MARYLAND DEPARTMENT OF AGING
CONGREGATE HOUSING SERVICES PROGRAM
APPLICATION FOR SUBSIDY

Date _____

1. Applicant(s) _____
2. Social Security # _____
3. Current Address _____

   _____
4. Telephone _____
5. Date(s) of Birth _____
6. Name of Person Completing Application _____

   Telephone # _____

(Unless unable to, the Applicant should complete the application)

7. **ASSETS** **(Please refer to the Department of Aging's most recently published asset limits.)**

a. List all personal property including checking and savings account balances, certificates of deposit, stocks, bonds, and automobiles, but not furniture, clothes, or household items. Attach verification of assets. Note: Trusts must be individually evaluated by the Department to determine asset eligibility.

Asset	Value
_____	$_____
_____	$_____
_____	$ _____
_____	$_____

b. Real Property List all real property owned by the applicant, including primary residence, if applicable. A primary residence is defined as that place where the applicant is currently living or lived immediately prior to enrollment in the Congregate Housing Services Program. The primary residence will not be considered a cash asset until one year after the applicant's enrollment in the Congregate Housing Services Program.

Asset	Value
_____	$_____
_____	$_____
_____	$ _____
_____	$_____

8. **INCOME**

List all income from all sources as well as state for each income whether dollars are per month, per quarter or annual income. Attach verification of income such as Award letters, bank statements, Form 1099, income tax return, where applicable.

Social Security (before Medicare deduction)	$_____
Supplemental Security Income	$_____
Pensions	$_____
Interest on savings/other accounts	$_____
Dividends on stocks/bonds	$_____
Other (for example, rents, loan repayments,	$_____
alimony, royalties, proceeds from trusts)	$_____
	$_____

9. **MONTHLY MEDICAL EXPENSES**

List out of pocket costs for all recurring annual medical expenses including health insurance premiums, medications. Attach verification of expenses.

_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____
_____	$_____

AFFIRMATION

I AFFIRM THAT THE INFORMATION PROVIDED BY ME IN THIS SUBSIDY APLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELEIF.

_____ _____

Signature Date

_____

Printed Name

_____

Address

_____

Relationship to Applicant if signed by someone other than the applicant.

AUTHORIZATION TO OBTAIN RECORDS

I HEREBY AUTHORIZE <u>THE HOUSING AUTHORITY OF THE CITY OF CUMBERLAND</u> TO OBTAIN ALL REQUIRED DOCUMENTATION TO VERIFY MY ELIGIBILITY FOR A SUBSIDY.

_____ _____

Signature Date

This authorization must be signed by the applicant or a person who has a power of attorney or guardianship to handle the financial affairs of the applicant.

FOR OFFICE USE ONLY
Check one:

_____ Approved for CHSP Subsidy

_____ Not Approved for CHSP Subsidy

_____

Signature/Date

Revised 3/2/2004