



Name of Applicant _____

Current Address _____

Home Phone _____ Cell Phone _____ Other Phone _____

HOUSEHOLD COMPOSITION (List the Head of Household and any other member who will be living in the unit)

Member	Full Name	Date of Birth	Age	Sex	Social Security #
1 Head					
2 Spouse					
3 Other member					

Is the Head of the Household Handicapped or Disabled? Yes No

Are any members of the household listed above full or part-time students? Yes No

Are any members of the household subject to a lifetime sex offender registration requirement in any state? Specify state(s) if yes. Yes No _____

Has any member of the household been subject to eviction proceedings? Yes No

Please list ALL states where members of the household listed have previously resided:

Please indicate **RACE/ETHNICITY** of head of household for statistical purposes only.

Please check one on each line: Check here if you chose not to answer

American Indian Asian African-American Native/Pacific Islander White Other
 Hispanic or Latino Not Hispanic or Latino

Please indicated marital status of each member of the household _____

RENTAL HISTORY

DO YOU: Own (List amount of equity in Real Estate \$ _____) Rent

Monthly Rent/Mortgage \$ _____ Approx. Monthly Utility Cost \$ _____

Are you NOW living in a federally subsidized unit? Yes No If YES, please list:

Name of Complex _____ Manager _____

Name & Address of PRESENT Landlord _____

Telephone number _____ How long have you lived there? _____ year(s)

Name & Address of PREVIOUS Landlord _____

Telephone number _____ How long have you lived there? _____ year(s)

Name of closest relative NOT living with you _____

Relationship _____ Address _____ Telephone # _____

INCOME List all sources of income

Member	Type of Income	Monthly/Annual Income Amt
Head	Social Security	
Head	SSI/SSP	
Head	Pension	
Head	Employment/Other (Specify)	
Co-Head	Social Security	
Co-Head	SSI/SSP	
Co-Head	Pension	
Co-Head	Employment/Other (Specify)	

ASSETS List all Accounts (including checking, savings, CDs, IRAs, etc.)

Bank Name	Type of Account	Account Number	Approximate Balance

Do you have any stocks/bonds? ___ Yes ___ No

If yes, please list _____

Do you have any life insurance? ___ Yes ___ No

If yes, please list name of insurance and policy number(s) _____

Did you dispose of any assets for less than fair market value within the last two years? ___ Yes ___ No

MEDICAL EXPENSES

Do you have Medicare? ___ Yes ___ No Monthly premium \$ _____

Do you have additional medical insurance? ___ Yes ___ No Monthly premium \$ _____

Name of carrier _____ Account number _____

Do you have a pet? _____. If yes, are you planning to bring it to the Heights? _____

Type of pet _____

Be sure to ask for a Pet Policy Packet.

APPLICATION CERTIFICATION: *I certify that the statements made on this application are true and complete to the best of my knowledge. I understand that providing false statements or incomplete information may result in punishment under Federal Law. I understand that submission of this application is the first step of the resident application process and no way guarantees residency at Frostburg Heights. I also understand that further information will be needed in order to determine eligibility and rental cost. Please note that FROSTBURG HEIGHTS is a SMOKE-FREE FACILITY. EHO.*

Signature of Head of Household

Date

Signature of Co-Head or Spouse

Date

If prepared by somebody other than the household members, please list

Name _____ Telephone # _____

Address _____

PLEASE RETURN APPLICATION TO: Frostburg Heights Apartments, 100 Honeysuckle Lane, Frostburg, MD 21532.

Frostburg Heights provides equal housing opportunity without regard to race, color, creed, sex or national origin.



Frostburg Heights Apartments, in cooperation with the Maryland Department of Aging, is pleased to offer a program that allows independence. CHOICE at Frostburg Heights provides up to two meals per day and up to three hours per week of personal assistance. The cost of this program is determined by the type of services needed and subsidies may be available to those who qualify. Please show your interest in this program by signing your name to one of the lines below. If you have further questions, please contact the Manager.

This form must be returned with your completed application

YES, I (we) am (are) interested in the CHOICE Program at Frostburg Heights. If interested, please complete the Application for Participation in Choice on the following pages

Name **Date**

Name **Date**

NO, I (we) am (are) not interested in the CHOICE Program at Frostburg Heights.

Name **Date**

Name **Date**

**MARYLAND DEPARTMENT OF AGING
CONGREGATE HOUSING SERVICES PROGRAM (CHSP)
APPLICATION FOR PARTICIPATION IN CHOICE**

Date _____

1. Applicant(s) _____

2. Social Security # _____

3. Current address _____

4. Telephone # _____

5. Date of Birth _____

6. I need assistance with (check all that apply)

Meals Housekeeping Laundry
 Dressing Grooming Bathing

I understand that an assessment of my needs will be made to determine whether I am eligible for the program, and, if so, what services I will receive.

7. Name of person completing application _____

Telephone # _____

(Unless unable to, the Applicant should complete the application)

AFFIRMATION

I affirm that the information provided by me in this application for CHOICE Program is true and complete to the best of my knowledge, information and belief.

Name

Address

Printed Name

Relationship to Applicant if signed by someone other than the applicant

Date

AUTHORIZATION TO OBTAIN RECORDS

I hereby authorize **FROSTBURG HEIGHTS** to obtain all required documentation to verify my eligibility for the CHOICE Program.

Name

Date

FOR OFFICE USE ONLY

Check one:

Approved for the CHOICE Program

Not approved for the CHOICE Program

Provider Signature and Date