



**Baywood Village I & II**  
**23165 Baywood Court**  
**Chestertown, MD 21620**  
**Phone (410) 778-4182 Fax (410) 778-1770 App# \_\_\_\_\_ - \_\_\_\_\_**

### Pre-Application for Housing

1. List each household member who would be living in the unit, including you. (Only persons listed below will be permitted to reside in the unit)

Name	Date of Birth	Sex M/F	Relationship To You	Social Security Number	Full Time Student Yes/No	Annual Income
			Self			

2. Current Address: Street: \_\_\_\_\_, Apt.# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

I have lived at this address for \_\_\_\_\_ year \_\_\_\_\_ months

Landlord Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Applicant Employer Information: Name of Employer \_\_\_\_\_

Phone #: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Co-Applicant Employer Information: Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Other Income Sources (SSI, Child Support, Business, Pension etc.)

Received From: \_\_\_\_\_

4. Are you currently in Lease? \_\_\_\_\_ Number of Days for Lease Termination Notice? \_\_\_\_\_

5. How many bedrooms are you applying for \_\_\_\_\_ Prefer 1<sup>st</sup> or 2<sup>nd</sup> Floor: \_\_\_\_\_

6. Do you have a Section-8 Voucher or Certificate: \_\_\_\_\_

7. Ethnicity /Race: \_\_\_\_\_ (for statistical purposes only)

8. Special Needs Unit (if any): \_\_\_\_\_ How did you hear about us? \_\_\_\_\_

**MANAGEMENT USE ONLY**

Appointment Scheduled: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_ Put on Wait List: \_\_\_\_\_ Received by: \_\_\_\_\_  
 By: \_\_\_\_\_

Comments, Special Needs, etc. \_\_\_\_\_