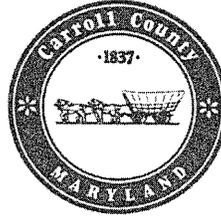


CARROLL COUNTY, MARYLAND

10 Distillery Drive  
First Floor, Suite 101  
Westminster, Maryland 21157



BUREAU OF HOUSING AND  
COMMUNITY DEVELOPMENT

410-386-3600 1-888-302-8978  
FAX 410-876-5255  
MD Relay 7-1-1/800-735-2258

Dear Section 8 Housing Applicant:

Thank you for your interest in the Carroll County Section 8 Housing Choice Voucher Program. Section 8 is a federal program under Housing and Urban Development (HUD) that provides tenants with a rent subsidy. A qualified family will be required to pay a portion of their gross monthly income toward their rent and utilities. This program assists the elderly, handicapped, disabled and families of low income. **If you are currently living outside of Carroll County, including Westminster City, please apply in the jurisdiction in which you reside.**

When you complete the attached preliminary application, we will review your circumstances. Then your name is placed on a waiting list. Carroll County Bureau of Housing determines eligibility based upon U.S. Department of Housing and Urban Development regulations and approved local policy. Under this program you must meet the following requirements:

- You are 62 years of age or older, AND/OR
- You are handicapped or disabled, AND/OR
- You are pregnant
- Two or more persons intending to share a residence
- If you fit one of the above definitions, and your yearly income is at or below the following:

Number in Family	1	2	3	4	5	6	7	8
Very Low Income	\$30,000.00	\$34,250.00	\$38,550.00	\$42,800.00	\$46,250.00	\$49,650.00	\$53,100.00	\$56,500.00

It is **important** that you answer all of the questions completely. Placement on the waiting list is not possible until you complete the entire form. You must provide accurate and complete information. If you need help completing the form, please ask the receptionist or call the office.

You will receive written confirmation when your application is accepted. That letter will give an estimate of how long your wait could be. Be advised that Carroll County Bureau of Housing is only required to update the waiting list once per year.

It is very important that you let Carroll County Bureau of Housing know if your address, income or family size changes. Failure to do so may cause delays in providing rental subsidy or your removal from the waiting list. **When you have a change, you must report it to Carroll County Bureau of Housing, in writing, within ten (10) days.** The following is a list of steps that will occur before you receive rental assistance.

Complete the attached Preliminary Application and Authorization for the release of Information/Privacy Act Notice.

Your name will come to the top of the Section 8 waiting list based upon the date and time that we received your preliminary application and other selection requirements.

After reaching the top of the waiting list, you must attend an Application Briefing. At the Application Briefing, you will submit a full application for Section 8 Rental Assistance. At that time, we will verify your family size and income.

If eligible to participate in the Section 8 Program, we will issue a Housing Choice Voucher. The Housing Choice Voucher is what you need to rent an apartment or house with assistance.

Once a Housing Choice Voucher has been issued and you find an apartment or house that passes the Housing Quality Standard Inspection, Carroll County Bureau of Housing will enter into a Housing Assistance Payments Contract with the owner. You will sign a lease with the landlord.

If you have any questions about your placement on the waiting list, you must make a written request or visit the Housing Office. If you have questions about how the program works, you may call for additional information.

Sincerely,

A handwritten signature in black ink that reads "Loretta A. Greenwell". The signature is written in a cursive style with a large initial "L".

Loretta A. Greenwell  
Housing Program Manager

ACCESSIBILITY NOTICE: The Americans with Disabilities Act applies to the Carroll County Government and its programs, services, activities and facilities. Anyone requiring an auxiliary aid or service for effective communication or who has a complaint should contact Gina Valentine, The Americans with Disabilities Act Coordinator, 410.386.3800, 1.888.302.8978, MD Relay 7-1-1/1.800.735.2258 or email [gvalentine@ccg.carr.org](mailto:gvalentine@ccg.carr.org) as soon as possible but no later than 72 hours before the scheduled event.

**CARROLL COUNTY BUREAU OF HOUSING AND COMMUNITY DEVELOPMENT  
PRELIMINARY APPLICATION FOR SECTION 8 RENTAL ASSISTANCE**

**FAMILY MEMBER INFORMATION**

**INSTRUCTIONS:** Please provide all requested information for each person who will be living in your assisted unit. Please begin with the Head of Household, then all adults age 18 and over, then all children age 17 and younger. In the box labeled "Gender", M = Male, F = Female. In the box labeled "Race and Ethnicity", please circle the numbers that are appropriate. \*The first row (1, 2, 3, 4) identifies your race. 1 (White), 2 (Black), 3 (American Indian or Alaskan Native) and 4 (Asian/Pacific Islander). The second row (1 or 2) identifies your ethnicity. 1 (Hispanic) and 2 (Not Hispanic). The term "Hispanic" means of Spanish or Latin American origins. NOTE: Information regarding race and ethnicity is being requested to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answers will not affect your selection for the program.

