

### **The Affordable Application Instructions**

Several documents are required to complete the application:

- Complete the application in its entirety
- Complete the Consent form & Landlord Reference form
- Government issued I.D. for all household members 18 years or older
- Social Security Card (proof of citizenship/legal status) for all household members 18 older
- Income documentation:
  - Social Security – most recent benefit letter
  - Pensions
  - Retirement account disbursements
  - 6 consecutive pay stubs for any job
  - Statements for all assets:
    - Last 6 months for checking or direct express
    - Most recent for savings, retirement plans, money markets, mutual funds, life insurance, etc.
    - Documentation of all mortgages held on property currently owned along with rental information if renting the property
- Note: if self-employed, bring 2 years filed tax returns with Scheduled C. This is for self-employed applicants only. Tax returns are not otherwise required.
- \$22 application fee (check or money order payable to **The Bonifant**). Cash is not accepted.

Thank you for your interest in The Bonifant at Silver Spring. Please contact us with any questions at 301-588-9290, or [info@thebonifant.com](mailto:info@thebonifant.com).

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929 BONIFANT STREET, SILVER SPRING, MD 20910

301-588-9290

THEBONIFANT.COM



**THE BONIFANT**  
**929 Bonifant Street**  
**Silver Spring, MD 20910**  
**(301) 588-9290**

APPLICATION FOR HOUSING  
 Affordable Communities

Date Received: \_\_\_\_\_  
 Time Received: \_\_\_\_\_

Applications are placed in order of date and time received. An application may be considered only after the receipt of this completed application. In the event that housing has not been provided within 120 days (90 if USDA), this application will need to be updated.

How did you hear about us? \_\_\_\_\_

What is your desired move in date? \_\_\_\_\_

**A. GENERAL INFORMATION**

Applicant Name(s): _____ _____	
Address: _____ _____	
Daytime Phone: _____ Evening Phone: _____	
Cell Phone: _____ Email Address: _____	
Amount of current monthly rental/mortgage payment: \$_____ <input type="checkbox"/> RENT or <input type="checkbox"/> OWN	
Check utilities paid by you: <input type="checkbox"/> Heat <input type="checkbox"/> Electricity <input type="checkbox"/> Gas <input type="checkbox"/> Other (specify)	
Approximate monthly cost of utilities paid by you (excluding phone & cable TV): \$_____	
Apartment size requested: <input type="checkbox"/> Eff <input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR <input type="checkbox"/> Handicap Unit	
Current Landlord (36 months)	Name: _____
	Address: _____
	Phone: _____
	How Long? _____
Prior Landlord (if less than 36 months above)	Name _____
	Address: _____
	Phone: _____
	How Long? _____
Would any household member benefit from or require a reasonable accommodation or modification (if yes, describe): _____ _____	

### B. HOUSEHOLD COMPOSITION

	Name	Relationship to head	Date of Birth	Age	Marital Status	SSN	Student (Y/N)
Head 1.							
Co-Head 2.							
3.							
4.							
5.							
6.							
7.							
8.							

Do you anticipate any changes to your household in the next 12 months?  Yes  No  
 If yes, please explain:

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### C. STUDENT STATUS

Are you or anyone in your household:

Currently a full-time student.  Yes  No

If yes, list all full-time students: \_\_\_\_\_

Not a full-time student (list): \_\_\_\_\_

Been a full-time student for any part of 5 months this calendar year (list):

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Plan to be a full-time student at any time in the next 12 months (who & when):

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**D. INCOME**

Are you or anyone in your household:

Employed?  Yes  No

List information for each household member 18 or older.

Household Member	Employer	Monthly Income
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_____		
_____		
_____		

Self-employed?  Yes  No

List information for each household member below.

Household Member	Business Name	Annual Income
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_____		
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Receive Social Security benefits (SSA, SSDI, SSI)?  Yes  No

List information for each household member below.

Household Member	Source	Monthly Income
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_____		
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Veteran's benefits or other government pensions?  Yes  No

List information for each household member below.

Household Member	Source	Monthly Income
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_____		
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Pensions or regular withdrawals from retirement account(s)?  Yes  No

List information for each household member below.

Household Member	Source	Monthly Income
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_____		
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Military pay?  Yes  No  
Include all allowances.

Household Member Source Monthly Income

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Child support or alimony?  Yes  No

Household Member Source Monthly Income

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Government assistance, TANF, SNAP, housing assistance, utility grants, etc.?

Yes  No

Household Member Source Monthly Income

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Unemployment compensation or Workman's Comp?  Yes  No

Household Member Source Monthly Income

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Student Financial Aid (do not include student loans)?  Yes  No

Household Member Source Monthly Income

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Financial contribution to the household (this includes payments of expenses, bills, cash contributions, etc., from someone outside of the household)?

