

App#: _____ -



GALLOWAY MEADOWS
29418 Matthewstown Road
Easton, MD 21601
Phone (410) 822-7410 Fax (410) 822-7473
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) How did you hear about us? _____

8. Special Needs Unit (if any): _____ Date _____

MANAGEMENT USE ONLY

Put on Wait List: _____ Received by: _____

Appointment Scheduled: _____ Date: _____ Time: _____ By: _____

Comments, Special Needs, etc. _____