



Calvert Heights Apartments
103 Hawkins Drive
Chestertown, MD 21620
Phone (410) 778-2340 Fax (410) 778-2341 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 1st or 2nd 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. _____