**Allegany County Human Resources**

**Development Commission, Inc.**

125 Virginia Avenue

Cumberland, Maryland 21502 Program Phone: 301-783-1880

[www.alleganyhrdc.org](http://www.alleganyhrdc.org) Fax: 301-722-0937

HRDC Main Phone: 301-777-5970 TDD 1‑800‑735‑2258

**HOUSING CHOICE VOUCHER (SECTION 8) RENTAL ASSISTANCE PRELIMINARY APPLICATION**

Please provide answers to all questions below and return application to address listed above

*I understand that I must provide all address changes to the Housing Choice Voucher (Section 8) office to ensure receipt of any notifications said office may mail to me while on the waitlist(s)’*.

**WHICH PROGRAM ARE YOU APPLYING FOR**: **City** of Cumberland Allegany **County City** & **County**

**Head of Household Name**:

 Last First Middle

**Primary residence** (NO PO BOX): Street

City State Zip

**Telephone Number**:

**CIRCLE YOUR RACE AND ETHNICITY** : Hispanic / Latino Non-Hispanic / Non-Latin

White Black/African American Amer. Indian/Alaskan Native Asian Hawaiian/Pacific Islander Mult-Racial

**ARE YOU A VETERAN?**  YES NO

**CURRENT HOUSING**: OWN RENT EMERGENCY SHELTER

 YES NO

|  |  |  |
| --- | --- | --- |
| **ARE YOU NOW LIVING IN A FEDERALLY SUBSIDIZED HOUSING UNIT**? |  |  |
| **HAVE YOU EVER LIVED IN PUBLIC HOUSING**? |  |  |
|  If yes, WHERE? |  |  |
| **HAVE YOU EVER PARTICIPATED IN SECTION 8 HOUSING VOUCHER PROGRAM**? |  |  |
|  If yes, WHERE? |  |  |
| **HAVE YOU EVER BEEN EVICTED, OWE MONEY TO PUBLIC HOUSING, INDIAN HOUSING, SECTION 8 OR 23**? |  |  |
|  If yes, WHERE? WHY? |  |  |
| **HAS ANY HOUSEHOLD MEMBER BEEN ARRESTED OR CHARGED WITH A CRIME OTHER THAN A TRAFFIC VIOLATION**? |  |  |

**COMPLETE THE FOLLOWING FOR ALL HOUSEHOLD MEMBERS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Member’s Full Name | Relation to HoH | Birthdate | Age | Sex | Has a disability? | Social Security # | Source of Income | Annual Income |
|   | Head  |   |   |   |  |   |   |  |
|   | Co-head |   |   |   |  |   |   |  |
|   |   |   |   |   |  |   |   |  |
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***ATTENTION: ALL APPLICANTS AND FAMILY MEMBERS WILL BE SUBJECT TO A CRIMINAL BACKGROUND CHECK.***

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I UNDERSTAND THAT SUBMISSION OF FALSE INFORMATION OR MISREPRESENTATION MAY RESULT IN LOSS OF ELIGIBILITY TO PARTICIPATE IN ANY FEDERAL/STATE SUBSIDIZED RENTAL HOUSING PROGRAM.

SIGNATURE OF HEAD OF HOUSEHOLD: DATE:

***Important:* Please read and sign other side of this form before submitting this application**

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CONSENT

I authorize and direct any Federal, State or local agency, organization, business or individual to release to HRDC Housing Voucher Rental Assistance Program any information or materials needed to complete and verify my application for participation and/or to maintain my continued assistance under the Section 8, Rental Rehabilitation, Low-Income Public and Indian Housing and/or other housing assistance programs. In understand and agree that this authorization or the information obtained with its use may be given to and used by the Department of Housing and Urban Development (HUD) in administering and enforcing program rules and policies.

INFORMATION CHANGES

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be needed. Verifications and inquiries that may be requested, include but are not limited to, Identity and Marital Status; Employment, Income and Assets; Residences and Rental Activity; Medical or Child Care Allowances; or Credit and Criminal Activity.

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility for and continued participation in a housing assistance program.

GROUPS OR INDIVIDUALS THAT MAY BE ASKED

The groups or individuals that may be asked to release the above information (depending on program requirements) include but not limited to:

Previous Landlords (including PHAs) Past and Present Employers Veteran’s Administration

Courts and Post Offices Social Services Agencies Retirement Systems

Schools and Colleges State Unemployment Agencies Banks and other Financial Institutions

Law Enforcement Agencies Medical and Child Care Providers Utility Companies

Support and Alimony Providers

COMPUTER MATCHING NOTICE AND CONSENT

I understand and agree that HUD or the Public Housing Authority (PHA) administering the above listed program may conduct computer matching programs to verify the information supplied for my application or recertification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to disprove incorrect information. HUD or the PHA may in the course of its duties exchange such automated information with other Federal, State or local agencies, including but not limited to: State Employment Security Agencies; Department of Defense; Office of Personnel Management; the US Postal Service; Social Security Agency; and State Social Service Agencies.

CONDITIONS

I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the PHA and will stay in effect for one year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

SIGNATURES PRINTED NAMES DATE SIGNED

Head of Household

Spouse/Partner

Other Adult in HH

***Important:* Please read and complete other side of this letter before submitting this application**

REV 3.25.22 

