

Renewal application?

Yes No

**Moderate Income Housing Unit
APPLICATION FORM**

Type of Housing Preferred?

Sales
 Age Restricted Senior

Please read the instructions. Complete ALL applicable sections of this form. This information will only be used to determine eligibility for the program. It will not be used to qualify applicants for mortgage financing. All information will be kept confidential.

THE FOLLOWING ITEMS MUST BE ATTACHED TO THE APPLICATION FOR THE APPLICANT & CO-APPLICANT (please check off each attachment – incomplete applications will returned):

- A copy of your most recent federal income tax return with all the schedules filed (Form 1040 along with corresponding W-2 forms and schedules).
- Copies of the three (3) most recent pay stubs showing **GROSS** income for every wage earner in the household.

APPLICANT		Social Security Number:					---				---				
Name: _____															
Current Address: _____															
Home Phone: _____		Work Phone: _____													
Employer: _____		Employer Address: _____													
City/State: _____		Position: _____													
Current Base Salary: \$ _____		Overtime: \$ _____		Time on job: _____											
Other Income: Amount: \$ _____		Source: _____		Received: Weekly/Monthly/Annually											
Alimony/Child Support Received? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____													
Email address: _____															
CO-APPLICANT *		Social Security Number:					---				---				
Name: _____															
Current Address: _____															
Home Phone: _____		Work Phone: _____													
Employer: _____		Employer Address: _____													
City/State: _____		Position: _____													
Current Base Salary: \$ _____		Overtime: \$ _____		Time on job: _____											
Other Income: Amount: \$ _____		Source: _____		Received: Weekly/Monthly/Annually											
Alimony/Child Support Received? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$ _____													
Email address: _____															

* Spouses and life partners must be included on the application as co-applicants if they will live in the home.



FAMILY INFORMATION: Provide the requested information for each individual who will be living in the home. Any dependents 18 years of age or older must document his/her employment or student status.

Name	Relationship	Gender	Date of Birth (mm/dd/yyyy)
	Head of Household	<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
		<input type="checkbox"/> Male <input type="checkbox"/> Female	

REAL ESTATE: Please list all real estate currently owned by you or any member of your household (e.g. personal residence, rental property):

Property Address	Present Market Value	Outstanding Balance of Mortgages & Liens

Bank Accounts & Other Assets: Please list all other assets currently owned by you or any member of your household (e.g. checking & savings accounts, stocks, bonds, mutual funds*):

Name of Financial Institution	Account #	\$ Amount

*do NOT include 401k or retirement account assets

FIRST-TIME HOMEBUYER/DISPLACED HOUSEHOLD/FSS:

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> I/We are applying for a Certificate to Purchase | of the joint tenants, needs to purchase a residence without the former joint tenant |
| <input type="checkbox"/> I/We certify that no one on this application currently owns, or has owned residential property within the last three (3) years | <input type="checkbox"/> I/We certify that within the past year, I/we have been displaced by the redevelopment of a mobile home park located on U.S. Route 1 in Howard County |
| <input type="checkbox"/> A person on the application has owned a personal residence within the last three (3) years, but because of separation or divorce of the joint tenants or death of one | <input type="checkbox"/> I/We certify that I/We participate in the Howard County Family Self Sufficiency Program. |

Are you related to any Howard County Housing employee, or any member of the Housing Commission or Housing & Community Development Board?

Yes _____ No _____

If yes, state name of employee or board member and relationship:

Name _____ Relationship _____



Please complete the following to assist in the analysis of the affirmative marketing of units under this program:

Race/Ethnic Category (Applicant): Asian Black Hispanic White Other: _____

Race/Ethnic Category (Co-Applicant): Asian Black Hispanic White Other: _____

CERTIFICATIONS (required):

By signing below:

- I/We certify that I/we are applying for a Certificate to Purchase.
- I/we agree to allow Howard County to review my/our application and supporting documents (including, but not limited to, the applicant's and co-applicant's credit histories) to determine my/our present and continuing eligibility.
- I/We certify that the information provided on this application is true and complete to the best of my/our knowledge.
- I/We are aware that any misrepresentation will result in the forfeiture of my/our right to be eligible for the Moderate Income Housing Unit (MIHU) Program, that inquiries may be made to verify this information, and that Howard County may take legal action against persons who benefit from the MIHU program under false pretenses.
- I/We certify that I/we have read, understand, and will comply with the MIHU program rules.
- I/We understand it is my/our responsibility to renew my/our certificate when it expires and that no renewal notice will be sent by the MIHU office.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____

Please submit completed application and supporting documentation to:

Howard County Housing
6751 Columbia Gateway Drive, 3rd Floor
Columbia, Maryland 21046

Faxed applications will not be accepted.

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

<input type="checkbox"/> New	<input type="checkbox"/> Incomplete (Date: _____)	<input type="checkbox"/> Eligible for:	
<input type="checkbox"/> Revised (Date Revised: _____)		<input type="checkbox"/> Purchase	# BR _____
		<input type="checkbox"/> Age-Restricted	# BR _____
		<input type="checkbox"/> Senior	# BR _____
	Total Annual Household Income:	<input type="checkbox"/> Ineligible:	
(Prepared By) _____	\$ _____	Reason: _____	
(Date) _____		_____	

PRIORITIES:

- | | |
|---|--|
| <input type="checkbox"/> First-time homebuyer | <input type="checkbox"/> Have been displaced by the closure of a mobile home park adjacent to U.S. Route 1 |
| <input type="checkbox"/> Work in Howard County | <input type="checkbox"/> Employed by Howard County Government or other Priority Employer (see list) |
| <input type="checkbox"/> Live in Howard County | <input type="checkbox"/> Participant in Family Self-Sufficiency Program |
| <input type="checkbox"/> Income within the lowest qualifying range | |
| <input type="checkbox"/> Have been on the waiting list for at least: | |
| <input type="checkbox"/> One year <input type="checkbox"/> Two years <input type="checkbox"/> Three years | |

_____ **TOTAL PRIORITY POINTS**



MIHU Documentation Checklist

Each of the following items listed below must be attached to your application. If any of the following are not attached, your application will be returned to you. Please check off each item and sign where indicated.

- Application, signed**
- 3 current paystubs** (for both full-time employment and part-time employment) **for each employed person in the household.**
- 2010 Income Tax Return** (if you do not have a copy of your income tax returns, please call the IRS at 1-800-829-1040 to request a copy. If you did not file taxes, call the IRS to request a statement verifying that no taxes were filed.)
- 2010 W-2 forms**
- For college students, provide a college transcript** (unofficial copies allowed).

By signing below, you are verifying that each of the above documents is attached to this application.

Applicant Signature

Co-Applicant Signature

THIS SHEET MUST BE SUBMITTED WITH YOUR APPLICATION.

NO COPIES WILL BE MADE AT THE OFFICE. PLEASE DO NOT INCLUDE ANY ORIGINALS WITH YOUR APPLICATION.