

# BURNT MILLS CROSSING APARTMENTS – PHASE II

10701 Venetia Mill Circle Ofc  
Silver Spring, Maryland 20901  
Office Number: (301) 681-9001  
Fax Number: (301) 681-7902  
Robert C. Withrow, Property Administrator

APPLICATION  
2 Bedroom Rental: \$1,250/mo

Subject to change without notice

Burnt Mills Crossing Apartments is a community of 136 apartments developed under an Affordable Housing Program through State of Maryland. Apartments have individual outside entrances. Adjacent to the Northwest Branch Park. Just a mile outside the Beltway - Ride-on and Metrobus to Metrorail a block away.

**INCOME LIMITS AND OTHER RESTRICTIONS APPLY. READ THIS FORM COMPLETELY!**

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<u>HOUSEHOLD INCOME LIMITS :</u>	<u>MINIMUM</u>	<u>MAXIMUM</u>
1 Persons	\$33,960	\$49,810
2 Persons	\$38,810	\$56,920
3 Persons	\$43,660	\$64,040
4 Persons	\$48,510	\$71,150

Applicants must meet requirements of IRS Section 42 and the following standards as well:

- Pass successfully a search of Metro DC landlord/tenant court for evictions or failure to pay rent;
- Have a satisfactory credit rating. (Absence of credit rating will not disqualify an applicant);
- Provide current and complete income verification information as requested and have some sort of verifiable income;
- Receive recommendations of previous landlord(s);

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## APPLICATION QUALIFYING INFORMATION

Please read all information printed on both sides of this form. **Incomplete forms will not receive further consideration.**

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## APPLICANT

Print Your Full Name: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Exactly how many persons will reside in this unit? Include all adults and children:

How did you come to hear about Burnt Mills Crossing? \_\_\_\_\_

(Application Continued on Back)

**RESIDENTS**

Fill in the following blanks:

Name Resident 1: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate \_\_\_\_\_

Name Resident 2: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate \_\_\_\_\_

Name Resident 3: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate \_\_\_\_\_

Name Resident 4: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate \_\_\_\_\_

Name Resident 5: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate \_\_\_\_\_

**GROSS INCOME (Before Taxes)**

Fill in the following blanks. List all persons who receive any sort of regular income from any source. This includes child care, welfare, public assistance, wages, child support, social security, disability, pensions, interest income or annuity income. Circle WEEKLY, MONTHLY, or YEARLY, as appropriate.

#1 Tenant \_\_\_\_\_ Employer: \_\_\_\_\_ Pay \$ \_\_\_\_\_ per wk/mo/yr

Emp Address \_\_\_\_\_ Position Held \_\_\_\_\_ How Long \_\_\_\_\_

#2 Tenant \_\_\_\_\_ Employer: \_\_\_\_\_ Pay \$ \_\_\_\_\_ per wk/mo/yr

Emp Address \_\_\_\_\_ Position Held \_\_\_\_\_ How Long \_\_\_\_\_

#3 Tenant \_\_\_\_\_ Employer: \_\_\_\_\_ Pay \$ \_\_\_\_\_ per wk/mo/yr

Emp Address \_\_\_\_\_ Position Held \_\_\_\_\_ How Long \_\_\_\_\_

**RENTAL HISTORY**

Have you, or any adult co-applicant, ever been sued for eviction from any residence? \_\_\_\_\_

If yes, give dates and outcome: \_\_\_\_\_

What is the current rent you pay? \_\_\_\_\_ /month

Address of Current Landlord \_\_\_\_\_ Phone \_\_\_\_\_

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**ANSWER ALL QUESTIONS TRUTHFULLY. FALSE ANSWERS ARE GROUNDS FOR DISQUALIFICATION.**

This form is incomplete unless signed and dated by Applicant and all Co-applicants. Incomplete forms will not be processed or given further consideration. Your signature attests to the truth of the statements you have made on this form. All adults applying as part of this household must sign this form.

By signing this form, you are granting permission to Burnt Mills Crossing Apartments to determine your credit eligibility by obtaining a credit report. If your credit history is unsatisfactory, you will be notified of your rights under the law in writing. If you are unwilling to provide this information, it will not be possible to determine your eligibility as a tenant and any further processing of your application shall cease.

Applicant #1: \_\_\_\_\_ Date: \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Applicant #2: \_\_\_\_\_ Date: \_\_\_\_\_ Soc Sec # \_\_\_\_\_

Applicant #3: \_\_\_\_\_ Date: \_\_\_\_\_ Soc Sec # \_\_\_\_\_