



# Housing Authority of the City of Annapolis

1217 Madison Street  
Annapolis, MD 21403  
(410) 267-8000, TTY/TDD Dial 711

## Pre-Application Form

Name:	Home Phone
Address:	Work Phone:
City:	Cell Phone:
State:	ZIP Code:
Social Security Number:	
Email Address:	

## Household Members

List the head of the household and all other members who will be living in the dwelling. <b>Please print clearly</b>					
Name	Relationship	Birth Date	Sex	Age	Soc. Sec. No.

## History Information

Please complete the following:		
1. Are you currently living in government subsidized housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever lived in public housing before? If so, when?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you being evicted or have you ever been evicted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you disabled or handicapped?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Do you owe money to your current landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Do you owe money to our agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Eligibility Preferences

Select all that apply, they will be verified during the application process		
1. Have you been terminated from the Housing Choice Voucher program due to insufficient program funding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you a victim of domestic violence, dating violence, sexual assault, or stalking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you a Public Housing resident who has been displaced as a result of repairs that exceeded 30 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you or any household member disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Is the household head, spouse, cohead, or sole member working at least 20 hours per week?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Household Member Income

List all income for all household members			
Household Member Name	Source of Income	Amount	Per Week/Month/Year
			Per
			Per
			Per
			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. Select all that apply.

☐ American Indian    ☐ Asian    ☐ Black    ☐ Hispanic    ☐ White

## Waiting List Preference

Please check the box next to the Waiting List that you are applying for	
<input type="checkbox"/> Public Housing Program (Consolidated)	

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 of the above information is true and correct on this date

\_\_\_\_\_  
Date

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

**Any changes to this information in this application must be submitted to HACA in writing.**

**This application will not be accepted if it is not completely filled out, signed, and dated.**

The Housing Authority of the City of Annapolis will provide reasonable accommodations upon request.

Revision 02/2024