



HOUSING ACCESSIBILITY MODIFICATION PROGRAM (HAMP FOR RENTERS)

This application is available in alternate format upon request.

1. Resident(s): *[Include legal last name and complete first name]*

Last Name	First Name	Middle Initial

2. Current Address:

Street Address	City	State	Zip Code
		MD	

3. Applicant Phone Number Current Rent Date of Current Lease

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Email Address:

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4. Property Owner/Landlord _____ Phone: _____

5. Are you currently enrolled in the Housing Choice Voucher Program (Section 8): Yes, No

6. Household Composition: *[List each person who will live in the home]*

Last Name, First Name	Relationship	Date of Birth	Race ¹	Sex	Social Security #

¹Race Legend:

11	White or Caucasian	16	Native Hawaiian or Other Pacific Islander
12	Black or African American	17	Asian & White
13	Asian	18	Black or African American & White
14	American Indian or Native Alaskan	19	American Indian or Native Alaskan & Black or African American
15	Latin American or Hispanic	20	Other Multi Racial

Household Type: Check One

Single, Non-Elderly	Two Parents
Elderly	Other
Single Parent	

7. Household Income: [Anticipated annual income (projection of the next 12 months) Complete for all members of the household over 18 years of age]

Household Member	A. Wages:	B. Periodic Benefit:	C. Public Assistance:	D. Other
Subtotals:				
Total Gross Annual Household Income: [Add Subtotals A., B., C., D.] →				

Income Legend:

A. Wages:	Includes Salaries, Overtime, and Bonuses
B. Periodic Benefit:	Includes Social Security, SSI, SSDI, and Pensions
C. Public Assistance:	Includes AFDC and TANF
D. Other:	Includes Child Support, Unemployment Insurance, and Worker's Compensation

8. Household Income Limits: [Household must be at or below 80% of Median Income]

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons
\$68,450	\$78,200	\$88,000	\$97,750	\$105,600	\$113,400

9. Disability Documentation: Yes _____ No _____

10. Type of Renovation You Are Requesting: _____

11. Signatures:

I / We declare under penalty of perjury the above information, including household and income information, provided to the Baltimore County Department of Housing and Community Development, is true and complete to the best of my knowledge.

Resident Signature: _____

Printed Name: _____ Date: _____

Please return to:

**Baltimore County Department of Housing and Community Development
105 W. Chesapeake Avenue, Suite 201
Towson, MD 21204**