



PROPERTY REHABILITATION PROGRAM

For Office Use Only	
Housing Financial Advisor	Construction Specialist

This pre-application is designed to aid our office in evaluating your eligibility for assistance through the Property Rehabilitation Program. This information will be held in strict confidence and will be incorporated in your case file. Please return this form to our office at the address listed above or via facsimile at the number listed above.

APPLICANT INFORMATION

Name:	Date of Birth:
Address:	Social Security Number:
City/State/Zip Code:	Employed?
Home Phone Number:	Cell Phone:
E-mail:	Work Phone:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

CO-APPLICANT INFORMATION

Name:	Date of Birth:
Address:	Social Security Number:
City/State/Zip Code:	Employed?
Home Phone Number:	Cell Phone:
E-mail:	Work Phone:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

HOUSEHOLD COMPOSITION

If necessary, use reverse side for listing additional members.

List all other Persons who will Live in the House	Relationship	Age	Social Security Number	Employed?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Total Number of Persons in Household				

INCOME OF EACH FAMILY MEMBER

List all Persons Living in the House Receiving Income	Source: e.g. Salary, Pension, VA, Social Security, etc.	Annual Amount Before Deductions
Total Income		

- Is the Deed to your home in your name? Yes No Are there any other names on the Deed? Yes No
 Do you have a mortgage on your home? Yes No Are your property taxes current? Yes No
 Do you presently have insurance coverage on your home? Yes No

Please list those items in your home which are in need of repair. If necessary, list additional items on a separate sheet of paper and attach the paper to the application.

EMPLOYMENT TYPE Teacher Police/Fire/Public Safety Health Care Construction/Trades
 Retail Other Professional Other _____

EMPLOYER Anne Arundel County Government Anne Arundel County Public Schools
 State of Maryland Government Federal Government
 Other _____

HOUSEHOLD TYPE

Single Adult Married without Children
 Female-headed Single Parent Two or More Unrelated Adults
 Male-headed Single Parent Other (please explain) _____

Are you related to any ACDS employee(s)? Yes No **If yes, list their name(s):** _____

How did you hear about this program? _____

If you have a disability and/or language needs, please describe any special accommodations below:

By signing this application, I/we authorize ACDS to obtain credit information for the purpose of evaluating this application and to disclose this information to local agencies participating in the programs.

By signing this application, I/we also understand that ACDS may take photographs of my/our home and/or household members. I/We further acknowledge that ACDS owns all rights to the photographs and may use these photographs for advertising or promotional purposes.

Applicant

Date

Co-Applicant

Date

OPTIONAL STATISTICAL DATA – APPLICANT ONLY

The Property Rehabilitation Program is open to all residents regardless of race, color, national origin, sex, disability, age, marital status, sexual orientation, familial status and religion. However, the service provided to you is funded in part by the U.S. Department of Housing and Urban Development (HUD) and the demographic information being collected below is for HUD data collection standards, monitoring and auditing purposes, as required by HUD, and is not for public dissemination. Providing this information is voluntary.

APPLICANT I do not wish to furnish this information. _____(initial)

ETHNICITY OF APPLICANT Hispanic Not Hispanic **SEX OF APPLICANT** Male Female

RACE OF APPLICANT

Single Race

American Indian/Alaskan Native Black or African American Asian
 Native Hawaiian or Other Pacific Islander White

Multi-Race

American Indian or Alaskan Native and White Asian and White Black or African American and White
 American Indian or Alaska Native and Black or African American Other Multiple Races