

## WAITLIST APPLICATION INSTRUCTIONS

Please fill out completely and **sign** the two page Waitlist Application and the one page Supplement to Application for Federally Assisted Housing found below and return to the Housing Authority of Calvert County by one of the following methods:

- E-mail: [mail@calverthousing.org](mailto:mail@calverthousing.org) (you will receive an e-mail confirmation)
- U.S. Postal Service: Housing Authority of Calvert County, P.O. Box 2509, Prince Frederick, MD 20678 (do not use our street address for mail)
- In person: at our main office at 480 Main Street, Prince Frederick, MD 20678 (office hours are Monday-Friday, 8:30 a.m. to 4:30 p.m. – DO NOT PLACE APPLICATIONS IN THE RENT DROP SLOT AT THE FRONT DOOR)

**Please remember that both forms need to be signed and filled out completely to be accepted.**

**HOUSING AUTHORITY OF CALVERT COUNTY**  
 480 Main St, Prince Frederick MD 20678  
 Mailing Address: PO Box 2509 Prince Frederick MD 20678  
 Phone number: 410-535-5010, 301-855-1350 Fax: 410-535-4286

**WAITING LIST APPLICATION FORM**

**Head of Household Information**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Maiden \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 (If Different)

Telephone Number \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

List each member in your household to be included in your pre-application for housing. Give all information requested.

Last Name	First Name	Relationship	Sex	SS#	Birth Date	Age	Ethnicity*	Race**

For HUD Statistical Purposes Only. Select One  
 \*(Code for Ethnicity): 1- Hispanic 2- Not Hispanic

Select all that apply for each family member  
 \*\*(Code for Race): 1-White 2- African American 3-American Indian 4-Asian 5-Hawaiian Native/Pacific Islander

Have you, or any family member, ever been convicted of a violent or drug related crime?  Yes  No

Have you, or any family member, ever been required to register as a sex offender?  Yes  No

Do you or any person who will live in the assisted unit have a disability?  Yes  No

If you or a family member has a disability please list any special accommodations your family needs below:

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**PLEASE CHECK YOUR CHOICE BELOW:**  
 You may apply for more than one

- |  |   |
|--|---|
| <input type="checkbox"/> RAD (PHA's Single Family Homes)   | <input type="checkbox"/> Housing Choice Voucher Program     |
| <input type="checkbox"/> Calvert Pines I Senior Apartments | <input type="checkbox"/> Calvert Pines II Senior Apartments |
| <input type="checkbox"/> Southern Pines Senior Apartments  |   |

**Check all sources of income below that apply to you and your household**

- Wages                       Social Security                       Welfare (TCA & SSI)                       Other

Please identify your total household income that applies to you and your family

Name	Source of Income	Amount	Hours per Week	Rate per Hour	How often do you receive this Income? Weekly, Bi-weekly, Monthly, etc

**ELIGIBILITY CERTIFICATION**

The PHA’s method for selecting applicants from a preference category leaves a clear audit trail that can be used to verify that each applicant has been selected in accordance with the method specified in the administrative plan.

**Local Preferences** will be used to select families from the waiting list. Local preferences will be aggregated using the following system: Each preference will receive an allocation of points. The more preference points an applicant has, the higher the applicants place on the waiting list. Among applicants with equal preference status, the waiting list will be organized by date and time.

**10 Points**

Do you live, work, or have you been hired to work in Calvert County?

**5 Points**

Is there at least one adult who is employed a minimum of 30 hours per week and has done so for one year - or who are active participants in an educational or training program designed to prepare the individual for the job market?

(Note) This preference is automatically extended to elderly families or families whose head of household is receiving income based on their inability to work.

**1 Point**

Are you or your spouse a veteran of the US Military or are you the surviving spouse of a veteran?

**APPLICANT CERTIFICATION**

I certify that the information provided to the Housing Authority of Calvert County on this preliminary application for participation in the aforementioned programs is true and complete to the best of my knowledge. I/We understand that false statements of information are punishable under Federal Law and grounds for the Housing Authority of Calvert County denying housing assistance.

I/We also understand that a criminal background check will be performed for members of my household, 18 years and older according to the Federal Law.

\_\_\_\_\_  
Signature of Head of House

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date



Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.