



Fax to: (443) 817-4923

## Apartment Angel Application for Aid

Please provide all requested information, incomplete forms will not be considered for aid

Applicant Contact Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

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

Cell/Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Language Spoken in Home: \_\_\_\_\_

Age & gender of all ADULTS living in apartment unit: \_\_\_\_\_

Age & gender of all CHILDREN living in apartment unit: \_\_\_\_\_

Are you a veteran or currently serving in the armed forces (active or reserve): Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Total Monthly Income: \_\_\_\_\_

\* The undersigned represents the above statements are true and complete and authorizes verification (including possible credit/background check) of information and references given

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Aid Request:

Please tell us why you are in need of aid at this time. Provide as detailed an explanation as possible.

Explanation of Need: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Repayment** – How will you be able to repay your loan **and** stay current on your future rent payments? What will change?

\_\_\_\_\_  
\_\_\_\_\_



## Resident Release and Manager Verification

### INSTRUCTION TO APPLICANT:

1. Complete Application for Aid
2. Sign and date this Resident Release Statement.

I \_\_\_\_\_ authorize \_\_\_\_\_  
 (Print Full Name) (Name of Apartment Complex)  
 to release my resident ledger/history to Apartment Angel, Inc. for the purposes of applying for financial aid in order to pay my rent due for this month: \_\_\_\_\_.  
 (Month/Year)  
 \_\_\_\_\_ / \_\_\_\_\_  
 (Signature) (Date)

### INSTRUCTION TO APARTMENT/COMMUNITY MANAGER:

1. Complete, sign and date this form (incomplete forms will not be considered)
2. Include complete resident history/ledger (partial ledger/history is not acceptable)

The resident listed above is applying for financial aid from Apartment Angel Inc. to pay rent due for the month indicated above. To verify this resident meets our criteria for assistance, they are requesting that the following information and a copy of their complete payment history be released to Apartment Angel:

1. Does this tenant have a current notice to vacate on file? Y: \_\_\_ N: \_\_\_
2. When is the tenant's lease termination date? \_\_\_\_\_
3. Original lease date of resident: \_\_\_\_\_
4. What is the total amount owed by tenant: \_\_\_\_\_
5. Has the tenant had a conduct letter written up? Y: \_\_\_ N: \_\_\_

### Community Contact Information:

Property/Community Manager Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Property Address\*: \_\_\_\_\_

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

(\*This is the address where the check will be sent)

If application for aid (for current month's rent) is submitted and approved within the first 7 days of the month, I agree to waive any late fees charged for the current month.

*Apartment Angel will notify Property/Community Manager of acceptance or denial within 48 hours (Excludes Sundays and major holidays) upon receipt of completed application and release forms.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fax this form and resident ledger/payment history to (443) 817-4923  
Incomplete applications will not be considered for aid.**