

Howard County

HOUSING

Howard County Rental Housing Opportunities



Application & Application Instructions for:

Housing Choice Voucher Program

Public Housing Program

County Rental Housing – Family & Senior

Ken Ulman
County Executive



Stacy L. Spann
Director

Thomas P. Carbo
Deputy Director

APPLICATION INSTRUCTIONS

Thank you for considering affordable housing options with Howard County Housing (HCH). The purpose of this form is to explain the process by which a family can apply for rental housing assistance in Howard County. A person with a disability who needs help completing this application may request a reasonable accommodation.

The attached application must be filled out completely. The information on the application is used to determine the family's housing needs and to add the applicant(s) to one or more housing waiting lists (also known as a "housing needs match"). Please keep this document for future reference.

The affordable housing programs offered by Howard County Housing are as follows:

Housing Choice Voucher Program

The Housing Choice Voucher (formerly known as Section 8) Program is a rental assistance program funded and regulated by the U.S. Department of Housing and Urban Development. The program was created to assist lower income families in obtaining affordable, decent, and safe housing. Howard County Housing partners with private landlords to provide participating families the opportunity to rent private market units. The participating families are required to pay 30% of their adjusted gross income toward rent and utilities.

Public Housing Program

The Public Housing Program is a program funded and regulated by the U.S. Department of Housing and Urban Development. The program was created to assist lower income families live in affordable, decent, and safe housing. Howard County Housing owns and manages the units rented to approved families. Participating families are required to pay 30% of their adjusted gross income toward rent and utilities.

County Rental Housing

The County Rental Housing Program is a program funded and regulated by Howard County Housing. This program was created to assist lower income county residents live in affordable, decent, and safe housing. The family's monthly rent payment is based on unit size.



APPLICATION SUBMISSIONS

After receiving a completed application, HCH will add the applicant to the waiting list, and HCH will mail the applicant a receipt card. This card lists the application date and application number, and serves as the applicant's proof of application for housing assistance in Howard County. The card should be kept as part of the applicant's records and should be used when inquiring about the status of an application. Please take your time filling out this application. Incomplete applications will not be accepted. Incomplete applications will be returned to the applicant by standard postal delivery (if possible). The section(s) of the application that is missing information will be highlighted. This applicant will not be added to the waiting list until the application is returned with the highlighted sections completed.

WAITING LIST

An application is maintained until it reaches the top of the waiting list. At such time, an eligibility determination will begin and an interview will be scheduled to complete the eligibility determination. The amount of time that an applicant remains on the waiting list varies and is dependent on the following factors (listed on page 6 in Application Eligibility section):

- The applicant's ranking on the waiting list - the position of an application on the waiting list is based on the local preference (listed on page 7 in Preferences section) for which the family qualifies and the application date and time.
- Resource availability – HCH must have funding available to issue a Housing Choice Voucher or have a Public or County Rental Housing unit available to offer.

While on the waiting list, HCH may send letters from time to time requesting information to update existing application files or asking if applicants are still interested in housing assistance. All applicants must answer these letters. Applicants that do not respond will be removed from the waiting list.

Questions can be directed to 410-313-6320.

CHANGES

HCH uses the information stated on the application to determine the housing needs match, preference qualification, and to contact the family about other waiting list and eligibility determination matters. Applicants are required to notify HCH of all changes that impact waiting list and eligibility status. All changes must be submitted in writing to the following address:

Howard County Housing
6751 Columbia Gateway Drive, 3rd Floor
Columbia, MD 21046
Attention: Application Change

Ken Ulman
County Executive



Stacy L. Spann
Director

Thomas P. Carbo
Deputy Director

RENTAL HOUSING APPLICATION

Please return the completed application to: Howard County Housing, 6751 Columbia Gateway Drive, 3rd Floor, Columbia, MD 21046. If you are disabled and need assistance completing this application, please call 410-313-6320 to request assistance.

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____ Date of Birth: _____ I am elderly - 62 years of age or older.

Marital Status: Single Married Widowed Separated Divorced

CONTACT INFORMATION

Home Address: _____ Home Telephone: _____

City: _____ State: _____ Zip Code: _____ Alternate Telephone: _____

DEMOGRAPHICS REPORTING REQUIREMENTS

The following information about race and ethnicity is required by the U.S. Department of Housing and Urban Development and is used for statistical purposes only. This information does not affect application status. Please mark the racial and ethnic description of the head of household.

