		☐ monthly ☐ bi-weekly ☐ weekly ☐ other:
		☐ monthly ☐ bi-weekly ☐ weekly ☐ other:

☐ Support/compensation is **NOT** being received from any source for the following:

NAME

NAME

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

_____ _____

Applicant/Resident Signature Date

ASSET SELF-CERTIFICATION

For households whose combined net assets do not exceed the applicable Imputed Income Limitation.

(Complete only one form per household; include assets of children.)

For the following asset types, include the current Cash Value of **each** asset held by any family member and the actual income that the asset earns. *Cash value is ***current*** **market value minus cost to convert** an asset to cash, such as broker's fees, settlement costs, outstanding loans, penalties for early withdrawal, etc.*

Household Name:		Unit#:	

PART I. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE (FMV)

☐ **True** ☐ **False** **Within the past two (2) years, I/we have sold or given away assets below their fair market value (FMV).**

Asset #1:		Date of Disposal:		FMV - amt received:	
Asset #2:		Date of Disposal:		FMV - amt received:	

PART II: FEDERAL TAX RETURN OR REFUNDABLE FEDERAL TAX CREDIT

Have you received a federal tax return or refundable federal tax credit in the last 12 months?	☐ Yes ☐ No
Amount of return/credit:	$

PART III: NON-NECESSARY PERSONAL PROPERTY (NNPP)

☐ **True** ☐ **False** **I/we do not have any non-necessary personal property**

Type of Asset	**(A) Cash Value***	**(B) Annual Income**	**Type of Asset**	**(A) Cash Value***	**(B) Annual Income**
Cash on Hand	$	N/AP	Cryptocurrency	$	$
Pre-paid Debit Card (including Govt. Benefits)	$	N/AP	Money Market/ CD	$	$
Checking/Savings	$	$	Annuities	$	$
Checking/Savings	$	$	Brokerage Account	$	$
Savings	$	$	Stocks/Bonds	$	$
Internet based assets (Cash App, Venmo, PayPal, Crowdfunding, etc.)	$	$	Other: _____	$	$
Whole Life Insurance	$	$	Other: _____	$	$

Non-Account Based

Possessions not general held in an account such as vehicles used for recreation (e.g., RVs, ATVs, and Boats), antique cars, collectibles (e.g. stamps, jewelry, coins, and artwork.), and equipment/machinery that is not used to generate income for a business

Description	**(A) Cash Value ***
	$
	$
	$
	$

PART IV. REAL PROPERTY

☐ **True** ☐ **False** **I/we do not have any real property**

Description of Property	**(C) Cash Value***	**(D) Income**
	$	$
	$	$

Under penalty of perjury, I/we certify that the information presented in this certification is true and accurate to the best of my/our knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Tenant	Date	Signature of Applicant/Tenant	Date
Signature of Applicant/Tenant	Date	Signature of Applicant/Tenant	Date

PENALTIES FOR MISUSING THIS CONTENT: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 208 (a) (6), (7), and (8). Violations of these provisions are cited as violations of 42 USC 408 (a), (6), (7), and (8).

Household Race/Ethnicity/Disability Reporting Form

The Virginia Housing Development Authority (VHDA) requests the following information in order to comply with the Housing and Economic Recovery Act (HERA) of 2008, which requires all Low Income Housing Tax Credit (LIHTC) properties to collect and submit to the U. S. Department of Housing and Urban Development (HUD), certain demographic and economic information on tenants residing in LIHTC financed properties.

Although VHDA would appreciate receiving this information, you may choose not to furnish it. You will not be discriminated against on the basis of this information, or on whether or not you choose to furnish it. Federally assisted properties (HUD/RD) should continue to use collection formats mandated for those programs.

Property Name: The Junction (MD) _____ Unit #: _____

The following Race codes should be used when completing the table below:

1 – American Indian/Alaska Native – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain 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/African American – A person having origins in any of the black racial groups of Africa.
4 – Native Hawaiian/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 people of Europe, the Middle East or North Africa.
Note: Multiple racial categories may be indicated as such: 1-5 – American Indian/Alaska Native & White, 2-5 – Asian & White, etc.

The following Ethnicity codes should be used when completing the table below:

1 – Hispanic – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Terms such as "Latino" or "Spanish origin" also apply.
2 – Not Hispanic – A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Disability Status:

Enter "Y" if any member of the household is disabled according to the Fair Housing Act definition for disability (or handicap):

- A physical or mental impairment which substantially limits one or more major life activities, a record of such an impairment or being regarded as having such an impairment. For the Fair Housing definition of "physical or mental impairment" and other terms used, please see 24 CFR 100.201.
- "Disability" **does not include** current, illegal, use of or addiction to a controlled substance.
- This form should not be used to document requests for reasonable accommodations. Instructions regarding further inquiries related to documenting a specific need for a reasonable accommodation may be found on the HUD website or Virginia Code in Sections 36-96.1:1; 36-96.3:1 and 36-96.3:2.

Enter both Race and Ethnicity codes for each household member (**code # definitions are provided above**).

Last Name	First Name	Middle Initial	Race	Ethnicity	Disabled (Y or N)	Do not wish to furnish (initial)

Resident/Applicants' Signatures:

_____ _____(date) _____ _____(date)

_____ _____(date) _____ _____(date)

_____ _____(date) _____ _____(date)

VAWA Acknowledgement of Receipt

Property name The Junction (MD)
Unit number

Head of household
Member name

I/We have received a copy of the following documents:

1. HUD-5380: Notice of Occupancy Rights under the Violence Against Women Act
2. HUD-5382: Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation

I hereby state that everything on this statement is true to the best of my knowledge.	
1. **Signature**	**Date**
Printed name	
2. **Signature**	**Date**
Printed name	
3. **Signature**	**Date**
Printed name	
4. **Signature**	**Date**
Printed name	

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the **Social Security Act at 208 (a) (6), (7) and (8). Violation of these provisions are cited as violations of 42 U.S.C. 408 (a) (6), (7) and (8).**

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