



# City of Annapolis

Department of Planning and Zoning, Office of Community Development  
145 Gorman Street 3rd Floor, Annapolis MD 21401



Phone: 410-263-7961 FAX 410-263-7911 www.annapolis.gov

## PROPERTY REHABILITATION PROGRAM

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

- City of Annapolis 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) \_\_\_\_\_
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**If you have a disability and/or language needs, please describe any special accommodations below:**

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By signing this application, I/we authorize the City of Annapolis to obtain credit information for evaluating this application and to disclose this information to local agencies participating in the programs.

By signing this application, I/we also understand that the City of Annapolis may take photographs of my/our home and/or household members. I/We further acknowledge that the City of Annapolis 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. \_\_\_\_\_ (Please 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