



HOUSING AUTHORITY OF ST. MARY'S COUNTY, MARYLAND

21155 Lexwood Drive, Suite C, Lexington Park, MD 20653

301-866-6590, ext. 1400

Fax 301-737-7929

MD Relay Svc. 711 or 1-800-735-2258 (V/TTY)

PRELIMINARY HOUSING ASSISTANCE FEDERAL HOUSING ASSISTANCE

APPLICANT IS RESPONSIBLE FOR REPORTING ALL DATE OF BIRTHS AND SOCIAL SECURITY NUMBERS ON ALL HOUSEHOLD MEMBERS. THE FAMILY MUST COMPLETE AN UPDATED APPLICATION IF THEIR ADDRESS, PHONE NUMBER, AND/OR FAMILY COMPOSITION CHANGES IN ORDER TO MAINTAIN THEIR PLACE ON THE WAITING LIST. MOREOVER, APPLICANT IS RESPONSIBLE FOR THE RECEIPT OF THEIR MAIL REGARDLESS OF THE APPLICANTS CIRCUMSTANCES.

Please check below your choice(s) for Housing Assistance:

Section 8 Rental Assistance

Homeownership

Project Based Rental Assistance

NOTE: This is a no-smoking community

PLEASE PRINT

APPLICANT'S NAME: _____

SOCIAL SECURITY NUMBER: _____

TELEPHONE NUMBER: _____

Unit Address (Where you live)

Mailing Address (If different from Unit Address)

City

State

Zip Code

City

State

Zip Code

HOUSEHOLD MEMBERS (Including Yourself)	DATE OF BIRTH	RELATIONSHIP	AGE	SEX	SOCIAL SECURITY NO.	EMPLOYED? YES or NO	MONTHLY GROSS INCOME
1.		HEAD					
2.							
3.							
4.							
5.							
6.							
7.							
8.							

NAME OF CURRENT LANDLORD: _____

ARE YOU HOMELESS? YES NO

IF HOMELESS, WHAT IS YOUR CURRENT SITUATION?

Please explain. _____

HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD **SERVED IN THE MILITARY?** YES NO

If yes, who? _____

Branch of Service: _____ Type of Discharge: _____ Service Dates: _____

Are you Pregnant? Yes No **When is your Due Date?** _____

SPECIAL NEEDS:

Do you or any members of your household have a handicap or disability, for example, a physical or mental impairment, mobility impairment, sight impairment, or a hearing impairment? YES NO



What special needs (handicap or disability) do you have?

Name household member(s) with special needs (handicap or disability):

RACE/NATIONAL ORIGIN:

American Indian _____ Alaskan Native _____ African American _____ Pacific Indian _____ Hispanic _____ White _____

ASSETS:

Do you have any assets? Yes No If yes, explain _____

ASSISTED HOUSING:

Have you or any member of your household lived in Public Housing or received Section 8 Rental Assistance?

Yes No If yes, explain _____

CHILD CARE:

Do you have child care expenses? Yes No

If yes, explain: _____

PLEASE READ CAREFULLY:

If funds are not available for assistance, your preliminary application will be kept on file and considered for assistance when funds become available and according to program selection criteria.

REQUESTS FOR REASONABLE ACCOMMODATIONS:

Persons with disabilities may request a reasonable accommodation in order to utilize the housing program and any related services. The Housing Authority will make all reasonable efforts to be flexible in assisting persons with disabilities to participate in the program successfully. Requests for accommodation will be verified to ensure that the accommodation is reasonable.

Should you need information on Fair Housing, you may call the Fair Housing HUB at 1-888-799-2085, St. Mary's County Human Relations Commissions at 301-475-4200, ext. 1847, or ask someone on the Housing Authority staff.

CERTIFICATIONS:

I understand that this is not a contract and does not bind either party. I certify that the preceding information is accurate and complete to the best of my knowledge and belief. I also certify that I, nor any of my family members listed on the application, have been convicted of or engaged in any drug-related criminal activity (ies), and/or any criminal activity (ies), or have prior drug use and/or alcohol abuse that might interfere with/or threaten the health, safety, or right to a peaceful enjoyment of the premises by other residents. If you want to explain, do so below. In addition, I understand that false statements of information herein, are grounds for denial of housing assistance. Lastly, I have no objections to inquiries being made by the Housing Authority of St. Mary's County for the purpose of verifying this information made herein.

*Explanation of drug related criminal activity (ies), drug use and/or alcohol abuse activity (ies):

I hereby authorize the Housing Authority of St. Mary's County to obtain and release all information of my former tenancy and or employment. I further authorize the Housing Authority to conduct a background investigation to include information on my credit, criminal, motor vehicle, and other areas deemed necessary. I understand that the Housing Authority may only release this information upon request by a prospective landlord. I hereby agree to indemnify and hold harmless the Housing Authority of St. Mary's County, its Director, officers, employees, and agents from any loss, claim, expense, or liability arising from the release of this information.

SIGNATURE OF APPLICANT

DATE

Updated 09/2016

