

PERSONAL DECLARATION & APPLICATION

For HUD Public Housing Rental Assistance Benefits



CUMBERLAND HOUSING
GROUP

Cumberland Housing Group
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Office use only - Date/Time Received:



EQUAL HOUSING
OPPORTUNITY

The Cumberland Housing Group, and all affiliated agencies, are an Equal Opportunity Housing provider and does not discriminate on the basis of Race, Color, Religion, National Origin or Ancestry, Sex, Disability, the presence of children or any other legally protected status under local, state or federal law.



Please complete all sections of this application and answer **ALL** questions. The answers provided on this document are utilized to determine your eligibility for rental assistance benefits subsidized through the U.S. Department of Housing and Urban Development (HUD). **DO NOT** leave any questions blank. If a question does not apply write "N/A". If you do not understand a question, ask a property management employee for an explanation. **USE A BLUE PEN TO FILL OUT APPLICATION**

WARNING: Making false statements on this affidavit is considered **FRAUD** and may result in **TERMINATION** from the program and **Criminal prosecution**.

I. Applicant Information

Applicant Social Security Number: _____

Applicant Name: _____ Amount of People in Household: _____

Street Address: _____ City, State, Zip: _____

Home Phone: _____ Cell/Work Phone: _____

Lived there since _____ Number of Bedrooms _____ Current Rent \$ _____ per month

Mailing Address (if different than above) _____

Email Address(s): _____

Reason for Moving:

- I Cannot Afford My Current Rent I Am Relocating to the Area I Am Being Evicted
 I Am or Will Be Homeless I Am Currently Living in Sub-standard housing
 I Am Displaced due to Flood, Fire, etc. Other (explain) _____

Personal Contact: (in case we cannot reach you or if someone is acting on your behalf)

Name: _____ Phone: _____

Address: _____ Email: _____

List all States where all household members have lived: _____

Is any member of the household a U.S. military veteran? _____ If yes who? _____

II. Family Composition Information (print legibly or type and fill in all columns in order to be processed correctly)

#	Household Member Name (as it appears on the Social Security Card)	Social Security Number	Date of Birth mm/dd/yyyy	Age	City & State of Birth
1	(Head)				
2					
3					
4					
5					
6					
7					
8					

#	Relationship to Head of Household		Sex <i>M / F / NR</i> - (I Choose Not to Respond)	Race See codes below	Ethnicity See codes below	Marital Status See codes below	Disabled Yes / No
1	----- Your Self -----	Office codes					
2							
3							
4							
5							
6							
7							
8							

Race Codes: 1 = White 2 = Black or African American 3 = Black or African American and White 4 = Asian 5 = Asian and White 6 = American Indian or Alaska Native 7 = American Indian or Alaska Native and Black or African American 8 = Native Hawaiian or Other Pacific Islander 9 = American Indian or Alaska Native and White 10 = Other Multiple Race:

Ethnicity Codes: 1 = Hispanic or Latino 2 = Not Hispanic or Latino

Marital Status Codes: S = Single M = Married P = Separated D = Divorced W = Widow/Widower

Will there be an increase in your family size within the next nine (9) months? ____ If yes, Explain: _____

Applicant members with no Social Security number, do they qualify for one of three allowable exemptions?

1. Ineligible non-citizen-not contending eligible immigration status;
2. Members 62 years of age as of 1/31/2010 and whose initial determination of eligibility began before 1/31/2010; or
3. Members under the age of 6 who are added to applicant household within 6 months prior to move-in (eligible for a 90-day extension to provide their SSN)

If so, enter the applicable number in the corresponding applicants Social Security Number above.

