

Joseph L. Smith
Chairman, Board of Commissioners

Janet Abrahams
Executive Director



**The Housing Authority of Baltimore City (HABC)
Public Housing Waiting List is Open
Walk-in Day is Thursday only, from 8:30 am until 12:30 pm
for Applications, Program Inquiries and Portal Registration Assistance**

Who may apply:

To apply for housing an applicant must be an adult who is at least 18 years of age or older, an emancipated minor, or in a legally recognized marriage as under the laws of the State of Maryland or a marriage recognized by the State of Maryland.

Any family who wants to be placed on the waiting list may pick up an application from:

- The Admissions and Leasing Office, 1225 West Pratt Street, Baltimore, Maryland 21223
- Any public housing development or download an application to mail-in or submit on walk-in day, from The Housing Authority of Baltimore City's website at www.habc.org.

You may also request that an application be mailed to you by calling:

- The Admissions and Leasing Center at 410-396-3225
- The Maryland Relay System at 711 or 1-800-201-7165
- The Customer Relations Center at 443-984-2222

Applications will be available in an accessible format upon request from a person with a disability.

The preliminary application for assistance:

The purpose of the preliminary application process is to gather information about your household needed to determine the appropriate program, preference and unit size for your family. The application contains questions about your household composition, income, current living situation, former tenant history and housing needs. Your completed application will be placed on the waiting list according to the preference assigned, the date and time received.

After your application has been submitted, it may take up to 30 business days for your application to be processed in the system. Once you application has been entered, you will have the capabilities of using the Application Portal system.

Log onto <http://baltimore.applicants4housing.com> to create an applicant profile. An applicant profile is necessary in order to update your application, while on the waiting list and to confirm your continued interest with the public housing program.

Applications on the waiting list are ranked by preference, date and time of receipt; however, a preference does not guarantee admission to the program. Preferences are used to establish the order of placement on the waiting list. Approved applicants must meet HABC's Selection Criteria as defined in the Admissions and Continued Occupancy Policy (ACOP) of the selection criteria or privately managed sites.

HABC will grant priority to families who are residents of Baltimore City.

Interview appointments are scheduled when applicants reach the top of the waiting list. During the interview appointment, you are required to verify the information reported on your application or through the applicant portal. Failure to attend an interview appointment or to complete the process may result in the termination of your application.

Housing Authority of Baltimore City | 1225 West Pratt Street, Baltimore, MD 21223

443.984.2222 www.HABC.baltimorehousing.org Find us on    @BmoreHabc 



Please complete and return to: **Housing Authority of Baltimore City, P.O. Box 4449, Baltimore MD. 21223**

To apply for public housing assistance, this form should be completed and returned to the address above. When your completed Preliminary Application is received, your name will be placed on the waiting list based on the date and time of application. Applicants are responsible for notifying the Housing Authority of Baltimore City (HABC) in writing, if any information changes related to household composition, contact information, reasonable accommodations and/or admission preferences. If you need assistance completing this form or have questions about the application process, please contact HABC's Admissions Department at **443-984-2222**.

Please print neatly in ink. All fields are required.

ABOUT THE APPLICANT

HEAD OF HOUSEHOLD

Last Name:		First Name:		Middle Initial:		Social Security Number: ____-____-____	
Address (please provide the best place for HABC to reach you by mail and include Apt. # if applicable):							
City:			State:			Zip Code:	
Race of the Head of Household: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other <input type="checkbox"/> Pacific Islander American Indian/Alaska Native							
Ethnicity of the Head of Household: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic							
Preferred Language for Communication with HABC <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> French <input type="checkbox"/> Russian <input type="checkbox"/> Korean <input type="checkbox"/> Other							
Primary Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Cantonese <input type="checkbox"/> French <input type="checkbox"/> Russian <input type="checkbox"/> Korean <input type="checkbox"/> Other							
Phone Number: _____				Phone Type: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Other			
Email:				Gross Annual Household Income: (INCLUDE THE GROSS ANNUAL INCOME FOR ALL HOUSEHOLD MEMBERS): \$ _____			
Alternate/Emergency Contact Name:							
Alternate Contact Name Address:				Alternate/Emergency Contact Telephone Number:			



