



HOMEOWNERSHIP COUNSELING PROGRAM (HOC)

This application is designed to aid our office in gathering statistical data. 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:	E-mail:	
Home Phone:	Cell Phone:	Work Phone:

CO-APPLICANT INFORMATION

Name:	Date of Birth:	
Address:	Social Security Number:	
City/State/Zip Code:	E-mail:	
Home Phone:	Cell Phone:	Work Phone:

INCOME CERTIFICATION

The Homeownership Counseling Program is open to all residents regardless of annual income. However, the service being provided to you is funded in part by the U. S. Department of Housing and Urban Development (HUD). The income information being requested is only for federal compliance with data collection standards, monitoring and auditing purposes, as required by HUD, and is not intended for public dissemination. Please provide the information requested below.

*When determining your **household income include**, at minimum, the following sources for **all wage earners**: (1) gross amount of wages, salaries, and other earnings, (2) net income from operation of a business or profession, (3) interest dividends, and other net income from real or personal property, (4) full amount of periodic amounts received from Social Security, annuities, pensions, or disability or death benefits, unemployment, disability compensation, worker's compensation and severance pay, (5) public assistance [e.g. welfare payments, food stamps], and (6) alimony, child support payments, etc.*

Total Household Annual Income	\$	Family Size
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Employment Type:

- | | | | |
|----------------------------------|--|--------------------------------------|--|
| <input type="checkbox"/> Teacher | <input type="checkbox"/> Police/Fire/Public Safety | <input type="checkbox"/> Health Care | <input type="checkbox"/> Construction/Trades |
| <input type="checkbox"/> Retail | <input type="checkbox"/> Other Professional | <input type="checkbox"/> Other _____ | |

Employer:

- | | |
|---|---|
| <input type="checkbox"/> Anne Arundel County Government | <input type="checkbox"/> Anne Arundel County Public Schools |
| <input type="checkbox"/> State of Maryland Government | <input type="checkbox"/> Federal Government |
| <input type="checkbox"/> Other _____ | |

HOUSEHOLD TYPE

- | | |
|--|---|
| <input type="checkbox"/> Single Adult | <input type="checkbox"/> Married without Children |
| <input type="checkbox"/> Female-headed Single Parent | <input type="checkbox"/> Two or More Unrelated Adults |
| <input type="checkbox"/> Male-headed Single Parent | <input type="checkbox"/> 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? _____

Where would you like to purchase a home? _____

Do you receive assistance from the Housing Authority or Housing Commission? Yes No

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

I/We want to participate in the Homeownership Counseling Program. I/We hereby certify that the above information is true and correct to the best of my knowledge.

I/We, the undersigned, agree and acknowledge that the information provided is true and correct as of the date set forth opposite my/our signature. I/We acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me/us may constitute a federal violation and may result in the denial of my/our participation in this program. I/We also understand that ACDS or the U.S. Department of Housing and Urban Development (HUD) may at any time request to see documentation that can verify that the income information reported on this form is accurate and correct.

By signing this application, I/we 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.

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.

I/We am/are not under contract to purchase a home.

Applicant

Date

Co-Applicant

Date

OPTIONAL STATISTICAL DATA – APPLICANT ONLY

The Homeownership Counseling 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 being provided to you is funded in part by 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
- Native Hawaiian or Other Pacific Islander
- Asian
- Black or African American
- White

Multi-Race

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