

# PERSONAL DECLARATION & APPLICATION

## For HUD Multifamily Rental Assistance Benefits



JFK Apartments  
135 N. Mechanic St.  
Cumberland, MD 21502  
(301)724-1544 Fax (301)724-3715  
Email: [Housing@CumberlandHousing.org](mailto:Housing@CumberlandHousing.org)

Office use only - Date/Time Received:



The Cumberland Housing Group, and all affiliated agencies, are an Equal Opportunity Housing provider and does not discriminate on the basis of Race, Color, Religion, National Origin or Ancestry, Sex, Disability, the presence of children or any other legally protected status under local, state or federal law.



Please complete all sections of this application and answer **ALL** questions. The answers provided on this document are utilized to determine your eligibility for rental assistance benefits subsidized through the U.S. Department of Housing and Urban Development (HUD). **DO NOT** leave any questions blank. If a question does not apply write "N/A". If you do not understand a question, ask a property management employee for an explanation. **USE A BLUE PEN TO FILL OUT APPLICATION**

**WARNING:** Making false statements on this affidavit is considered **FRAUD** and may result in **TERMINATION** from the program and Criminal prosecution.

### I. Applicant Information

Applicant Social Security Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Amount of People in Household: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Lived there since \_\_\_\_\_ Number of Bedrooms \_\_\_\_\_ Current Rent \$ \_\_\_\_\_ per month

**Mailing Address** (if different than above) \_\_\_\_\_

**Email Address(s):** \_\_\_\_\_

#### Reason for Moving:

\_\_\_\_ I Cannot Afford My Current Rent      \_\_\_\_ I Am Relocating to the Area      \_\_\_\_ I Am Being Evicted  
\_\_\_\_ I Am or Will Be Homeless      \_\_\_\_ I Am Currently Living in Sub-standard housing  
\_\_\_\_ I Am Displaced due to Flood, Fire, etc. \_\_\_\_ Other (explain) \_\_\_\_\_

#### Personal Contact: (in case we cannot reach you or if someone is acting on your behalf)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

List all States where all household members have lived: \_\_\_\_\_

Is any member of the household a U.S. military veteran? \_\_\_\_\_ If yes who? \_\_\_\_\_

**II. Family Composition Information** (print legibly or type and fill in all columns in order to be processed correctly)

#	Household Member Name (as it appears on the Social Security Card)	Social Security Number	Date of Birth mm/dd/yyyy	Age	City & State of Birth
1	(Head)				
2					
3					
4					
5					
6					
7					
8					

#	Relationship to Head of Household		Sex <i>M / F / NR</i> - (I Choose Not to Respond)	Race See codes below	Ethnicity See codes below	Marital Status See codes below	Disabled Yes / No
1	----- Your Self -----	Office codes					
2							
3							
4							
5							
6							
7							
8							

**Race Codes:** 1 = White 2 = Black or African American 3 = Black or African American and White 4 = Asian 5 = Asian and White 6 = American Indian or Alaska Native 7 = American Indian or Alaska Native and Black or African American 8 = Native Hawaiian or Other Pacific Islander 9 = American Indian or Alaska Native and White 10 = Other Multiple Race:

**Ethnicity Codes:** 1 = Hispanic or Latino 2 = Not Hispanic or Latino

**Marital Status Codes:** S = Single M = Married P = Separated D = Divorced W = Widow/Widower

Will there be an increase in your family size within the next nine (9) months? \_\_\_\_ If yes, Explain: \_\_\_\_\_

**Applicant members with no Social Security number, do they qualify for one of three allowable exemptions?**

1. Ineligible non-citizen-not contending eligible immigration status;
2. Members 62 years of age as of 1/31/2010 and whose initial determination of eligibility began before 1/31/2010; or
3. Members under the age of 6 who are added to applicant household within 6 months prior to move-in (eligible for a 90-day extension to provide their SSN)

If so, enter the applicable number in the corresponding applicants Social Security Number above.

**Are any of the Household Members students?** ☐ Yes ☐ No

### III. Previous Housing Information

Have you ever participated in a Housing Assistance Program? (circle one) Yes No

Program Name: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Current Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Lived there from: \_\_\_\_\_ to: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_

Previous Landlord Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### IV. Program Integrity (circle Yes or No for each question and add additional pages, if necessary, to explain)

1. Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)? ☐ Yes ☐ No  
If yes, who, when, for what? \_\_\_\_\_
2. Does anyone in your household currently use a controlled or illegal drug? ☐ Yes ☐ No  
If yes, please explain: \_\_\_\_\_
3. Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity? ☐ Yes ☐ No  
If yes, who, when, & for what? \_\_\_\_\_
4. Does anyone outside of your household pay for any of your bills or expenses? ☐ Yes ☐ No  
If yes, who, when, for what? \_\_\_\_\_
5. Do you or anyone in your household smoke or use tobacco products? ☐ Yes ☐ No  
**Note:** All of our housing is smoke free. Smoking of any type or substance is prohibited anywhere on the grounds or in the rental unit
6. Are you or any member of your household subject to a lifetime state sex offender registration program in any state? If Yes, Who and what State? ☐ Yes ☐ No  
\_\_\_\_\_

