



Housing Authority of the City of Annapolis

1217 Madison Street
Annapolis, MD 21403
(410) 267-8000

TTY/TDD For The Hearing Impaired Dial 711

Public Housing Pre-Application

NAME _____ DATE _____
ADDRESS _____ COUNTY _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ WORK PHONE _____
SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

List the head of the household and all other members who will be living in the dwelling. (PLEASE PRINT)

Table with 6 columns: NAME, RELATIONSHIP, BIRTH DATE, SEX, AGE, SOC. SEC. #

Please complete the following:

- 1. Are you currently living in government subsidized housing?
2. Have you ever lived in public housing before?
3. Are you being EVICTED or have you ever been evicted?
4. Are you disabled or handicapped?
5. Do you owe money to your current landlord?
6. Do you owe money to our agency?

Eligibility Preferences:

- 1. Are you being involuntarily displaced by government action?
2. Are you a victim of domestic violence?
3. Do you work at least 32 hours a week?
4. Have you lived in the City of Annapolis for 12 months?
5. Have you ever served in the Armed Forces?

INCOME: List all income for all household members.

Table with 5 columns: NAME, SOURCE OF INCOME, 30+ HRS./WEEK?, AMOUNT, (Wk. Mo. Yr.)

The following information is requested for statistical purposes so that "HUD" may determine the degree to which its programs are utilized by minority families.

- White Black American Indian Hispanic
Other (Japanese, Korean, Chinese, Filipino, etc.)

* CAUTION: Read the following carefully.

I do hereby acknowledge and affirm, under the penalties of perjury, that I received no support or monies whatsoever except as indicated above. I further affirm that all the above information is true and correct on this date.

DATE SIGNATURE OF APPLICANT

All updated information must be submitted to the Housing Authority of the City of Annapolis IN WRITING!!!

"Application will not be accepted if not completely filled out, signed and dated."

