



**Housing Unlimited, Inc. Application For Housing**

**Housing Unlimited, Inc., 12125 Veirs Mill Road, Suite 201, Silver Spring, MD 20906**  
**Questions? Contact Housing Unlimited, Inc. at 301-592-9314, (fax) 301-592-9318**  
**information@housingunlimited.org**

**General Information:**

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_ Race: \_\_\_\_\_ Veteran: Yes \_\_\_ No \_\_\_  
Current Address (Street): \_\_\_\_\_  
(City/State/Zip Code) \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Preferred Method of Contact: Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Important Information:**

It is very important that you regularly update Housing Unlimited with you current address/phone numbers. Housing Unlimited periodically communicates with applicants. It is critical to respond to our communication to you so that you can remain on our waiting list. Thank you.

**Income:**

Net Income (Monthly):\$ \_\_\_\_\_ Source\*: \_\_\_\_\_

\* Housing Unlimited requires applicants to have a minimum monthly net income of \$400 by the time they reach the top of the waitlist. Housing Unlimited must have a reasonable expectation that a source of income of at least \$400 net income a month will be present for the duration of the lease.

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**Income Checklist (please check off what proof of income you are providing):**

\_\_\_\_\_ Proof of net income exceeding \$400 per month for the past three months

Please check which form(s) of income you are sending proof of:

\_\_\_\_\_ Current Social Security Award Letter

\_\_\_\_\_ Three months of pay stubs from an employer

\_\_\_\_\_ Documentation of income from a trust

\_\_\_\_\_ Signed letter stating that a parent or guardian agrees to pay Housing Unlimited's monthly maximum rent cap.

\_\_\_\_\_ Other: \_\_\_\_\_

**Housing Unlimited's mission is to serve adults with psychiatric disabilities. I certify that I have a psychiatric disability.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Emergency Contact Person(s), Contacted in the event of an emergency (e.g. family member, friend, case manager, therapist, etc.):**

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**I authorize Housing Unlimited to contact my emergency contacts:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## HOUSING UNLIMITED APPLICATION PREFERENCES QUESTIONNAIRE

Please complete this form to assist Housing Unlimited, Inc. with your housing request.

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Please provide information about where you are currently living and the names and contact information for staff at that address if relevant. My current residence is a:
  - Supervised Housing (Residential Rehabilitation Program). Staff name/phone \_\_\_\_\_
  - Homeless - Shelter program. Staff name/phone \_\_\_\_\_
  - Homeless – Not in a Shelter. Staff name/phone \_\_\_\_\_
  - Parents/other family. Names/phone \_\_\_\_\_
  - Rental unit. Landlord name/phone \_\_\_\_\_
  - Other/describe. \_\_\_\_\_
4. What are the top three reasons you want to move into Housing Unlimited independent housing?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Housing Unlimited is an independent, shared living experience. What aspects of independent living with others will you enjoy?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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6. Do any aspects of independent living with others cause you concern?

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7. Have you ever shared a home with others before? If so, what did you like and dislike about this experience?

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8. What are the three most important qualities you are looking for in housemates?

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9. Do you have physical limitations that make common household chores a challenge?

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10. What types of Housing Unlimited housing do you wish to be considered for? (check all that apply)

- Large, coed, 5 bedroom single family homes?
- Smaller, 2 or 3 bedroom, single-sex townhouses?
- All available Housing Unlimited housing opportunities?

*Please note that the more flexible you are in the size of the property, the shorter your wait time will be.*

11. Do you have a physical disability that may impact your ability to climb stairs? Please check which one applies.

- You are unable to climb any stairs
- You are able to climb one flight of stairs
- You are able to climb two or more flights of stairs

*Please note that Housing Unlimited has a limited number of no step homes. The wait for no step homes is longer than for our homes with steps.*

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12. What geographic areas would you live? (Check **all** in preference order)

- Silver Spring (20910, 20904, 20906, 20902)
- Olney
- Bethesda
- Potomac
- Rockville (20850, 20852)
- Gaithersburg
- Germantown

*Please be sure to check only those geographic areas where you are willing to live. You will only be offered a vacancy that occurs in a location you have checked. Your application may move faster the more locations you check. However, if you do not accept a unit offered in a location that you have checked, your application will be moved to the bottom of the waitlist (Or removed from the waitlist altogether, if your application had previously been moved to the bottom of the waitlist).*

13. Housing Unlimited provides a fully furnished home with a fully furnished bedroom. Please check if you have your own bedroom furniture that you would prefer to use.

14. Is there a specific person you would like to live with? If so, please list the person's name here:

**(You can list any person as long as the person is 18 years or older and is income eligible)**

15. Have you been convicted of a crime? (If yes, please describe the circumstances & date below).

Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Do you have a car?

Yes  No

17. Are you pet friendly?

Yes  No

18. Have you been a previous tenant of Housing Unlimited?

Yes  No

19. Do you smoke?

Yes  No

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### CONSENT TO RELEASE OF INFORMATION

As part of the application process, Housing Unlimited, Inc. conducts a routine criminal background check of all applicants for Housing Unlimited housing. Your signature below indicates that you understand that Housing Unlimited will conduct a criminal background check.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Your signature below indicates consent for Housing Unlimited to contact your current and previous landlords for information regarding your tenancy. You understand that this information will be used to assist in the determination of whether or not you are a suitable candidate for Housing Unlimited housing.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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**HOUSING HISTORY FORM**

Housing Unlimited requires all applicants to provide us with a history of their recent housing.

Please list below everyplace you have lived in the past TEN years.

Address	Dates of Occupancy	Type of Residence	Landlord Name and telephone number	Relationship to Landlord	Did you fulfill all the terms of your housing agreement? If not, what terms did you violate? Please provide details.

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## Application Checklist

All of the following forms or documents **must** be returned to Housing Unlimited for your application for housing to be complete and processed. Please place a check mark next to the completed items you have enclosed and return this checklist with your application.

\_\_\_\_\_ Housing Unlimited, Inc. Application For Housing

\_\_\_\_\_ Housing Unlimited Application Preferences Questionnaire (**please be sure to answer all 19 questions and the backside with the geographic preference question and signature comes through when copied or faxed**)

\_\_\_\_\_ Consent to Release Information

\_\_\_\_\_ Housing History Form

\_\_\_\_\_ Most recent W-2 (if you worked) and 1040 (if you filed taxes)

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