

## 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.**

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     Contact person

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

Was applicant advised of rejection in writing?  Yes     No

If management denies applicant, please document reason 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:** \_\_\_\_\_