

HABC PARTNERSHIPS – Project Based Programs

Disposition of Applicant Referral

Instructions - Complete this form for each Project Based applicant referred to your development and return via fax 410 244-5843 or you may email this form to norman.young@habc.org.

Property Name- _____ Date- _____

Manager's Name- _____ Contact #- _____

Applicant Referral from- _____

Name of Applicant- _____ Soc. Sec. #- _____

Address of unit offered- _____

Type of contact attempted Phone call Mail In-person Contact

Did applicant respond ? Yes No

Did applicant express interest in unit? Yes No

If no, explain- _____

Did applicant tour unit?- Yes No

Did applicant accept unit? Yes No

Is applicant acceptable to management? Yes No

If applicant was rejected, was applicant advised of rejection in writing? Yes No

If management denies applicant, please document reason(s) for rejection-

Record of criminal activity

Date of conviction- _____ Data base accessed- _____

Type of conviction- Felony Misdemeanor

Credit history

Date of negative action- _____ Database accessed- _____

Default on credit agreement Default on rental agreement

Bankruptcy Slow payment

Other/Additional comment-

For HABC Office use only:

Comments: _____

Date: _____ **Signature:** _____