



**HOUSING COMMISSION OF ANNE ARUNDEL COUNTY**

7483 BALTIMORE-ANNAPOLIS BLVD.

GLEN BURNIE, MD 21061

(410)222-6200 ♦ FAX (410)222-6809 ♦ TDD-MDRELAY711

REQUEST FOR APPLICATION UPDATE

(Please Complete the Entire Form)

Print all information to ensure accuracy of your information being entered in our system!

I would like to update or add:

- Public Housing (Elderly/Disabled Only)
- Freetown (Family Community)
- Heritage Overlook (Family, Disabled, elderly)
- Meade Village (Family Community)
- Pumphery House (62 and Older Only)
- Heritage Crest (62 and Older Only)
- Wiley Bates (62 and Older Only)
- Oakleaf Villas (2 bedrooms only, income minimum \$26,000/year)

HEAD OF HOUSEHOLD INFORMATION:

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Preferred Method of Contact:  U.S. Postal Service  E-mail

OPTIONAL CONTACT: *(By completing this section, you are authorizing duplicate correspondence to be forwarded to the name and address listed below.)*

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/ State/ Zip code: \_\_\_\_\_

INCOME: *(Please check the source(s) of income that applies to your household income monthly.)*

- Employment ( Gross Monthly Amount \$ \_\_\_\_\_ )
- Unemployment ( \$ \_\_\_\_\_ )
- AFDC/TCA ( \$ \_\_\_\_\_ )
- Child Support ( \$ \_\_\_\_\_ )
- Social Security ( \$ \_\_\_\_\_ )
- Social Security "Disability"( \$ \_\_\_\_\_ )
- Other Income ( \$ \_\_\_\_\_ )

PREFERENCES: *(Please check the item below that best describes your current living conditions.)*

- Spousal Abuse
- Homeless
- Work in AA County
- Rent Burdened (Amount of Monthly Rent and Utilities ( \$ \_\_\_\_\_ )
- No indoor plumbing or cooking
- Home condemned by Local Govt.
- Home damaged by fire/flood
- Action by Housing Owner

(OVER)

FAMILY: PLEASE PRINT INFORMATION BELOW) \*\*\*\* ADDITIONAL SPACE ON BACK OF FORM\*\*\*\*\*

ADDITIONAL FAMILY MEMBERS	BIRTHDAY			RELATIONSHIP	SOCIAL SECURITY #	SEX	RACE	Remove Yes or No
	MTH	DAY	YR					

**If you do not put a social security # for a family member, our agency will not enter/add them into our system.**

I/We certify that the information provided is true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are (1) punishable under federal law, (2) grounds to deny eligibility for assisted housing, or (3) cause for termination of tenancy.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Signature of Co-tenant (Spouse/or Individual(s) 18 years or Older)