THE JUNCTION FREDERICK MD * APPLICATION INSTRUCTIONS

Thank you for your interest in our community! Please read all instructions carefully- incomplete or incorrect applications could delay your approval process.

<mark>Please call to make an appointment to return your application. WE DO NOT ACCEPT WALK-INS!!</mark>

Phone: 227-223-6801   **Fax:** 227-223-6802 ; or **Email:** manager@liveatjunction.com

Anyone over the age of 18, regardless of relationship to head-of-household, must complete their own application.

- All applicants (over the age of 18) must bring:
  - Check or money order for **$ 15 for each adult** household member applying
  - **A driver's license** or state issued id
  - **A Social security card for each household member**
  - Occupants under the age of 18: must have copy of social security card & birth certificate

1. Anyone planning to reside in the household must be listed on the application. No exceptions.

2. **PLEASE COMPLETE ALL QUESTIONS ON THE APPLICATION.** If a question does not apply to you, answer **"no"** or write in **"n/a"** or **"none".** Incomplete information will delay your application. All questions must be answered. **DO NOT write N/A across forms that you think do not apply to you. If you aren't sure, please ask.**

3. Mistakes must be crossed out and initialed- **DO NOT USE WHITE OUT!**

4. **ALL FORMS ATTACHED** MUST BE COMPLETED- **EXCEPT** FOR THE UNEMPLOYMENT AFFIDAVIT- if you are employed do not complete this page.

5. **THE AFFIVIDAVIT OF ALIMONY/CHILD SUPPORT** must be completed, regardless of whether you do or do not receive alimony or child support or have no children- just mark the boxes that state you are not entitled to receive any monies and sign form.
   - If you are entitled to child support: we need your obligation summary from the DCSE &
   - 12-month history of payments (available from website or local child support agency)

6. **WHEN RETURNING,** be sure to include:
   - If you receive SSA, SSD, or SSI: Current benefit letter from social security office (Dates within the last 30 days & all pages are needed)
   - If employed: Six - eight most recent, consecutive, paystubs including 1st paystub of 2026 (ytd and gross will be the same) = Must equal 2 months of income
   - All pages of most recent bank statement- all accounts!
   - Signed inquiry slip from ATM for cash cards, benefit pay cards (NetSPend, GreenDot, VAPay, etc)
   - Most recent statements for 401(k) or the like (Dated in the last 30 days)
   - Copies of WHOLE life insurance policy(s), all pages are needed

7. **The Junction is a non-smoking community - smoking will not be allowed in the buildings or on the grounds. If you cannot adhere to this policy - please do not apply.**

RENTAL APPLICATION

Development Name: _____

Address: _____   Email: _____

Phone Number: _____   Fax Number: _____

# 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.

Type of Asset	HEAD OF HOUSEHOLD Check One	Cash Value	CO-HEAD Check One	Cash Value	ADDITIONAL HOUSEHOLD MEMBERS 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.

Type of Income	HEAD OF HOUSEHOLD Check One	Monthly $	CO-HEAD Check One	Monthly $	ADDITIONAL HOUSEHOLD MEMBERS 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