### V. Pets/Service Animals

Do you have a pet? ☐ Yes ☐ No

Do you have a Service/Assistance Animal? ☐ Yes ☐ No

If yes, list type, breed of each - some restrictions may apply: \_\_\_\_\_

## VI. Reasonable Accommodations

Sometimes people with a physical or mental impairment that substantially limits one or more major life activities may need a reasonable accommodation in order to take full advantage of our housing programs and related services. Generally, the individual knows best what they need; however, the Cumberland Housing Group retains the right to be shown how the requested accommodation enables the individual to access or use the programs or services. If more than one accommodation is equally effective to provide access to our programs and services, we retain the right to select the most efficient or economic choice. The cost necessary to carry out approved requests will be paid by the Cumberland Housing Group if there is no one else willing to pay for the modifications. If another party pays for the modification, we will seek to have the same entity pay for any restoration costs. If the Cumberland Housing Group determines that the requested accommodation presents an unreasonable financial and/or administrative burden, it will have the option of denying the request. If you feel that you need a reasonable accommodation to fully take advantage of our housing programs, please check which of the following Reasonable Accommodations is needed:

- ☐ In-home visits by staff ☐ Use of Maryland Relay Telephone 1-800-201-7165
- ☐ Expanded use of mail, electronic mail, Fax, Fed Ex, or UPS ☐ Use of literature in large type, Braille, or a "reader"
- ☐ Use of literature or translator in a language other than English ☐ Handicapped accessible homes or other devices
- ☐ Physical modifications to existing units (ramp, grab bars, assist devices, etc.) \_\_\_\_\_
- ☐ Other, Please Specify: \_\_\_\_\_

## VII. Local Preferences (Verification will be required later in housing process)

The Cumberland Housing Group provides local preferences for individuals applying for occupancy in one of our housing communities. Please place an "X" in the box to the left of any of those that apply:

<input type="checkbox"/>	Victim of Domestic Violence/VAWA	<input type="checkbox"/>	Elderly or disabled (over 62 years of age)
<input type="checkbox"/>	Disabled Head of Household, Spouse or Veteran	<input type="checkbox"/>	Employed more than 30 hours/week
<input type="checkbox"/>	Involuntarily Displaced by Natural Disaster (flood, fire, weather related) or by government action	<input type="checkbox"/>	Employed less than 30 hours but more than 10 hours per week
<input type="checkbox"/>	Employment Training Program (Applicants with an adult family member enrolled in an employment training program, currently working 10 hours a week, or attending school on a full-time basis. This preference is also extended equally to all elderly families and all families whose head of household or spouse is receiving income based on their ability to work (Social Security, Supplemental Social Security, etc.)		

Is any member of the household displaced due to a presidentially declared disaster? ☐ Yes ☐ No  
If yes who? \_\_\_\_\_

## VIII. Additional Information Needed

In order for this application to be considered complete and able to be processed by our staff, you **MUST** attach the following additional items with your submission:

1. Program Interview Checklist (*form 102*)
2. Participant Screening Consent (*form 103*)
3. Declaration of Citizenship Section 214 Status (*form 104*)
4. HUD Race and Ethnic Data Reporting (*form 105*)
5. Authorization for Release of Information – Multifamily (*form 108*)
6. Copies of Social Security Cards and Birth Certificates for ALL family members listed
7. A Photo Identification for each Adult Applicant
8. HUD Form #92006 Optional Contact Person or Organization

9. Proof of Income: **submit copies of all income that apply for those listed on the application:** 6 current pay stubs; SS/SSI Award Letter; TCA Award Letter; Child Support verification; Retirement/Pension verification; Unemployment Benefits and other income not listed.
10. Bank Statements: **submit copies of all bank statements for each person listed on the application:** 6 months of checking account statements and last month's savings account statements.

#### IX. Site Based Waiting List

**\*\* ALL PROPERTIES AND RESIDENTIAL UNITS ARE SMOKE FREE \*\***

Indicate bedroom size that you need.

Physical Assessable Units meeting the ADA requirements are available.

JFK Apartments \_\_\_\_ 0 BR \_\_\_\_ 1 BR

#### X. Certification of Information

**WARNING! Title 18, Section 1001 of the United States Code, states that a person who knowingly and willingly makes false or fraudulent statements to any Department or Agency of the U.S. government is guilty of a felony.** I/We hereby certify under penalty of perjury that all of the information contained in this affidavit is true and correct to the best of my/our knowledge, information and belief. I/We understand and acknowledge that any misrepresentation of information or making false statements on this affidavit is a crime under State and Federal law, which may result in termination from the program and criminal prosecution.

