

**Moderate Income Housing Unit  
APPLICATION FORM**

**Type of Housing Preferred?**

- Sales  
 Age Restricted  Senior

Please read the instructions carefully. Complete **ALL** sections of this application. This information will be used to determine eligibility for the program. This information will also be used to pre-qualify applicants for mortgage financing. Pre-qualification by Howard County Housing is not an indication of your guarantee to obtain a mortgage. 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 be returned):**

- Copies of your three (3) most recent pay stubs showing **GROSS** income for every wage earner in the household.
- 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).

**INCOMPLETE APPLICATIONS WILL BE RETURNED**

<b>APPLICANT</b>	Social Security Number:												
Name: _____													
Current Address: _____													
Home Phone: _____ Work Phone: _____													
Employer: _____ Employer Address: _____													
City/State: _____ Position: _____													
Current Base Salary: \$ _____ Overtime: \$ _____ Years/months on job: _____													
Other Income: Amount: \$ _____ Source: _____ Received: Weekly/Monthly/Annually													
Alimony/Child Support Received? ___ Yes ___ No \$ _____ Years/months on part time job: _____													
Email address: _____													
<b>CO-APPLICANT *</b>	Social Security Number:												
Name: _____													
Current Address: _____													
Home Phone: _____ Work Phone: _____													
Employer: _____ Employer Address: _____													
City/State: _____ Position: _____													
Current Base Salary: \$ _____ Overtime: \$ _____ Years/months on job: _____													
Other Income: Amount: \$ _____ Source: _____ Received: Weekly/Monthly/Annually													
Alimony/Child Support Received? ___ Yes ___ No \$ _____ Years/months on part time job: _____													
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	Circle one: Will be RENTED ---- Will be SOLD
			Circle one: Will be RENTED ---- Will be SOLD

**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 Type	\$ Amount

\*do NOT include 401k or retirement account assets

**HOME BUYER STATUS** (Check all that apply):

<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"/> A person on this 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 of the joint tenants, needs to purchase a residence without the former joint tenant	<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"/> I/We certify that I/we participate in the Howard County Family Self Sufficiency Program
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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 am/are applying to purchase a Moderate Income Housing Unit (MIHU).
- I/we agree to allow Howard County to review my/our application and supporting documents (including, but not limited to, checking the applicant's and co-applicant's credit histories) to determine my/our present and continuing income and credit 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.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please submit completed application and supporting documentation to:**

Howard County Department of Housing & Community Development  
9820 Patuxent Woods Drive, Suite 224  
Columbia, Maryland 21046

**E-MAILED OR 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:	
_____	\$ _____	Reason: _____	
(Prepared By)		_____	
_____		_____	
(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. No copies will be made at the office. Please do not include originals with 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.**
- Other income documentation** (Social Security, SSI, Disability, retirement, child support, alimony) – most recent annual, quarterly, or monthly statement or award letter. Any income received for the benefit of minor children must be included.
- 2018 Federal Income Tax Return – Form 1040, 1040A, or 1040EZ with all schedules** (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.)
- 2018 W-2 forms**
- For non-working 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.**

**INCOMPLETE APPLICATIONS WILL BE RETURNED**