



Charles County Government
DEPARTMENT OF COMMUNITY SERVICES

Housing Authority
 Rita Wood, Chief

CHARLES COUNTY COMMISSIONERS

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**PRELIMINARY APPLICATION
 HOUSING CHOICE VOUCHER PROGRAM**

P R I N T

Household Composition and Characteristics:

Complete this chart for each member of your household who will be living with you under subsidy. **Enter the name of the person who will be head of household under subsidy first.** Give the relationship of each family member to the head of household. Be sure to include yourself. If a baby is expected within nine months, enter "unborn" as the last household member.

HOUSEHOLD MEMBER'S FULL NAME:		MIDDLE INITIAL	RELATIONSHIP	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER
LAST NAME	FIRST NAME					

**USE SEPARATE SHEET FOR ADDITIONAL HOUSEHOLD MEMBERS

Current Housing Status:

Current Mailing Address:

Physical Address (no PO Box):

Contact Information: Home # _____ Work # _____ Cell # _____

Friend/Relative # _____ E-mail: _____

Reasonable Accommodation

Is anyone in your household handicapped or disabled? _____ No _____ Yes

Name of the Disabled Household Member: _____

What special type of accommodation is requested? _____

Your Charles County Connection...

Aging Services • Senior Centers • Nanjemoy Community Center • Local Management Board
 Housing Authority • Community Development • Recreation • Public Transportation through VanGO



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 Maryland Relay Service: 711 • Relay Service TDD: 1-800-735-2258
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 Where Eagles Fly™

Household Income Status:

Complete this chart for each member of your household who has a source of income. Income includes wages, salaries, commissions, tips, bonuses. Social Security Benefits, SSI, pensions, annuities, disability and death benefits, Veterans Benefits, Unemployment Benefits, Worker's Compensation, Social Service Grants, alimony, child support, independent support payments, Earned Income Tax Credits, interest income and dividends. Provide the gross amount and rate of each source of income. If you need special accommodations to review this information please call Jill Swanson at 301-934-0112.

NAME	SOURCE/TYPE OF INCOME (employment, pension, SSI, TCA)	AMOUNT OF INCOME	RATE (hourly, monthly)

Have you ever participated in a Federal Housing Assistance Program? No Yes If yes, complete below:

PLACE (address) OF PARTICIPATION	TYPE of PROGRAM (S8- Sect 236-Other)	DATE (Mo/Year)	REASON ASSISTANCE ENDED

For Statistical Purposes Only:

Race of Head of Household:

- White Black American Indian or Alaskan Native Asian or Pacific Islander

Ethnicity of Head of Household:

- Hispanic Non-Hispanic

Local Preference for Federal Housing Assistance

Place an "X" in each box that applies to you: () I am a Charles County resident () I am employed in Charles County

YOU WILL BE REQUIRED TO VERIFY YOUR HOUSEHOLD COMPOSITION AND HOUSEHOLD INCOME AT THE TIME YOUR NAME REACHES THE TOP OF THE WAITING LIST. IF YOU ARE UNABLE TO DO SO, YOU MAY BE DETERMINED NOT ELIGIBLE, AND YOUR NAME WILL BE REMOVED FROM THE WAITING LIST. THOSE UNABLE TO VERIFY LOCAL PREFERENCE WILL BE SKIPPED UNTIL ALL OTHERS ON WAITING LIST WITH A LOCAL PREFERENCE HAVE BEEN PROCESSED.

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. IN ORDER TO KEEP YOUR APPLICATION CURRENT, PLEASE NOTIFY THIS OFFICE, **IN WRITING**, TO REPORT ANY CHANGES IN MAILING ADDRESS OR HOUSEHOLD COMPOSITION.

THIS APPLICATION IS AN INFORMATION SHEET AND DOES NOT CONSTITUTE ANY COMMITMENT BY CHARLES COUNTY COMMUNITY SERVICES FOR RENTAL ASSISTANCE OR FORMAL CORRESPONDENCE.

APPLICANT CERTIFICATION:

I/We certify that the information provided to the Charles County Department of Community Services Housing Division on the preliminary application for participation in the Housing Choice Voucher Program is true and complete to the best of my/our knowledge.

SIGNATURE OF HEAD OF HOUSEHOLD / DATE

SIGNATURE OF CO-HEAD / DATE

F:\HCD program files\Rental Subsidy\Section 8\Forms\preliminary application revised.wpd

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