Yes  No

Household Member Source Monthly Income

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### E. ASSETS

Do you or anyone in your household have:

Checking account(s) and/or savings account(s)?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member	Institution	Balance	Interest Rate	Type		
<hr/>						
<hr/>						
<hr/>						

CD's, money markets, mutual funds, etc.?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member	Institution	Balance	Annual Income	Type		
<hr/>						
<hr/>						

Retirement accounts (IRA, 401k, 403a, 403b, TSP, etc.)?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member	Institution	Balance	Annual Income	Type		
<hr/>						
<hr/>						

Cash, direct express, or other pre-paid debit cards?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member	Balance	Type				
<hr/>						
<hr/>						

Whole or universal life insurance policy?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member	Institution	Balance	Annual Income	Type		
<hr/>						
<hr/>						

Real estate, land, etc.?					<input type="checkbox"/> Yes	<input type="checkbox"/> No
Member	Address	FMV	Rental Amount			
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Publicly traded or privately held company stocks?  Yes  No

Member	Company	# Shares	Price/ Share	Dividends/ Share
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Treasury, municipal, corporate, or other types of bonds?  Yes  No

Member	Institution	Value	Interest Rate	Type
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Revocable and non-revocable trust?  Yes  No

Member	Institution	Balance	Annual Income	Type
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Personal property held for investment?  Yes  No

Examples: stamp or coin collections

Member	Value	Type
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Sold any assets for less than fair market value in the last 24 months?

Yes  No

Member	Value	Type
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Given away any assets for less than fair market value in the last 24 months, including cash or donations of money to churches or charities?

Yes  No

Member	Value	Type
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**F. VEHICLE AND PET INFORMATION**

List any cars, truck, or other vehicles owned.		
Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Type of Vehicle:	License Plate #:	
Year/Make:	Color:	
Pet (consent of Landlord req'd – 1 Pet only)	Type:	Color:
Date/Rabies Shot:	Size (pounds):	

**G. EMERGENCY INFORMATION**

In case of emergency notify:	
Address:	
Relationship:	Phone #:

Are you or any member of the household subject to a Lifetime Sex Offender Registration in any state? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list all states where you or any member of the household have resided: _____



**CERTIFICATION**

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

All adult applicants, 18 or older, must sign this application.

_____ Signature of Applicant	_____ Date
_____ Signature of Co-Applicant	_____ Date
_____ Signature of Co-Applicant	_____ Date
_____ Signature of Co-Applicant	_____ Date
_____ Management Agent	_____ Date



**THE BONIFANT**  
**Applicant and Co-Applicant Consent**

I hereby authorize The Bonifant Apartments to obtain a consumer report, and any other information it deems necessary, for the purpose of evaluating my application. I understand that such information may include, but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information.

I hereby expressly release The Bonifant Apartment, and any procurer or furnisher of information, from any liability whatsoever in the use, procurement, or furnishing of such information, and understand that my application information may be provided to various local, state, and/or government agencies, including without limitation, various law enforcement agencies.

I understand that should I lease an apartment, The Bonifant Apartments, and its agent, shall have a continuing right to review my consumer report information, rental application, payment history and occupancy history but is not limited to, credit history, civil and criminal information, records of arrest, rental history, employment/salary details, vehicle records, licensing records, and/or any other necessary information for account review purposes and for improving application methods as well as tenancy review at time of renewal or during tenancy.

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Signature of Applicant

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Date

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Signature of Co-Applicant

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Date



**THE BONIFANT**  
**Landlord Reference Check Form**

Applicant's Name: \_\_\_\_\_

Landlord's Name: \_\_\_\_\_

Community Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address (if mailing): \_\_\_\_\_

I authorize The Bonifant, its subsidiaries, or its managing agents to investigate my rental history. The investigation may include, but is not limited to, the questions listed below.

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

Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_

-----**TO BE COMPLETED BY LANDLORD**-----

Dates of residency: From: \_\_\_\_\_ To: \_\_\_\_\_ Total # of months: \_\_\_\_\_

# of Household Members: \_\_\_\_\_

1. Did the resident pay their rent on time:  Yes  No

If the resident was late on the rent, how late? \_\_\_\_\_

How often? \_\_\_\_\_ Comments: \_\_\_\_\_

Will the resident owe any rent, fees, etc. at the time of vacating?

Yes  No

2. How much rent was paid each month by this resident? \_\_\_\_\_

3. Did the resident, their guests, or their family damage the apartment or the property?

Yes  No

If yes, did they pay for the damage?  Yes  No Amount of damages? \_\_\_\_\_

4. Did the resident give you proper notice for vacating?  Yes  No

Reasoning for leaving? \_\_\_\_\_

5. Would you re-rent to this resident?  Yes  No

6. What previous address do your records indicate? \_\_\_\_\_

7. Was the resident ever cited for Lease Non-Compliance?  Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

