

**THE HOUSING AUTHORITY OF PRINCE GEORGE'S COUNTY**  
**PROJECT BASED VOUCHER ACCESSIBILITY WAITING LISTS (PBVAWL)**  
**PRELIMINARY APPLICATION**

Social Security Number for Head of Household: \_\_\_\_\_

Name of Head of Household: \_\_\_\_\_  
Last Name First Name M.I.

Address: \_\_\_\_\_  
Street Unit Number

\_\_\_\_\_ City State Zip Code County

Telephone: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone

**Family Income:** List all income from all household members. This includes wages, child support, Social Security, SSI, unemployment benefits, retirement annuities, TCA/AFDC and workman's compensation.

Source of Income	Income Amount	Income Period weekly, biweekly, monthly, etc.

**Family Composition:** List yourself first then list every member of your current household who will be housed with you if you are assisted. The information will determine household and unit size.

Household Member Last, First, Middle Initial	Relationship to Head of Household	Sex M/F	Social Security Number	Date Of Birth
	Head of Household			

**Race and Ethnic Origin:** The following information is required for Federal reporting purposes. The wording is from Federal regulations for Section 8 Rental Assistance and Public Housing Programs. **Mark a response under both race and ethnic origin.**

Race of Head of Household:

- \_\_\_\_\_ Black/African American
- \_\_\_\_\_ White
- \_\_\_\_\_ American Indian/Alaskan Native
- \_\_\_\_\_ Asian/Pacific Islander

Ethnic Origin of Head of Household:

- \_\_\_\_\_ Hispanic
- \_\_\_\_\_ Not Hispanic

*Please note that you can ask for a reasonable accommodation to use HAPGC's housing or services. This can include auxiliary aids or services, materials in an alternative format, or help in completing paperwork or changes to your housing based on your disability. Contact the 504 Coordinator at (301)883-5576 or email [dhcd-504@co.pg.md.us](mailto:dhcd-504@co.pg.md.us) for assistance.*

Do you have a physical disability? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you hearing impaired? Yes\_\_\_\_\_ No\_\_\_\_\_

**Employment and Residency Status:** Responses to the following questions apply to the Head of Household or to the Co-head of Household.

Do you currently live in Prince George’s County? YES\_\_\_\_\_ NO\_\_\_\_\_

Do you currently work in Prince George’s County? YES\_\_\_\_\_ NO\_\_\_\_\_

Are you currently homeless? YES\_\_\_\_\_ NO\_\_\_\_\_

**1. Are you currently a resident of public housing?**

Yes  No

**2. Are you currently a participant in the Housing Choice Voucher Program?**

Yes  No

**3. Are you currently a resident of either Central Gardens II or Regency Lane or other assisted housing with the HAPGC?**

Yes  No

**4. Are you currently an applicant on any of the HAPGC waiting lists?**

Yes  No

**Previous Assistance at Any Location:** Have you (or any family member) been assisted by federally funded housing programs at any previous time? Have you lived in Public Housing, have you had a Section 8 certificate or voucher, or have you lived at a Project-Based Section 8 community?

NO\_\_\_\_\_ YES\_\_\_\_\_

If “yes”, provide the type of housing assistance and the address where you lived with the assistance:

---

---

When you left the program did you leave owing any money? Yes\_\_\_\_\_ No\_\_\_\_\_

**Notice of Changes:** Once you file a preliminary application, it is your responsibility to notify the Central Intake Unit, **in writing** of any change in address, status or family composition. If the Central Intake Unit mails information and/or appointment notices to your address of record and you fail to respond within the notice period or the notice is returned by the post office, your name will be removed from the waiting list. You must notify the Central Intake Unit if your status changes. This includes changes in household composition and income changes. A status change also includes the Head of Household or Co-head reaching the age of 62 or a family member becoming disabled.

**Notice of False Statements and Fraud:** It is a criminal offense to make false statements or misrepresentations on this Preliminary Application -- Section 1001, Title 18, U.S. Code of Federal Regulations.

## APPLICATION QUESTIONS FOR ACCOMMODATIONS

The following section gives HAPGC information it may use to best assist your family. HAPGC will continue to refer you to the first available unit that meets your bedroom size and priority on the waiting list. HAPGC will then work with you to determine the specific accommodation to meet your need.

**Do you, your co-applicant, spouse, or a member of your household have a disability?**

(For example, a physical, developmental, intellectual, emotional, or mental health disability.)

YES     NO    If "Yes", check if you need any of the accommodations listed below:

	YES	NO
1) Assistance with the application process. For example, help in understanding or completing documents for HAPGC documents.		
2) Unit accommodations for persons who are blind or have limited vision;		
3) Unit accommodations for persons who are deaf or hard of hearing.		
4) An extra bedroom for a live-in aid or attendant.		
5) A unit all on one level, with no steps.		
6) A flat or no step entry to the unit		
7) A bedroom and bathroom on first level		
8) Modifications to bathroom. (Grab bars, raised or lowered toilet seat, shower bench)		
10) A unit accessible to a person using a wheelchair (60" diameter in bathroom, 32" doorways, 60" diameter in kitchen		

Other modifications or accommodations in using HAPGC services (e.g., notices in large print or Braille, in home recertification, interpreters, emotional support animal); please describe:

---

**Personal Declaration:** I verify that all information contained in this Pre-Application is true and complete to the best of my knowledge. I understand that all information must be confirmed before housing assistance is offered. I further understand that if I have knowingly supplied incorrect information, this action constitutes fraud and I will be disqualified from program participation. My signature verifies receipt of this policy and the requirement to submit changes of address and/or program status.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

**Unsigned applications will not be accepted.**

**DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY**

BEDROOMS: \_\_\_\_\_ PREFERENCE CODE: \_\_\_\_\_ FAMILY SIZE: \_\_\_\_\_  
 LOCATION CODE: \_\_\_\_\_ FAMILY TYPE: \_\_\_\_\_ MINORITY: \_\_\_\_\_  
 CURRENT STATUS: \_\_\_\_\_ YEARLY INCOME: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_  
 CENSUS TRACT: \_\_\_\_\_ CODED BY: \_\_\_\_\_ ENTERED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

*Please note that you can ask for a reasonable accommodation to use HAPGC's housing or services. This can include auxiliary aids or services, materials in an alternative format, or help in completing paperwork or changes to your housing based on your disability. Contact the 504 Coordinator at (301)883-5576 or email [dhcd-504@co.pg.md.us](mailto:dhcd-504@co.pg.md.us) for assistance.*