



# 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 _____	COUNTRY _____
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:

- Are you currently living in government subsidized housing?  No  Yes
- Have you ever lived in public housing before?  No  Yes (if yes) when? \_\_\_\_\_
- Are you being EVICTED or have you ever been evicted?  No  Yes
- Are you disabled or handicapped?  No  Yes
- Do you owe money to your current landlord?  No  Yes
- Do you owe money to our agency?  No  Yes

### Eligibility Preferences:

- Are you being involuntarily displaced by government action?  No  Yes
- Are you a victim of domestic violence?  No  Yes
- Do you work at least 32 hours a week?  
Have you worked within the last 12 months consecutively?  No  Yes
- Have you lived in the City of Annapolis for 12 months?  No  Yes
- 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.)
		<input type="checkbox"/> No <input type="checkbox"/> Yes		per _____
		<input type="checkbox"/> No <input type="checkbox"/> Yes		per _____
		<input type="checkbox"/> No <input type="checkbox"/> Yes		per _____
		<input type="checkbox"/> No <input type="checkbox"/> 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 IN WRITING!!!  
"Application will not be accepted if not completely filled out, signed and dated."