PLEASE USE LEGAL NAMES ONLY

Last Name	First Name	Gender (Circle One)	Social Security Number	Birth Date	Age	Relation to Head of Household	*Race and Ethnicity (Circle one on each line)	Gross Income and Frequency Hours/Week Month/Year	Name of Employer, Income Source Or Name of School
		M - F				Head of Household	1 2 3 4 1 2	\$ per	
		M - F					1 2 3 4 1 2	\$ per	
		M - F					1 2 3 4 1 2	\$ per	
		M - F					1 2 3 4 1 2	\$ per	
		M - F					1 2 3 4 1 2	\$ per	
		M - F					1 2 3 4 1 2	\$ per	
		M - F					1 2 3 4 1 2	\$ per	
		M - F					1 2 3 4 1 2	\$ per	

Home Address (including City, State, Zip code) (Actual Residence – Not P. O. Box)	Mailing Address (including City, State, Zip code) (If Different From Home Address)	Business/Employer Address (If more than one member working, list head of household here. List all others on other side.)
Home Phone Number	Cellular/Car Phone Number	Work Phone Number

**ELIGIBILITY, ACCOMMODATION & DISABILITY INFORMATION**

Instructions: Please read and answer each question carefully. Respond to each question by placing a check mark in the appropriate box.

- |     | YES                      | NO                       |   |
|-----|--------------------------|--------------------------|---|
| 1.  | <input type="checkbox"/> | <input type="checkbox"/> | Do you live in Carroll County, Maryland?  |
| 2.  | <input type="checkbox"/> | <input type="checkbox"/> | Do you live within the City Limits of Westminster, Maryland?  |
| 3.  | <input type="checkbox"/> | <input type="checkbox"/> | Do you or any adult members in your household work in Carroll County?   |
| 4.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever lived in public or assisted housing before? If yes, when and where:<br>Are you currently assisted? If yes, where: _____   |
| 5.  | <input type="checkbox"/> | <input type="checkbox"/> | Have you ever used a name other than the one you are using now (alias)? If yes, what name(s): _____   |
| 6.  | <input type="checkbox"/> | <input type="checkbox"/> | Are you or anyone in your family a registered sex offender or required to register as a sex offender?   |
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | Has anyone in your household been arrested or convicted for the use, sale, manufacture or distribution of a controlled substance?   |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | Has anyone in your household been arrested or convicted for violent or drug related criminal activity?  |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Are you or anyone in the household disabled? If so, who? _____  |
|     | <input type="checkbox"/> | <input type="checkbox"/> | Have you or anyone in the household filed a claim of disability with the Social Security Administration? If so, who? _____  |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Are you pregnant?   |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | Do you require modification or accommodations (example: no stairs, wheelchair accessible) in order to fully utilize the Carroll County Section 8 Program or an assisted rental unit? If yes, please list the accommodations that you require: _____ |

**CERTIFICATION AND SIGNATURE INFORMATION**

- | YES                      | NO                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that all changes in address, income and family size <b>MUST</b> be reported to Carroll County Housing, in writing, within ten (10) days of the change.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you or anyone listed on the application already being assisted in another household?   |
| <input type="checkbox"/> | <input type="checkbox"/> | I understand that my application will be evaluated for preliminary eligibility. Upon successful screening of the preliminary application, the head of household's name is placed on a waiting list. I understand that placement on the waiting list is not a guarantee of future housing assistance from the Carroll County Bureau of Housing and Community Development. |
| <input type="checkbox"/> | <input type="checkbox"/> | I certify that all of the information I have provided is complete and accurate.  |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Authorization for the Release of Information/ Privacy Act Notice

to the U.S. Department of Housing and Urban Development (HUD)  
and the Housing Agency/Authority (HA)

U.S. Department of Housing  
and Urban Development  
Office of Public and Indian Housing

OMB CONTROL NUMBER: 2501-0014

exp. 1/31/2014

PHA requesting release of information; (Cross out space if none)  
(Full address, name of contact person, and date)

Carroll County Bureau of Housing  
10 Distillery Drive, Suite 101  
Westminster, Maryland 21157  
(410) 386-3600

IHA requesting release of information: (Cross out space if none)  
(Full address, name of contact person, and date)

**Authority:** Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993. This law is found at 42 U.S.C. 3544.

This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.

**Purpose:** In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.

**Uses of Information to be Obtained:** HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to HAs for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. **Private owners may not request or receive information authorized by this form.**

**Who Must Sign the Consent Form:** Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.

Persons who apply for or receive assistance under the following programs are required to sign this consent form:

- PHA-owned rental public housing
- Turnkey III Homeownership Opportunities
- Mutual Help Homeownership Opportunity
- Section 23 and 19(c) leased housing
- Section 23 Housing Assistance Payments
- HA-owned rental Indian housing
- Section 8 Rental Certificate
- Section 8 Rental Voucher
- Section 8 Moderate Rehabilitation

**Failure to Sign Consent Form:** Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.

### Sources of Information To Be Obtained

State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)

U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)

U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)

Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.

**Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.**

This consent form expires 15 months after signed.

Signatures:

_____	_____		
Head of Household	Date		
_____		_____	_____
Social Security Number (if any) of Head of Household		Other Family Member over age 18	Date
_____	_____	_____	_____
Spouse	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date
_____	_____	_____	_____
Other Family Member over age 18	Date	Other Family Member over age 18	Date

**Privacy Act Notice.** Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

**Penalties for Misusing this Consent:**

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.