

# Newtowne Apartments

1210 Market Street,  
Pocomoke City, MD 21851  
410-957-1562

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Thank you for your inquiry to Housing Development Corporation MidAtlantic. Our non-profit organization is dedicated to providing residential opportunities for low to moderate income families, senior citizens and individuals by providing affordable, safe and secure housing in Pennsylvania, Maryland & Delaware.

Newtowne Apartments is a community for ages 62+ only. This property features 58 1bedroom apartments for low to moderate income individuals. Rent is based on income. Enclosed is an application and fact sheet that includes property information, amenities, unit rents\*, and income guidelines. \*Income limits must be met to qualify. **You must complete and return this application in order to apply and/or be placed on the waiting list.**

If you have any questions regarding income guidelines, length of waiting list or availability, please contact the Community Manager at 410-957-1562 or email [NewtowneApartments@hdcweb.com](mailto:NewtowneApartments@hdcweb.com).

When completing emailed or downloaded applications, please note the following:

- There is a different application for every property, please make sure you are filling out the correct application.
- You must print out the application in order to complete it.
- You may NOT email or fax applications. All applications must be mailed or hand delivered to the property where you are applying for residency.
- **This application must be returned to:**  
**Newtowne Apartments**  
**1210 Market Street**  
**Pocomoke City, MD 21851**

We look forward to welcoming you home to HDC MidAtlantic!

## HDC MIDATLANTIC TEAM

[info@hdcweb.com](mailto:info@hdcweb.com)

[www.hdcweb.com](http://www.hdcweb.com)



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4-6 West King Street, Suite 4 • Lancaster, PA 17603-3824 • 717-291-1911 • National Relay Service: Dial 711





# NEWTOWNE APARTMENTS

1210 Market Street  
Pocomoke City, MD 21851  
410-957-1562 TTY 711  
[info@hdcweb.com](mailto:info@hdcweb.com)

## RESIDENT REQUIREMENTS:

Minimum Age 62

## RENTAL INFORMATION:

58 Affordable Housing, Senior Occupancy Apartments  
6 Handicapped Accessible (ADA) Apartments

**Studio Apartments**

**1 Bedroom Apartments**

**Rent Based on Adjusted Monthly Income**

RENT INCLUDES WATER, SEWER AND TRASH REMOVAL

## AMENITIES INCLUDE:

- ◆ Wall-to-Wall Carpeting
- ◆ Air-Conditioning
- ◆ Fully Equipped Kitchen
- ◆ Laundry Facilities On-Site
- ◆ 3 Community Rooms
- ◆ Resident Activities
- ◆ All First Floor Living
- ◆ Pet Friendly
- ◆ On-Site Community Management
- ◆ On-Site Building Maintenance
- ◆ 24-Hr. Emergency Maintenance
- ◆ Resident Services
- ◆ Ample Parking
- ◆ Tobacco Free Community

## INCOME LIMITS:

Newtowne Apartments is an affordable rental community and maximum and minimum income limits apply for all rental opportunities. The maximum income levels are based on a percentage of the Worcester County median income by household size. When applying for residency, applicants will be required to complete forms pertaining to their household composition, gross household income (before any deductions) and your income from assets.

## MAXIMUM INCOME LIMITS:

	<b>1 person</b>	<b>2 people</b>
<b>Extremely Low Income 30%</b>	\$15,300	\$17,450
<b>Very low Income 50%</b>	\$25,450	\$29,050
<b>Low Income 80%</b>	\$40,700	\$46,500

## APPLICATION PROCESSING:

Credit history, criminal background, landlord history, and other resident selection criteria apply. Income limits, and other resident selection criteria will determine the eligibility to lease the apartment/townhome. Households comprised entirely of full time students will not qualify unless certain exceptions are met. All statements made on the rental application must be verified in writing through a third party not related to the applicant household.



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## **TO ALL APPLICANTS FOR HOUSING:**

The U.S. Department of Agriculture pays the rental subsidy for this community. Therefore, in compliance with USDA regulations, as a part of your rental housing application we will run a criminal check, sex offender check, credit check, landlord references, verification of income, verification of assets and other resident selection criteria on all persons in your household age 18 and older as required by our management contract with the owner of this community.

