



HOUSING AUTHORITY OF ST. MARY'S COUNTY, MARYLAND

21155 LEXWOOD DRIVE, SUITE C. - LEXINGTON PARK, MARYLAND 20653

301-866-6590 ext. 1400

Fax 301-737-7929

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

PRE-APPLICATION LOAN FORM

Date Received: _____

Return To:
HASMC
21155 Lexwood Dr., Suite C.
Lexington Park, MD. 20653
Phone: 301-866-6590

Type of Loan:

_____ Owner Occupied

SELP _____

STAR _____

_____ Rental

HORLF _____

MHRP _____

OTHER _____

Property Address: _____ Year Built _____

Applicant: _____ Birth Date ____/____/____ SSN# ____-____-____

Applicant's Current Address: _____

Years at current address: _____ Telephone Number: () ____-____

Co-Applicant _____ Birth Date ____/____/____ SSN# ____-____-____

Address _____

Years at current address: _____ Telephone Number: () ____-____

Total Number of Persons in Household _____ Total Elderly/Disabled _____

Total Gross Income of Household: Annual \$ _____ Monthly: _____

Need For Loan: _____

Amount of Loan Requested \$ _____ Estimates Attached ____ Yes ____ No

Estimated Property Value \$ _____ Any Mortgage/Lien ____ Yes ____ No

Annual Property Taxes \$ _____ Annual Homeowner's Insurance \$ _____

Is the Property in a 100-Year Flood Plan? ____ Yes ____ No

List three (3) Credit References: _____

This Pre-Application is an information sheet for the Housing Authority of St. Mary's County Office and does not constitute a commitment to fund the request.

Applicant's Signature

Date

Co-Applicant's Signature

Date

