Havre de Grace Housing Authority (HDGHA)
101 Stansbury Court, Havre de Grace, MD 21078
www.hdgha.org

Public Housing Prelimary Application

Please Complete and return to: 101 Stansbury Court Havre de Grace, MD 21078

To apply for public housing assistance, this form should be completed and returned to the address above. When your completed Preliminary Application is received, your name will be placed on the waiting list based on the date and time of application. Applicants are responsible for notifying the Housing Authority of Havre de Grace HDGHA inwriting, if any information changes related to household composition, contact information, reasonable accommodations and/ or admission preferences. If you need assistance completing this form or have questions about the application process, please contact HDGHA at **410-939 -2097**

Please print neatly in ink. All fields are required.

About the Applicant

Head of Household

Last Name: First Name: Middle Initial: Social Security Number:

Address (please provide the best place for **HDGHA** to reach you by mail and include Apt. # if applicable):

City: State: Zip Code:

Race of the Head of Household: ☐ White ☐ Black/African American ☐ Asian ☐ Native Hawaiian/Other ☐ Pacific Islander American Indian/Alaska Native

Ethnicity of the Head of Household: ☐ Hispanic ☐ Non-Hispanic

Preferred Language for Communication with HABC

☐ English ☐ Spanish ☐ Cantonese ☐ French ☐ Russian ☐ Korean ☐ Other

Phone Number: Phone Type: ☐ Home ☐ Cell ☐ Other

Email:

Alternate/Emergency Contact Name:

Gross Annual Household Income:
(INCLUDE THE GROSS ANNUAL INCOME FOR ALL HOUSEHOLD MEMBERS):

$ _____

Alternate Contact Name Address: Alternate/Emergency Contact Telephone Number:

Housing Options

☐ Public Housing (One to five bedroom units)

Household information Add/Change information for any person who will be part of your household							
First Name	Middle Initial	Last Name	SSDN	Relationship to Head of Household	Date of Birth mm/dd/yy	Male/ Female	Disable Yes/No

*Relationship to Head of Household: Co-head of Household = C, Spouse of Head of Household = S, Other Adult = A, Minor under 18 = M, Live-in Aide = L, Foster Child/Adult = F

Admission Preferences

HDGHA has adopted a system of admission preferences for selection of families to HDGHA's housing programs. Admission preferences affect your position on the waiting list. Please note that when your name reaches the top of any waiting list, you will be required to provide verification of the information provided below. Please answer EVERY question.

Does anyone in your household live, work, retired from employment or a full-time student attending school?	☐ Yes ☐ No
Does anyone in your household live, work, retired from employment or a full-time student attending school (**in Harford County**)?	☐ Yes ☐ No
Are you, your co-head of household or your spouse currently homeless?	☐ Yes ☐ No
Are you, your co-head of household or your spouse cooperating in a criminal investigation/prosecution where a household member has been threatened?	☐ Yes ☐ No
If you, your co-head of household or your spouse a victim of domestic violence?	☐ Yes ☐ No
Do you, your co-head of household or spouse employed and homeless, involuntarily displaced, living in substandard housing, living in extremely overcrowded housing?	☐ Yes ☐ No
Do you, your co-head of household or your spouse have a job offer to begin work in within the next 60 days?	☐ Yes ☐ No
Does anyone in your household have a disability?	☐ Yes ☐ No

Notice of Non Discrimination

HDGHA is an equal opportunity housing provider and does not discriminate on the basis of race, color, national origin,religion, gender, age, disability, family status or any other basis prohibited by law in the administration of programs.

Reasonable Accomodations & Unit Modifications

If you or a household member need a reasonable accommodation or modification to a unit because of a disability, please complete this section. HDGHA will verify the need for requested accommodations and modifications.

Does any individual in your household have a disability?	☐ Yes ☐ No
Do you need assistance with the application process?	☐ Yes ☐ No
Do you need help with understanding or using the Public Housing Program because of your disability?	☐ Yes ☐ No
Do you or any member of your household need an accessible unit because of a mobility related disability, or do you need a special feature due to a disability (for example: difficulty walking)?	☐ Yes ☐ No

If you answered “yes” to the above question please check what type of accommodations you need

A unit for persons with vision disability (e.g. blind, limited vision)	☐ Yes ☐ No
A unit for persons who are deaf or hard of hearing	☐ Yes ☐ No
An extra bedroom for a live-in aide or attendant	☐ Yes ☐ No
A unit all on one level, with no steps, including at the entrance/exit	☐ Yes ☐ No
A ramp to gain entry/exit the unit	☐ Yes ☐ No
A bedroom and bathroom on the first floor	☐ Yes ☐ No
One or more modifications to the bathroom, i.e. grab bars	☐ Yes ☐ No
A unit accessible to a person using a wheelchair	☐ Yes ☐ No
Other modifications or reasonable accommodations, please describe:	☐ Yes ☐ No

Preliminary Application Certification

I understand that this form is not an offer of housing. Based on this form, I understand that I should not make any plans to move or end my present tenancy. I understand that it is my responsibility to inform HDGHA of any change of address, reasonable accommodation, site selection, admission preference, and/or family composition.

I understand that false statements or information are punishable under Federal Law and grounds for HDGHA denying housing assistance. By signing below I certify that the information given to HDGHA in this update/pre-application form is accurate and complete to the best of my knowledge and belief. The parties have agreed to conduct this pre-application electronically. I understand that my electronic signature will have the same legal effect as my written signature.

Signature of Applicant (Head of Household)

Signature: _____ Date: _____

Signature of Co-Applicant (Co-Head of Household or Spouse)

Please enter your initials here: _____

Note that by initialing here, you are certifying that this form was completed by you personally or under your direction.

Signature: _____ Date: _____

French Ceci est un document important. Si vous souhaitez obtenir de l'aide pour traduire ce document, merci de bien vouloir appeler le numéro suivant. Une aide vous sera fournie gratuitement.
Korean 중요한공 지사항입니다. 번역이 필요하시다면 아래 번호로연 락바 랍니다. 무료로 도와 드리겠습니다.
Russian Это важное уведомление. Если вам нужна помощь, чтобы перевести это уведомление, позвоните по указанному ниже номеру телефона. Вам предоставят эту услугу бесплатно.
Chinese 这是一个重要通知。如果您需要帮助翻译该通知 请致电下面的电话号码。我们将免费为您提供支持。
Spanish Este es un aviso importante. Si necesita ayuda para traducir este aviso, llame al número de abajo. Se le proporcionará ayuda sin costo.