



# 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)

## RENTAL ALLOWANCE PROGRAM (RAP) – PRELIMINARY APPLICATION

This Section <b>OFFICE USE ONLY</b>		LAA: _____
Date Received: _____	Time: _____	Application #: _____
Household Size: _____	Eligible: _____	Ineligible: _____

**TO ASSIST US IN DETERMINING YOUR PROGRAM ELIGIBILITY, PLEASE CHECK # 1 OR # 2:**

1.  I am/we are homeless. (Homeless means the condition of being without permanent housing, and using as a night-time dwelling a temporary shelter or any other public or private space not designed for shelter, such as a park, an abandoned building, bus terminal, or an automobile. Cause of homelessness:  
\_\_\_\_\_
2.  I/we are experiencing a critical or emergency housing need because: (circle a, b, c, or d)
  - (a) Have either a potential or actual eviction because of inability to pay rent due to loss of job, unusual medical bills, etc.
  - (b) Have either a potential or actual eviction due to reasons beyond my control, ex. Condemnation.
  - (c) Home destroyed by natural disaster (fire or flood).
  - (d) Other, (please explain):

--

**IF NONE OF THE ABOVE SITUATIONS APPLY, YOU ARE NOT ELIGIBLE FOR THIS PROGRAM. OTHERWISE, CONTINUE WITH ITEM NUMBER THREE (3) BELOW:**

3. Complete this chart for each member of your household, starting with yourself.

Last Name	First Name	Age	Sex	Relationship To you	Source of Income	Monthly Gross Amt.

This information is required to determine eligibility under the Federal Section 8 Existing Program.

4. Street Address: \_\_\_\_\_ Mailing Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number where you can be contacted: \_\_\_\_\_

I hereby certify that all of the above information is complete and true to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ SS#: \_\_\_\_\_

In accordance with Executive Order 01.01.1983.18, the Department of Economic and Community Development (the "Department") advises you as follows regarding the collection of personal information:

Certain personal information requested by the Department is necessary in determining recipient eligibility for Rental Allowance Payment. Failure to disclose this information may result in the denial of these benefits or services. Availability of this information for public inspection is governed by the provisions of the Maryland Public Information Act, State Government Article, Sections 10-611 et seq. Of the Annotated Code of Maryland. This information will be disclosed to appropriate staff of the Department or to public officials, for purposes directly connected with administration of the program for which its use is intended. Such information is routinely shared with State, federal or local government agencies. You have the right to inspect, amend or correct personal records in accordance with the Maryland Public Information Act.

