

APPLICATION: Charm City Land Trusts Housing



Please check this box if you are a person with a disability and need help with reading or filling out this form. You have the right to ask CCLT to make a reasonable accommodation for you. To make such a request, please call us at 301-639-2561. You may also request access to the CCLT Housing Program Policy Manual. If at any time your address or contact information changes, contact CCLT to make the appropriate changes. This document is available in alternative formats.

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| CCLT Use Only: |
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The highlighted areas must be completed, or the application will not be processed. Please mail or deliver applications to: Charm City Land Trusts, 2424 McElderry Street Baltimore, MD 21205

| About the Applicant | | |
|---------------------|----------------|---|
| Last Name: | First Name: | Middle Initial: |
| | | |
| | Date of Birth: | <input type="checkbox"/> Check this box if you are elderly, at least 62 years of age. |

| Contact Information | | |
|---------------------|-----------------|-----------|
| Home Address: | | |
| | | |
| City: | State: | Zip Code: |
| | | |
| Email: | Cell Telephone: | |
| | | |

| Mailing Address <i>(Complete only if different than above; can be P.O. Box, family, friend or Service Provider)</i> | | |
|--|--------|-----------|
| Mailing Address: | | |
| | | |
| City: | State: | Zip Code: |
| | | |

Housing Options

Refer to the CCLT General Information Guide for more information on these programs – you may apply for more than one.

- Homeownership Housing**
- Rental Housing**
- Cooperative Housing** (Similar to rental housing but residents own a share of the housing and operate it as a group together.)

Family Information

First list the applicant, or the head of household. Second, list the spouse or co-applicant. Next list all children that live with you in order of age (oldest to youngest). Then list others that will live with you. If you expect more people to live with you, please explain (e.g. live-in aide, pregnancy or legal custody change) . Please attach another sheet of paper if you need to add more people. Please provide all requested information for each additional person.

Please use the Race / Ethnicity Chart below and choose a corresponding letter for each member of the household. Put that letter in the column marked Race/Ethnicity in the table below.

| First and Last Name | Relationship to Applicant | Date of Birth | Sex M/F | (Persons 6 years+) | Race / Ethnicity** |
|---|---------------------------|---------------|---------|--------------------|--------------------|
| <i>Applicant or Head of Household</i> 1. | <i>Self</i> | | | | |
| <i>Spouse or Co-applicant</i> 2. | | | | | |
| <i>Child</i> 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |

**Race and Ethnicity Chart (This information is requested for statistical purposes only.)

- | | |
|-----------------------|---|
| A. White Hispanic | E. American Indian / Alaskan / Hispanic |
| B. White Non-Hispanic | F. American Indian / Alaskan / Non-Hispanic |
| C. Black Hispanic | G. Asian or Pacific Islander Hispanic |
| D. Black Non-Hispanic | H. Asian or Pacific Islander Non-Hispanic |
| | I. Other |

Household Income

List below income for ALL household members.

| Family Member Name | Type of Income <i>Employment, Social Security, SS-Disability Insurance, SSI, TANF, Veteran's Benefits, or Other</i> | Amount Received Per Month |
|---|--|---------------------------|
| <i>Applicant or Head of Household</i> 1. | | |
| <i>Spouse or Co-applicant</i> 2. | | |
| <i>Child</i> 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |

More information about the applicant

Check (√) all that apply.

- I am a person with a disability (if you need a reasonable accommodation because of your disability, please complete the Reasonable Accommodation Information section of this application).
- There is a person with a disability in my household who is need of a Reasonable Accommodation (please complete the Reasonable Accommodation Information section of this application),
- I am person with a disability who requires a live-in aide.
- There is a person with a disability within my household that requires a live-in aide.

Job / Housing / Other Information

Check (√) all that apply.

- I am currently employed. My employer is _____.
- I am currently self-employed. My business is _____.

- (For Homeowner applicants) I am attending a HUD Certified Housing Counseling Program. The name of the program is _____.
- (For Homeowner applicants) I plan to attend a HUD Certified Counseling program.
- I have received a CCLT information guide about the housing programs to which I've applied (homeownership, rental, and/or cooperative housing).
- I understand that prior to being offered a unit I must attend a CCLT orientation session.
- I understand that prior to purchasing Homeownership unit, I must meet with a lawyer who will review my understanding of CLT documents and the resale formula.

Reasonable Accommodation

Check (✓) "Yes" or "No".

| | | |
|--|---------------------------------|--------------------------------|
| Do you or your co-applicant have a disability? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you or any member of your household need an accessible unit because of disability mobility impairment, or do you need a special feature due to a disability? (for example: wheelchair or difficulty walking) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If you answered "Yes" to the above question(s), please check what type of accommodations you need. | | |
| Assistance with the application process. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Help with understanding or using the CCLT Housing Program because of your disability. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| A unit for persons with vision impairments (blind, limited vision). | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| A unit for persons who are deaf or hard of hearing. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| An extra bedroom for a live-in aid or attendant. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| A unit all on one level, with no steps, including to enter/exit. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| A ramp to gain entry/exit the unit. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| A bedroom and bathroom on the first floor. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Modifications to bathroom. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| A unit accessible to a person using a wheelchair. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Accessible parking space. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Other modifications; please describe: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

PLEASE READ CAREFULLY AND SIGN

I understand that the CCLT requests this information as part of the preliminary application. Some information is being obtained for statistical purposes only. The CCLT is an equal opportunity housing provider and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, family status or any other basis prohibited by law in the administration of programs and activities.

All CCLT services are implemented in compliance with Title VI of the Civil Rights Act of 1964; Title II of the Americans with Disabilities Act of 1990; Title VIII of the Civil Rights Act of 1968, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; the Fair Housing Amendments Act of 1988; and all other applicable Civil Rights and Fair Housing requirements. If you believe you have been discriminated against, you may call:

CCLT Housing Office

2424 McElderry St.
 Baltimore, MD 21205
 (301)639-2561

You may also contact one of the following agencies:

| | |
|--|---|
| <p>Baltimore Neighborhoods, Inc. PHONE (410) 243-4400</p> | <p>Maryland Commission on Human Rights PHONE (410) 767-8600 TTY (410) 333-1737</p> |
| <p>US Dept. of Housing and Urban Development PHONE (410) 962-2520, ext. 3056 TTY (410) 962-0106</p> | <p>Baltimore Community Relations Commission PHONE (410) 396-3141</p> |

By signing below, I/We certify that the information given to the CCLT in this application form is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal Law and grounds for the CCLT denying housing assistance.

I/We also understand that a criminal background check will be performed for members of my household, fourteen (14) years and older according to the Federal Law.

| | |
|--|---------------------------------|
| <p>_____</p> <p><i>Applicant</i></p> | <p>_____</p> <p><i>Date</i></p> |
| <p>_____</p> <p><i>Co-Applicant / Spouse</i></p> | <p>_____</p> <p><i>Date</i></p> |

MAIL/DELIVER YOUR APPLICATION TO:

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2424 McElderry St.
Baltimore, MD 21205