In addition, please be advised that under Federal Law, persons with disabilities have the right to request reasonable accommodations to rules and modifications to apartments at no cost to themselves.

## **REGISTERED SEX OFFENDERS WILL NOT BE ADMITTED FOR HOUSING.**

Thank you.

MANAGEMENT AGENT: Housing Development Corporation MidAtlantic
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In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).

USDA is an equal opportunity provider, employer and lender.

**Please complete this application and return to:**

Newtowne Apartments, 1210 Market Street,  
Pocomoke City, MD 21851

<b>FOR OFFICE USE ONLY</b>	
Date Received:	_____
Time Received:	_____

*THE FOLLOWING INFORMATION IS CONFIDENTIAL AND WILL NOT BE DISCLOSED WITHOUT YOUR CONSENT.*

Number of bedrooms: \_\_\_\_\_ Do you receive Section 8 or any other rental subsidy? Yes  No

<b>HOUSEHOLD COMPOSITION</b>				
<b>Starting with the Head of Household, list all members who will live at this location. Provide the relationship of the household member to the Head of Household (spouse, daughter, etc.)</b>				
MEMBER NO.	FULL NAME	RELATIONSHIP	BIRTHDATE MM/DD/YEAR	SOCIAL SECURITY NO.
Head of Household				
2				
3				
4				
5				
6				
7				
8				

<b>Applicant's Name (Head of Household)</b>		Email address:		Home Phone ( )	
Present Street Address	City	State	Zip Code	No. Yrs. at Present Address	
Former Street Address	City	State	Zip Code	No. Yrs. at Former Address	
<b>Co-Applicant's Name</b>		Email address:		Home Phone ( )	
Present Street Address	City	State	Zip Code	No. Yrs. at Present Address	
Former Street Address	City	State	Zip Code	No. Yrs. at Former Address	

<b>CURRENT / PREVIOUS LANDLORD INFORMATION (Head of Household)</b> Provide the name, address, and phone number for all landlords in the past 3 years.				
Current Landlord Street Address	City	State	Zip Code	Phone ( )
Previous Landlord Street Address	City	State	Zip Code	Phone ( )
Previous Landlord Street Address	City	State	Zip Code	Phone ( )
<b>CURRENT / PREVIOUS LANDLORD INFORMATION (Co-Applicant)</b> Provide the name, address, and phone number for all landlords in the past 3 years.				
Current Landlord Street Address	City	State	Zip Code	Phone ( )
Previous Landlord Street Address	City	State	Zip Code	Phone ( )
Previous Landlord Street Address	City	State	Zip Code	Phone ( )

<b>EMPLOYMENT INFORMATION</b>			
<b>Name and Address of Employer (Head of Household)</b>		Type of Business	Self Employed? Yes <input type="checkbox"/>
Business Phone Number ( )	Position/Title	No. Yrs. on Job	No <input type="checkbox"/>
Name and Address of Previous Employer (if employed at present position less than 1 yr.)		No. of Yrs. with Previous Employer	Business Phone ( )
<b>Name and Address of Employer (Co-Applicant)</b>		Type of Business	Self Employed? Yes <input type="checkbox"/>
Business Phone Number ( )	Position/Title	No. Yrs. on Job	No <input type="checkbox"/>
Name and Address of Previous Employer (if employed at present position less than 1 yr.)		No. of Yrs. with Previous Employer	Business Phone ( )
<b>Name and Address of Employer (Other Adult Member)</b>		Type of Business	Self Employed? Yes <input type="checkbox"/>
Business Phone Number ( )	Position/Title	No. Yrs. on Job	No <input type="checkbox"/>
Name and Address of Previous Employer (if employed at present position less than 1 yr.)		No. of Yrs. with Previous Employer	Business Phone ( )

