



HOUSING AUTHORITY OF ST. MARY'S COUNTY, MARYLAND

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

RENTAL ALLOWANCE PROGRAM (RAP) – PRELIMINARY APPLICATION

This Section

OFFICE USE ONLY

LAA: _____

Date Received: _____ Time: _____ Application #: _____

Household Size: _____ Eligible: _____ Ineligible: _____

TO ASSIST US IN DETERMINING YOUR PROGRAM ELIGIBILITY, PLEASE CHECK # 1, #2 OR # 3:

1. I am/we are homeless. (Homeless means the condition of being without permanent housing, and using as a night-time dwelling a temporary shelter or any other public or private space not designed for shelter, such as a park, an abandoned building, bus terminal, or an automobile.) Cause of homelessness:

2. I/we are experiencing a critical or emergency housing need because: (circle a, b, c, or d)
 - (a) Have either a potential or actual eviction because of inability to pay rent due to loss of job, unusual medical bills, etc.
 - (b) Have either a potential or actual eviction due to reasons beyond my control, ex. Condemnation.
 - (c) Home destroyed by natural disaster (fire or flood).
 - (d) Other, (please explain):

3. Have you or any member of your household served in the military? Yes No Who? _____

IF NONE OF THE ABOVE SITUATIONS APPLY, YOU ARE NOT ELIGIBLE FOR THIS PROGRAM. OTHERWISE, CONTINUE WITH ITEM NUMBER FOUR (4) BELOW:

4. Complete this chart for each member of your household, starting with yourself.

| Last Name | First Name | Age | Sex | Relationship To you | Source of Income | Monthly Gross Amt. |
|-----------|------------|-----|-----|---------------------|------------------|--------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |

This information is required to determine eligibility under the Federal Section 8 Existing Program.

5. Street Address: _____ Mailing Address: _____

City State Zip City State Zip

Telephone number where you can be contacted: _____

I hereby certify that all of the above information is complete and true to the best of my knowledge.

Signature: _____ Date: _____ SS#: _____

In accordance with Executive Order 01.01.1983.18, the Department of Economic and Community Development (the “Department”) advises you as follows regarding the collection of personal information:

Certain personal information requested by the Department is necessary in determining recipient eligibility for Rental Allowance Payment. Failure to disclose this information may result in the denial of these benefits or services. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et seq. Of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Department or to public officials, for purposes directly connected with administration of the program for which its use is intended. Such information is routinely shared with State, federal or local government agencies. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

