



# 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)

## PRELIMINARY HOUSING ASSISTANCE FEDERAL HOUSING ASSISTANCE

### Requests for Reasonable Accommodations

Persons with disabilities may request a reasonable accommodation in order to utilize the housing program and any related services. The Housing Authority will make all reasonable efforts to be flexible in assisting persons with disabilities to participate in the program successfully. Requests for accommodation will be verified to ensure that the accommodation is reasonable.

Please check below your choice(s) for Housing Assistance:

Section 8 Rental Assistance

Homeownership

Public Housing

### PLEASE PRINT

APPLICANT'S NAME

SOCIAL SECURITY NUMBER \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

Unit Address (Where you live.)

Mailing Address (If different from Unit.)

City State Zip Code City State Zip Code

HOUSEHOLD MEMBERS (Including Yourself)	DATE OF BIRTH	RELATIONSHIP	AGE	SEX	SOCIAL SECURITY NO.	MONTHLY GROSS INCOME
1.		HEAD				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

ARE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EMPLOYED?  YES  NO

NAME (S) OF HOUSEHOLD MEMBERS WHO ARE EMPLOYED:

NAME OF CURRENT LANDLORD

### SPECIAL NEEDS

Do you or any members of your household have a handicap or disability, for example, a physical or mental impairment, mobility impairment, sight impairment, or a hearing impairment?  YES  NO

What special needs do you have?

Name household member(s) with special needs:

**RACE/NATIONAL ORIGIN:**

American \_\_\_\_\_ Alaskan \_\_\_\_\_ Afro \_\_\_\_\_ Pacific \_\_\_\_\_  
Indian \_\_\_\_\_ Native \_\_\_\_\_ American \_\_\_\_\_ Indian \_\_\_\_\_ Hispanic \_\_\_\_\_ White \_\_\_\_\_

**LOCAL RESIDENCY PREFERENCE**

Are you currently a legal resident of St. Mary’s County? \_\_\_\_\_ Yes \_\_\_\_\_ No

If not a resident of St. Mary’s County, are you now employed in the county? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is the name of your employer? \_\_\_\_\_

**ASSETS**

Do you have any assets? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain \_\_\_\_\_  
\_\_\_\_\_

**ASSISTED HOUSING**

Have you or any member of your household lived in Public Housing or received Section 8 Rental Assistance?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, explain \_\_\_\_\_

**CHILD CARE**

Do you have child care expenses? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ CAREFULLY:**

**If funds are not available for assistance, your preliminary application will be kept on file and considered for assistance when funds become available and according to program selection criteria.**

**APPLICANT IS RESPONSIBLE FOR REPORTING ADDRESS AND FAMILY COMPOSITION CHANGES IN ORDER TO MAINTAIN THEIR PLACE ON THE WAITING LIST. MOREOVER, APPLICANT IS RESPONSIBLE FOR THE RECEIPT OF THEIR MAIL REGARDLESS OF THE APPLICANTS CIRCUMSTANCES.**

**Should you need information on Fair Housing, you may call the Fair Housing Questions at 1-410-962-2157, St. Mary’s County Human Relations Commissions at 301-475-3499, or ask someone on the Housing Authority staff.**

**CERTIFICATIONS**

I understand that this is not a contract and does not bind either party. I certify that the preceding information is accurate and complete to the best of my knowledge and belief. I also certify that I, nor any of my family members listed on the application, have been convicted of or engaged in any drug-related criminal activity (ies), and/or any criminal activity (ies), or have prior drug use and/or alcohol abuse that might interfere with/or threaten the health, safety, or right to a peaceful enjoyment of the premises by other residents. If you want to explain, do so below. In addition, I understand that false statements of information herein, are grounds for denial of housing assistance. Lastly, I have no objections to inquiries being made by the Housing Authority of St. Mary’s County for the purpose of verifying this information made herein

\*Explanation of drug related criminal activity (ies), drug use and/or alcohol abuse activity (ies):

I hereby authorize the Housing Authority of St. Mary’s County to obtain and release all information of my former tenancy and or employment. I further authorize the Housing Authority to conduct a background investigation to include information on my credit, criminal, motor vehicle, and other areas deemed necessary. I understand that the Housing Authority may only release this information upon request by a prospective landlord. I hereby agree to indemnify and hold harmless the Housing Authority of St. Mary’s County, its Director, officers, employees, and agents from any loss, claim, expense, or liability arising from the release of this information.

SIGNATURE OF APPLICANT

DATE