Race: White/Caucasian Black/African American Native American Pacific Islander Asian

Ethnicity: Hispanic Origin Non-Hispanic Origin

FAMILY/HOUSEHOLD MEMBER INFORMATION

First list yourself. Second, list the spouse or co-applicant. Next, list all the children that will live with you in order of age (oldest to youngest). Then list other adults that will live with you. You may attach another sheet of paper if you need to add more people.

First and Last Name	Relationship to Applicant	Date of Birth	Sex M/F	Social Security Number
1.	<i>Self</i>			
2.				
3.				
4.				
5.				
6.				
7.				

FAMILY/HOUSEHOLD MEMBER INCOME

Place a “√” next to the income source of ALL household members and list the monthly amount.

√	Income Source	Monthly Amount	√	Income Source	Monthly Amount
	Alimony/Child Support			Annuity or other Assets	
	Business Owner/Self Employ			Employment/Wages	
	Education/Job TrainStipend			Pension/Retirement	
	Public Assistance			Social Security	
	Veterans Benefits			Voluntary Support	
	Other Income			Other Income	

APPLICATION ELIGIBILITY

To qualify for housing in Howard County an applicant must be an eligible single person or family. Please mark the description that best describes your situation:

A family is defined as two or more people sharing residency whose income and resources are available to meet the family's needs and who meet one of the following criteria listed below:

- Related by blood, marriage or adoption
- Single pregnant woman with no other children
- A consistent pattern of cohabitation - at least 12 months
- Have a dependent child over the age of 18 currently receiving disability benefits
- Have a dependent child under the age of 18
- Single head of household granted legal custody of a minor
- Have a child below the age of 21 who is a full time student
- Two or more unrelated elderly or disabled individuals that may not have a history of cohabitation.

An eligible single person is an individual who meets at least one of the criteria below:

- Elderly – age 62 of age or older
- A person with a disability, regardless of age

REASONABLE ACCOMODATIONS

This information is not required, but is collected to better serve persons with disabilities. Please mark the situation below if applicable.

At least one household member:

- Is a person with a disability
- Has a mobility impairment
- Has a vision impairment
- Is deaf or hard of hearing
- Requires an additional bedroom for a live-in aide
- Requires an accessible unit
- Requires a unit with accessible features

HOUSING ASSISTANCE HISTORY

Howard County performs a credit and background investigation before approving a family for housing assistance. Please mark the situation below if applicable.

At least one household member:

- Owes money to another housing agency
- Has received housing or rental assistance (formerly known as Section 8) or lived in public housing in the past

PREFERENCES

Howard County residents applying for housing assistance are given advanced ranking on the waiting list. Therefore, all of the following situation descriptions apply to Howard County residents only. Please mark the description that best describes your situation:

- A current Howard County resident.
- A family with a primary wage earner employed in Howard County or who has been offered employment in Howard County
- A family that may be receiving housing or rental assistance, but still meets one of the following criteria:
 - Living in substandard or overcrowded conditions
 - Paying more than 50% of the household income for rent and utilities
 - A participant in good standing for 12 months in a self-sufficiency type program

CRIMINAL HISTORY

Howard County performs a criminal investigation before approving a family for housing assistance. Please mark the situation below if applicable.

A member of the household:

- Has been arrested or convicted of a crime within the last 10 years.
- Has been required to register as a sex offender

PLEASE READ CAREFULLY

Howard County Housing is an equal opportunity housing agency and does not discriminate on the basis of race, color, national origin, religion, sex, age, disability, family status, or other basis prohibited by law in the administration of any program activities. No money will be accepted to process this application. The application is not a promise of housing. By signing I/we hereby certify that all information provided in this application is accurate and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under federal and state law and will result in the denial of housing assistance. By signing I/we understand that a criminal background check will be performed for all household members on the application that are 14 years of age and older.

Applicant/Head of Household Signature

Date

Co-Applicant/Head of Household Signature

Date

PRIORITIES [FOR OFFICE USE ONLY-REFERRAL ONLY CATEGORY

Involuntary displaced from the current unit for one of the following reasons:

- Disaster – fire, flood, or other natural incident and no replacement housing is available
- Eminent domain – any non-code enforcement action taken by any federal, state, or local governmental body in conjunction with a public improvement or development
- Official action – a legal or official order by another expert (e.g. physician) requiring that a unit be made safe or adequate and no alternate housing is available
- Change of ownership or purpose – the sale, demolition or discontinuance of a previously affordable residential property resulting in the loss of low or moderate income housing
- Participation in the Witness Assistance or Protection Program
- Homeless verified or referred by local government body