haca

Housing Authority of the City of Annapolis

1217 Madison Street
Annapolis, MD 21403
(410) 267-8000
TTY/TDD Dial 711

OBERY COURT
PROJECT BASED VOUCHER ONLY

HOUSING CHOICE VOUCHER 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)

NAME	RELATIONSHIP	BIRTH DATE	SEX	AGE	SOC. SEC. #

Please complete the following:

1. Are you currently living in government subsidized housing? ❑ No ❑ Yes
2. Have you ever lived in public housing before? ❑ No ❑ Yes (if yes) when? _____
3. Are you being EVICTED or have you ever been evicted? ❑ No ❑ Yes
4. Are you disabled or handicapped? ❑ No ❑ Yes
5. Do you owe money to your current landlord? ❑ No ❑ Yes
6. Do you owe money to our agency? ❑ No ❑ Yes

Eligibility Preferences:

1. Are you being involuntarily displaced by government action? ❑ No ❑ Yes
2. Are you a victim of domestic violence? ❑ No ❑ Yes
3. Do you work at least 32 hours a week? ❑ No ❑ Yes
   Have you worked within the last 12 months consecutively? ❑ No ❑ Yes
4. Have you lived in the City of Annapolis for 12 months? ❑ No ❑ Yes
5. Have you ever served in the Armed Forces? ❑ No ❑ Yes

INCOME: List all income for all household members.

NAME	SOURCE OF INCOME	30+ HRS./WEEK?	AMOUNT	(Wk. Mo. Yr.)
		❑ No ❑ Yes		per
		❑ No ❑ Yes		per
		❑ No ❑ Yes		per
		❑ No ❑ Yes		per

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 <u>IN WRITING</u>!!!

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