I/We understand that **ALL** changes in the income of **ANY** member of the household **MUST** be reported according to program leasing requirements and that the Cumberland Housing Group must approve **ANY** additional household members **BEFORE** they move in. I/We understand and acknowledge that before our application is approved for housing, a rental history, criminal background check and possibly an inspection at our current residence will be conducted.

**I have received a "Declaration of Citizenship Section 214 Status" with this application.** ☐ Yes ☐ No

A Notice of Section 214 requirement is available at our office for applicants applying for and tenants currently receiving section 214 housing assistance which explains the Section 214 law.

I do hereby certify that the above information is true, accurate, and complete to the best of my knowledge.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

Co-applicant \_\_\_\_\_ Date \_\_\_\_\_

Other member over 18 \_\_\_\_\_ Date \_\_\_\_\_

Other member over 18 \_\_\_\_\_ Date \_\_\_\_\_

If you have had someone outside of your household to help you complete this application, please provide their name and relationship to your family.

_____ Name	_____ Relationship to your Family	_____ Date
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*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)*

## Summary of Pet Ownership Policy

Tenants of the **Cumberland Housing Group (CHG)** may own pets that are present at the Tenant's dwelling unit **ONLY** in accordance with this policy.

- ❖ Jane Frazier Village, Banneker Garden, Queen City Tower, and Grande View Apartments – Pets are permitted according to the Pet Ownership Policy.
- ❖ River Bend Court – Pets **ARE NOT PERMITTED** at this development.
- ❖ JFK Apartments – Pets **ARE NOT PERMITTED** at this development.
- ❖ Willow Valley Apartments – Pets **ARE NOT PERMITTED** at this development due to an enhanced service program provided at this group home type facility which is for the exclusive use of elderly persons with disabilities who are not capable of living completely independently and require continual support services and supervision.

### Guidelines for pets

- ❖ Only one (1) domestic cat or one (1) domestic dog shall be owned and housed in a unit. The animal must be a house pet and shall only be housed inside the unit.
- ❖ All female cats and dogs twelve (12) months of age or older shall be spayed and all male cats and dogs twelve (12) months of age or older shall be neutered. In the case of an animal six (6) months of age or older, documentation of spay/neuter shall be submitted to the Central Office prior to the animal being approved. For animals under the age of twelve (12) months, tentative approval may be given with the requirement that the Tenant provide documentation of spay/neuter by the time the animal attains twelve (12) months of age. Any animal tentatively approved under this subparagraph shall lose its approval if the required documentation is not received by the required date.
- ❖ Dogs are limited to those with a maximum mature height of twenty (20) inches (to the shoulder) and a maximum mature weight of twenty-five (25) pounds. A certification from a veterinarian as to the maximum mature height and weight is required. A form will be provided to Tenants for the Veterinarian to complete.
- ❖ Animals considered vicious or aggressive **WILL NOT** be approved. A certification from a veterinarian is required. A form will be provided to Tenants for the veterinarian to complete. An animal that is considered vicious or aggressive is:
  - any animal that constitutes a physical threat to human beings or other animals; or
  - any animal that, due to its disposition or demonstrated behavior, could reasonably cause injury to human beings or other animals; or
  - any animal that has bitten or attacked a human being or another animal.
- ❖ Liability insurance is not required.

### Pet deposit/monthly fee

Payment of an additional security deposit, **not to exceed \$150.00** known as a Pet Security Deposit, (amount cannot exceed one month's rent, including the security deposit, as of 10-23-2025), shall be paid to the "Cumberland Housing Group" for a dog or a cat housed in a unit. This Pet Security Deposit shall be paid in full to CHG after approval has been given for the requested animal and prior to the animal being authorized to be in the unit. This Pet Security Deposit will be maintained in an escrow account and will be used to correct any damage to CHG property (inside and out) by the animal after the animal has vacated the premises or the Tenant of that unit has moved out, whichever occurs first.

A non-refundable Pet Fee of Ten Dollars (\$10.00) per month shall be charged to each unit housing an approved dog or cat. This Pet Fee is intended to cover reasonable operating costs of CHG related to cats and dogs and will not be applied to damage caused by a specifically identified pet.

Under Maryland law, unless the pet is removed from the unit prior to the termination of the lease, within forty-five (45) days after the end of tenancy, Landlord shall return to the pet owner the Pet Security Deposit minus any amount which Landlord shall rightfully withhold for damages caused by the pet.

**To view the entire Pet Ownership Policy, please visit our website or visit one of our staffed offices.**