Are any of the Household Members students? Yes No

III. Previous Housing Information

Have you ever participated in a Housing Assistance Program? (circle one) Yes No

Program Name: _____ From: _____ To: _____

Address: _____ City, State, Zip: _____

Current Landlord Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Previous Address: _____

City, State Zip: _____

Lived there from: _____ to: _____ Number of bedrooms: _____

Previous Landlord Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

IV. Program Integrity (circle Yes or No for each question and add additional pages if necessary, to explain)

1. Has anyone in your household been arrested or convicted for the use, sale, manufacture, or distribution of controlled substances (drugs)? Yes No
If yes, who, when, for what? _____
2. Does anyone in your household currently use a controlled or illegal drug? Yes No
If yes, please explain: _____
3. Has anyone in your household ever been convicted of a felony or arrested for violent criminal activity? Yes No
If yes, who, when, & for what? _____
4. Does anyone outside of your household pay for any of your bills or expenses? Yes No
If yes, who, when, for what? _____
5. Do you or anyone in your household smoke or use tobacco products? Yes No
Note: All of our housing is smoke free. Smoking of any type or substance is prohibited anywhere on the grounds or in the rental unit
6. Are you or any member of your household subject to a lifetime state sex offender registration program in any state? If Yes, Who and what State? Yes No

V. Pets/Service Animals

Do you have a pet? Yes No

Do you have a Service/Assistance Animal? Yes No

If yes, list type, breed of each - some restrictions may apply: _____

VI. Reasonable Accommodations

Sometimes people with a physical or mental impairment that substantially limits one or more major life activities may need a reasonable accommodation in order to take full advantage of our housing programs and related services. Generally, the individual knows best what they need; however, the Cumberland Housing Group retains the right to be shown how the requested accommodation enables the individual to access or use the programs or services. If more than one accommodation is equally effective to provide access to our programs and services, we retain the right to select the most efficient or economic choice. The cost necessary to carry out approved requests will be paid by the Cumberland Housing Group if there is no one else willing to pay for the modifications. If another party pays for the modification, we will seek to have the same entity pay for any restoration costs. If the Cumberland Housing Group determines that the requested accommodation presents an unreasonable financial and/or administrative burden, it will have the option of denying the request. If you feel that you need a reasonable accommodation to fully take advantage of our housing programs, please check which of the following Reasonable Accommodations is needed:

- In-home visits by staff
- Expanded use of mail, electronic mail, Fax, Fed Ex, or UPS
- Use of literature or translator in a language other than English
- Physical modifications to existing units (ramp, grab bars, assist devices, etc.) _____
- Other, Please Specify: _____
- Use of Maryland Relay Telephone 1-800-201-7165
- Use of literature in large type, Braille, or a "reader"
- Handicapped accessible homes or other devices

VII. Local Preferences (Verification will be required later in housing process)

The Cumberland Housing Group provides local preferences for individuals applying for occupancy in one of our housing communities. Please place an "X" in the box to the left of any of those that apply:

	Victim of Domestic Violence/VAWA		Resident of the City of Cumberland, Maryland
	Elderly or disabled (over 62 years of age)		Resident of Allegany County, Maryland
	Disabled Head of Household, Spouse or Veteran		Employed more than 30 hours/week
	Involuntarily Displaced by Natural Disaster (flood, fire, weather related) or by government action		Employed less than 30 hours but more than 10 hours per week
	Employment Training Program (Applicants with an adult family member enrolled in an employment training program, currently working 10 hours a week, or attending school on a full-time basis. This preference is also extended equally to all elderly families and all families whose head of household or spouse is receiving income based on their ability to work (Social Security, Supplemental Social Security, etc.)		

Is any member of the household displaced due to a presidentially declared disaster? Yes No

If yes who? _____

VIII. Additional Information Needed

In order for this application to be considered complete and able to be processed by our staff, you **MUST** attach the following additional items with your submission:

1. Program Interview Checklist (form 102)
2. Participant Screening Consent (form 103)
3. Declaration of Citizenship Section 214 Status (form 104)
4. HUD Race and Ethnic Data Reporting (form 105)
5. Authorization for Release of Information – PH Public Housing (form 107)
6. Copies of Social Security Cards and Birth Certificates for ALL family members listed
7. A Photo Identification for each Adult Applicant
8. HUD Form #92006 Optional Contact Person or Organization

