

PRELIMINARY APPLICATION



PLEASE COMPLETE THIS FORM AND RETURN TO:

THE HOUSING AUTHORITY OF QUEEN ANNE'S COUNTY
P. O. BOX 280 205 EAST WATER STREET
CENTREVILLE, MD 21617

I want my name to be placed on the waiting list for the following housing program(s) or rental housing development(s)/programs:

N/A Housing Choice Voucher Program (Section 8 Program,) **Closed as of June 1, 2009**

-----Riverside Estates (2 bedroom units in Chester, MD)

-----Grasonville SSH (1 Bedroom HC Apartments)

Senior Housing (Age 62 and over)

-----Grasonville Terrace (Grasonville, MD)

-----Terrapin Grove 1 Bedroom 2 Bedrooms Cottage (Stevensville, MD)

-----Foxxtown Apartments 1 Bedroom 2 Bedrooms (Sudlersville, MD)

All Address changes must be done in writing and mailed or hand delivered to the main office.

Part 1: Head of Household

PLEASE COMPLETE ALL PARTS OF THIS APPLICATION: **Print Clearly and Legibly**

Social Security Number _____ - _____ - _____

Name: _____ () _____ Head of Household Yes No
(First) (MI) (Last)

Mailing address: Street: _____ P O Box _____
City: _____
State: _____ Zip code: _____

(Check only if you are a current resident of Queen Anne's County)

At this time I am a resident of Queen Anne's County. Queen Anne's County residents will receive a preference.

Date of Birth (Month) _____ (Day) _____ (Year) _____

Sex F M

Are you willing to move when offered assistance? Yes No

Are you disabled Yes No

Do you require a handicapped-accessible unit? Yes No

Home phone () _____

Other phone () _____

Other phone type Work Relative Friend Cell

(Racial and ethnic data for statistical purposes only)

Race: (Check One) : White Black/African American Asian Native Hawaiian/Other Pacific
Islander American Indian/Alaska Native

Ethnicity: (Check one) Hispanic Not Hispanic



PART 2: Household Information

List information for adults first then children under age 18. Use "F" or "M" to indicate sex. If a household member is disabled check the "Y" check box. If not disabled check "N". List relationship of each person to the Head of Household. Attach additional sheet if family has more than ten members.

Last Name	First Name	Social Security #	(Month/Day/Year)		Sex	Disabled		Relationship to Applicant
			Date of Birth			<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	
_____	_____	_____	____/____/____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	____/____/____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	____/____/____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	____/____/____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	____/____/____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	____/____/____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	____/____/____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	____/____/____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____
_____	_____	_____	____/____/____	_____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

PART 3: Family Income and Assets

LIST TOTAL GROSS income (before taxes) and ANY INCOME received by any Family Member 18 or older. Include Wages, military pay, pensions, social security, SSI, SSDI, TCA, TANF, or any other DSS payments, child support, unemployment, business, professional, gambling, or ANY other source. INCLUDE payments received by family members age 18 or older on behalf of other family members under age 18.

First Name	Gross Income	How often Paid				list name of employer
		<input type="checkbox"/> Weekly	<input type="checkbox"/> every 2 weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> yearly	
_____	\$. _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> every 2 weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> yearly	_____
_____	\$. _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> every 2 weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> yearly	_____
_____	\$. _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> every 2 weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> yearly	_____
_____	\$. _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> every 2 weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> yearly	_____
_____	\$. _____	<input type="checkbox"/> Weekly	<input type="checkbox"/> every 2 weeks	<input type="checkbox"/> Monthly	<input type="checkbox"/> yearly	_____

List total cash value and total income received for Assets owned by all family members.

Type of Asset	Cash Value of Asset	Income earned from Asset
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____
Stocks, Bonds, CDs, Investment	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

PART 4: United States Citizenship Notification and Certification

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time. Assistance may be prorated, denied or terminated following appeals and informal hearing process.

Please note: Waitlist position(s) may change due to each programs preference guidelines.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

X _____
(Applicants Signature)

Date: _____

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.