



# 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 APPLICATION FOR 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 APPLICANT'S CIRCUMSTANCES.**

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

NOTE: THESE ARE ALL NO SMOKING COMMUNITIES

Section 8 Rental Assistance

Homeownership

Patuxent Woods Townhomes

**PLEASE PRINT**

NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

UNIT ADDRESS (Where you live) \_\_\_\_\_ MAILING ADDRESS (If different from Unit Address) \_\_\_\_\_

Street \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

HOUSEHOLD MEMBERS (Including Yourself)	DATE OF BIRTH	RELATIONSHIP	AGE	SEX	SOCIAL SECURITY NUMBER	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 **If yes, what 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 or a household member(s) have?

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

**RACE/NATIONAL ORIGIN:**

American Indian  Alaskan Native  African American  Pacific Indian  Hispanic  White

**LOCAL RESIDENCY PREFERENCE:**

Are you currently a legal resident of St. Mary's County?  Yes  No

If not a resident of St. Mary's County, are you now employed in the county?  Yes  No

If yes, what is the name of your employer?

**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