HOUSING OPTIONS

- Public Housing (One to six bedroom units)
- Mixed Population (Efficiencies and one bedroom units available for non-elderly persons with a disability and elderly persons)
- Senior Housing (At least 62 years of age)

HOUSEHOLD INFORMATION

Add/Change information for any person who will be part of your household

First Name	Middle Initial	Last Name	SSN	Relationship to Head of Household	Date of Birth mm/dd/yy	Male/Female	Disabled Yes/No
				Head of Household			

*Relationship to Head of Household: Co-head of Household = C, Spouse of Head of Household = S, Other Adult = A, Minor under 18 = M, Live-in Aide = L, Foster Child/Adult = F

ADMISSION PREFERENCES

HABC has adopted a system of admission preferences for selection of families to HABC's housing programs. Admission preferences affect your position on the waiting list. Please note that when your name reaches the top of any waiting list, you will be required to provide verification of the information provided below. Please answer EVERY question.

Are you, your co-head of household or your spouse employed full time or part time?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you, your co-head of household or your spouse is employed full time or part time, is your place of employment in Baltimore City?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you, your co-head of household or your spouse age 62 or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you, your co-head of household or your spouse enrolled in a job training program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you, your co-head of household or your spouse a veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you, your co-head of household or spouse live in Baltimore City?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you, your co-head of household or your spouse have a job offer to begin work in Baltimore City within the next 60 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does anyone in your household have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



NOTICE OF NONDISCRIMINATION

HABC is an equal opportunity housing provider and does not discriminate on the basis of race, color, national origin, religion, gender, age, disability, family status or any other basis prohibited by law in the administration of programs and

REASONABLE ACCOMMODATIONS & UNIT MODIFICATIONS

If you or a household member need a reasonable accommodation or modification to a unit because of a disability, please complete this section. HABC will verify the need for requested accommodations and modifications.

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Does any individual in your household have a disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you need assistance with the application process? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you need help with understanding or using the Public Housing Program because of your disability? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you or any member of your household need an accessible unit because of a mobility related disability, or do you need a special feature due to a disability (for example: difficulty walking) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered "yes" to the above question please check what type of accommodations you need

- | | | |
|------------------------------------------------------------------------|------------------------------|-----------------------------|
| A unit for persons with vision disability (e.g. blind, limited vision) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A unit for persons who are deaf or hard of hearing | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| An extra bedroom for a live-in aide or attendant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A unit all on one level, with no steps, including at the entrance/exit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A ramp to gain entry/exit the unit | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A bedroom and bathroom on the first floor | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| One or more modifications to the bathroom, i.e. grab bars | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| A unit accessible to a person using a wheelchair | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| An accessible parking space | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other modifications or reasonable accommodations, please describe: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



PRELIMINARY APPLICATION CERTIFICATION

I understand that this form is not an offer of housing. Based on this form, I understand that I should not make any plans to move or end my present tenancy. I understand that it is my responsibility to inform HABC of any change of address, reasonable accommodation, site selection, admission preference, and/or family composition.

I understand that false statements or information are punishable under Federal Law and grounds for HABC denying housing assistance. By signing below I certify that the information given to HABC in this update/pre-application form is accurate and complete to the best of my knowledge and belief. The parties have agreed to conduct this pre-application electronically. I understand that my electronic signature will have the same legal effect as my written signature.

Signature of Applicant (Head of Household):

Signature: _____ Date: _____

Signature of Co-Applicant (Co-Head of Household or Spouse): Please enter your initials here:

Note that by initialing here, you are certifying that this form was completed by you personally or under your direction.

Signature: _____ Date: _____

French Ceci est un document important. Si vous souhaitez obtenir de l'aide pour traduire ce document, merci de bien vouloir appeler le numéro suivant. Une aide vous sera fournie gratuitement
Korean 중요한 공지사항입니다. 번역이 필요하시다면 아래 번호로 연락 바랍니다. 무료로 도와 드리겠습니다.
Russian Это важное уведомление. Если вам нужна помощь, чтобы перевести это уведомление, позвоните по указанному ниже номеру телефона. Вам предоставят эту услугу бесплатно.
Chinese 这是一个重要通知。如果您需要帮助翻译该通知，请致电下面的电话号码。我们将免费为您提供支持。
Spanish Este es un aviso importante. Si necesita ayuda para traducir este aviso, llame al número de abajo. Se le proporcionará ayuda sin costo