ANNUAL INCOME				
SOURCE	APPLICANT	CO-APPLICANT	OTHER HOUSEHOLD MEMBERS 18 YRS OR OLDER	TOTAL
Gross Salary from Wages	\$	\$	\$	\$
Overtime Pay	\$	\$	\$	\$
Commissions/Fees/Tips/Bonuses	\$	\$	\$	\$
Unemployment Benefits	\$	\$	\$	\$
Workers Compensation, etc.	\$	\$	\$	\$
Social Security, Pensions, Retirement Funds, etc.	\$	\$	\$	\$
TANF Payments	\$	\$	\$	\$
Alimony, Child Support	\$	\$	\$	\$
Interest and/or Dividends	\$	\$	\$	\$
Net Income from Business	\$	\$	\$	\$
Net Rental Income	\$	\$	\$	\$
Financial Assistance in excess of Tuition:	\$	\$	\$	\$
Other:	\$	\$	\$	\$
			TOTAL:	\$
ASSETS	CASH VALUE	NAME OF FINANCIAL INSTITUTION		
Checking Account	\$			
Savings	\$			
Certificate of Deposit	\$			
Mutual Funds/Stocks/Bonds	\$			
Real Estate	\$			
Whole Life Insurance Policy	\$			
Other:	\$			
TOTAL:	\$			
<p><b>I <input type="checkbox"/> HAVE / <input type="checkbox"/> HAVE NOT (← check one) disposed of any asset(s) valued at \$1,000 or more in the past two years for less than the fair market value of the item. If yes, please list the asset value under the “Other” row in the above listing of assets on page 3</b></p>				

PLEASE LIST MOTHER'S FULL MAIDEN NAME FOR ALL ADULTS		
	YOUR FULL NAME	YOUR MOTHER'S FULL MAIDEN NAME
Head of Household		
Co-Applicant		
Other		

Do you own a home or other property? Yes  No

Do you have problems with insect/rodent infestation? Yes  No  **IF YES**, please answer the following:

*Did you assist in the prep prior to extermination?* Yes  No

*Was the extermination successful?* Yes  No

Are you or any member of your household currently using an illegal substance? Yes  No

Are you or any member of your household currently abusing alcohol? Yes  No

Have you or any member of your household been convicted of drug use, manufacture or distribution? Yes  No

Have you or any member of your household been convicted of any crime in the past seven years (including misdemeanors, summary offenses and/or felonies)? Yes  No

**IF YES**, what type of conviction? \_\_\_\_\_

Have you or any member of your household ever been evicted from any housing? Yes  No

Are you or any member of your household registered in any state as a Sexual Offender? Yes  No   
**IF YES**, which state(s)? \_\_\_\_\_

Please list **ALL** states in which **ALL** members of the household listed on page one (1) have resided:

\_\_\_\_\_

\_\_\_\_\_

Are you presently displaced due to a presidentially declared disaster? Yes  No

Are you currently serving in or are a veteran of the United States Military? Yes  No

Are there any special housing needs or reasonable accommodations your household will require? Yes  No

**IF YES**, please list: \_\_\_\_\_

Do you own pets? Yes  No

**IF YES**, please list what kind(s): \_\_\_\_\_

**STUDENT INFORMATION**

Are ALL household members full-time students? Yes  / No

**If Yes:**

Name & address of Institute of Higher Education (college, trade school, etc.) that head of household or co-head/spouse attend full or part-time:

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Is the student/students married and filing a joint tax return? Yes  / No

Is the household comprised of a single parent and children, none of which are dependents of a third party? Yes  / No

Does the household receive aide for depending children or TNAF? Yes  / No

Are the full-time students recipients of foster care assistance under Part B or E of Title IV of the social security act? Yes  / No

**STUDENT INFORMATION– Section 8 and/or HOME**

Are ALL household members full-time students? Yes  / No

Is the head of household or co-head/spouse a student part-time or full-time? Yes  / No

**If Yes:**

Name & address of Institute of Higher Education (college, trade school, etc) that head of household or co-head/spouse attend full or part-time:

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Is the head of household under 24 years of age? Yes  / No

Is the head of household a veteran of the United States Military? Yes  / No

Is the head of household married with a dependent child? Yes  / No

Is the head of household an independent student as defined by the U.S. Department of Education? Yes  / No

Is the head of household a person with disabilities as defined in section 3 (b)(3)(E) of the United States Housing Act of 1937 and has received assistance under section 8 as of November 30, 2005? Yes  / No

