



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:

- Pinewood (Disabled/Elderly Only)
- Glen Square (Disabled/Elderly Only)
- Stoney Hill (Disabled/Elderly Only)
- Freetown (Family Community)
- Meade (Family Community)
- Housing Choice Voucher
- Heritage Crest (62 and Older Only)
- Pumphery House (62 and Older Only)
- Wiley Bates (62 and Older Only)
- Heritage Overlook
- Oakleaf Villas (2 bedrooms only, income minimum \$30,000/year)

HOUSEOLD 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: _____

SOURCE OF INCOME *(Re: All members of household over 18; Employment, Child Support, SSI, TCA, etc.)*

FAMILY MEMBER NAME	TYPE OF INCOME (work, SSI, etc.)	MONTHLY AMOUNT
1)		
2)		
3)		

(OVER)

FAMILY: PLEASE PRINT INFORMATION BELOW) **** USE ADDITIONAL SPACE ON THE BOTTOM OF THIS 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)

(REV 07/15/2019)