



# Housing Authority of the City of Annapolis

## Applicant Update

PLEASE COMPLETE THE ENTIRE FORM

Please check the changes to be made: New Phone # ☐ Family Addition ☐ Family Deletion ☐ New Address ☐

Check Program to apply changes to: Public Housing \_\_\_\_\_ Section-8 Cert. / Voucher \_\_\_\_\_

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

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

County: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Work Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

List the Head of household and all members who will be living in the dwelling. \*If there are no changes initial here \_\_\_\_\_

	<u>Name</u>	<u>Add or Delete?</u>	<u>Relationship</u>	<u>Birthdate</u>	<u>Sex</u>	<u>Age</u>	<u>Social Security #</u>
1.	_____	<input type="checkbox"/> A <input type="checkbox"/> D	_____	_____	_____	_____	_____
2.	_____	<input type="checkbox"/> A <input type="checkbox"/> D	_____	_____	_____	_____	_____
3.	_____	<input type="checkbox"/> A <input type="checkbox"/> D	_____	_____	_____	_____	_____
4.	_____	<input type="checkbox"/> A <input type="checkbox"/> D	_____	_____	_____	_____	_____
5.	_____	<input type="checkbox"/> A <input type="checkbox"/> D	_____	_____	_____	_____	_____
6.	_____	<input type="checkbox"/> A <input type="checkbox"/> D	_____	_____	_____	_____	_____
7.	_____	<input type="checkbox"/> A <input type="checkbox"/> D	_____	_____	_____	_____	_____

Do you live in the City of Annapolis? \_\_\_\_\_

Are you currently receiving Federal Assistance for housing? \_\_\_\_\_

Have you ever served in the Armed Forces? \_\_\_\_\_

Have the parents of any of your dependent children ever served in the Armed Forces? \_\_\_\_\_

Do you work at least 32 hours a week? \_\_\_\_\_

Are you disabled? \_\_\_\_\_

Do you or any disabled member need reasonable accommodations? \_\_\_\_\_

If yes, complete SPECIAL UNIT REQUIREMENT(S) QUESTIONNAIRE

Have you or anyone in your household ever been convicted of any crime other than traffic violations? \_\_\_\_\_

Yes/No \_\_\_\_\_ If yes, explain below:

Income: List all income for all household members who will live in your unit. \*If there are no changes initial here \_\_\_\_\_

	<u>Name of person earning income</u>	<u>Source of Income</u>	<u>32 hrs/wk</u>	<u>Amount per (WK, MO, YR)</u>
1.	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
2.	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
3.	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____
4.	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____

**\*CAUTION\* READ THE FOLLOWING CAREFULLY:**

I hereby acknowledge and affirm, under the penalties of perjury that I receive no support or monies whatsoever, except what is indicated above. I further affirm that all of the above is true and correct on this date.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date