



### PROPERTY REHABILITATION PROGRAM

For Office Use Only	
Housing Financial Advisor	Construction Specialist

This pre-application is designed to aid our office in evaluating your eligibility for assistance through the Property Rehabilitation Program. 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:	<b>Employed?</b>
Home Phone Number:	Cell Phone:
E-mail:	Work Phone:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

#### CO-APPLICANT INFORMATION

Name:	Date of Birth:
Address:	Social Security Number:
City/State/Zip Code:	<b>Employed?</b>
Home Phone Number:	Cell Phone:
E-mail:	Work Phone:
<input type="checkbox"/> Yes <input type="checkbox"/> No	

#### HOUSEHOLD COMPOSITION

If necessary, use reverse side for listing additional members.

List all other Persons who will Live in the House	Relationship	Age	Social Security Number	Employed?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Total Number of Persons in Household</i>				

#### INCOME OF EACH FAMILY MEMBER

List all Persons Living in the House Receiving Income	Source: e.g. Salary, Pension, VA, Social Security, etc.	Annual Amount Before Deductions
<i>Total Income</i>		

- Is the Deed to your home in your name?  Yes  No      Are there any other names on the Deed?  Yes  No  
 Do you have a mortgage on your home?  Yes  No      Are your property taxes current?  Yes  No  
 Do you presently have insurance coverage on your home?  Yes  No

Please list those items in your home which are in need of repair. If necessary, list additional items on a separate sheet of paper and attach the paper to the application.

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**EMPLOYMENT TYPE**     Teacher     Police/Fire/Public Safety     Health Care     Construction/Trades  
 Retail     Other Professional     Other \_\_\_\_\_

**EMPLOYER**     Anne Arundel County Government     Anne Arundel County Public Schools  
 State of Maryland Government     Federal Government  
 Other \_\_\_\_\_

**HOUSEHOLD TYPE**

Single Adult     Married without Children  
 Female-headed Single Parent     Two or More Unrelated Adults  
 Male-headed Single Parent     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?** \_\_\_\_\_

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

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.

By signing this application, I/we also 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.

\_\_\_\_\_  
Applicant    Date

\_\_\_\_\_  
Co-Applicant    Date

**OPTIONAL STATISTICAL DATA – APPLICANT ONLY**

*The Property Rehabilitation 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 provided to you is funded in part by the U.S. Department of Housing and Urban Development (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     Black or African American     Asian  
 Native Hawaiian or Other Pacific Islander     White

**Multi-Race**

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