**COMMENTS/ADDITIONAL INFORMATION**

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The information provided in this application is true and complete to the best of my/our knowledge and belief. I/we consent to the disclosure of income and financial information from my/our employer(s) and financial references for purposes of income and asset verification related to my/our application for tenancy. I/we understand that in order to be considered for housing we must pass all the resident selection criteria including a credit check, landlord reference check, criminal background check, and income qualification. I/we understand that if information is missing (intentional or not), incomplete, or falsely reported on this rental application, my/our application shall be immediately rejected for consideration of housing. I/we understand that this application gives Housing Development Corporation MidAtlantic permission to verify all the information included within the application and other information requested during the processing of the application. **I/we understand that this application is not an approval for housing.**

**\*\*\*ALL PERSONS AGE 18 AND OLDER MUST SIGN THIS APPLICATION BELOW\*\*\***

\_\_\_\_\_  
Head of Household

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date



# APPLICATION FEE POLICY AND GUIDELINES

Rural Housing  
Updated: 10/2018

**CONSENT:** I authorize and direct any business; individual; or federal, state, or local agency, department, or organization to release to Housing Development Corporation MidAtlantic as Management Agent for **Newtowne Apartments** any information or materials needed to complete and verify my application for tenancy, my eligibility and continued eligibility for tenancy, and my certification and recertification for assistance, if applicable. I give my consent for the release of such information about the minor children in my care who live with me. I understand and agree that this authorization or the information obtained with its use may be given to and used by any federal, state, or local housing assistance agency and the owner and management agent in administering and enforcing program and owner and management agent rules and policies.

**INFORMATION COVERED:** I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested include but are not limited to:

- |                                |                                  |                              |                        |
|--------------------------------|----------------------------------|------------------------------|------------------------|
| Identity and Marital Status    | Employment, Income and Assets    | Credit and Criminal Activity | Criminal History       |
| Residences and Rental Activity | Medical or Child Care Allowances | Social Security Numbers      | Sexual Offender Status |

**GROUPS OR INDIVIDUALS THAT MAY BE ASKED:** The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- |   |                                  |                               |
|---|----------------------------------|-------------------------------|
| Previous Landlords (including Public Housing Agencies)  | Past and Present Employers       | Veterans' Administration      |
| Banks and other Financial Institutions  | Welfare Agencies                 | Retirement Systems            |
| Post Offices  | Social Security Administration   | State Unemployment Agencies   |
| Schools and Colleges  | Utility Companies                | Support and Alimony Providers |
| Credit Providers and Credit Bureaus   | Medical and Child Care Providers |                               |
| Police Departments and Other Agencies which Retain Criminal Background Histories and Sexual Offender Registries |                                  |                               |

**COMPUTER MATCHING NOTICE AND CONSENT:** I understand and agree that HUD or a Public Housing Authority (PHA) may conduct matching programs to verify the information supplied for my certification or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, state, or local agencies, including but not limited to: State Employment Security Agencies, Department of Defense, Office of Personnel Management, the U.S. Postal Service, the Social Security Agency, and state welfare and food stamp agencies.

**CONDITIONS:** I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the management office and will stay in effect for a year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

### SIGNATURES:

\_\_\_\_\_  
Head of Household (Print Name) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant (Print Name) \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Other Adult Member (Print Name) \_\_\_\_\_ Date \_\_\_\_\_

I hereby certify that the following are minor children living with me: \_\_\_\_\_

NOTE: THIS GENERAL CONSENT MAY NOT BE USED TO REQUEST A COPY OF A TAX RETURN. IF A COPY OF A TAX RETURN IS NEEDED, IRS FORM 4506, "REQUEST FOR COPY OF TAX RETURN" MUST BE PREPARED AND SIGNED SEPARATELY.



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# RENTAL APPLICATION

Tax Credit  
Rental Application  
Revised: 5/2019

## THIS IS NOT A CONTRACT

I, \_\_\_\_\_, (Licensee) hereby state that with respect to this  
HDC MidAtlantic managed property, \_\_\_\_\_

(Name of Property) I am acting in the following capacity:

**As Agent of the Owner/Landlord Pursuant to a Property Management Agreement.**

### Signatures:

I acknowledge that I have received this notice:

\_\_\_\_\_  
(Head of Household)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Co-Applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Co-Applicant)

\_\_\_\_\_  
Date

I certify that I have provided this notice:

\_\_\_\_\_  
(Licensee to be signed by HDC MidAtlantic)

\_\_\_\_\_  
Date



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