

*Elkton Housing Authority*  
EQUAL HOUSING OPPORTUNITY

March 8, 2019


Dear Applicant:

This notification is to advise that Elkton Housing Authority is now in the midst of a major change in the type housing that we will be offering to the general public. The Program that we will be offering encompasses new regulations in how we address all families that will be considered for future housing.

We are currently establishing a new base that we will work through to contact all applicants that are currently on all waiting lists, which means that it makes no difference on how long you have been on one of our lists, your position will be rearranged to fit the new rules and regulations.

Currently all housing offers are on hold and we are anticipating that it will be at least one year or longer before you may be notified of future eligibility for admission to one of the Programs. At such time we begin the process of placing new families again, everyone on any of the waiting lists will be contacted by way of first class mail to advise that we are beginning the process of placement once again. We will then be in a position to discuss your pending status.

Thank you for your understanding. This move ensures that our sites will remain affordable as well as updated with new improvements providing energy efficient homes.

Yours truly, 

**ELKTON HOUSING AUTHORITY MANAGEMENT**

## Elkton Housing Authority

Dear Applicant:

The Elkton Housing Authority accepts applications for the Public Housing & Housing Choice Voucher on a daily basis. Please review the data on your application for accuracy (including birth dates and social security numbers). If a question does not pertain to your situation please insert N/A (not applicable) in the space provided.

If inaccuracies are discovered on your application, a written notification will be forwarded to you and you must respond with the corrected information. Applicants are permitted to contact EHA administrative personnel the third week of the month (week that has the 3<sup>rd</sup> Tuesday) for any updates of their position on the waiting list. At this point please submit any changes or updates for your application. Always verify that your application contains your present address and telephone number.

Periodically the Elkton Housing Authority sends update letters to applicants. It is the applicant's responsibility to provide updated information including a current address. If correspondence is returned to EHA due to an insufficient address the applicant's name will be removed from the active Waiting List and they will be required to reapply for our Public Housing program.

Applications never remain in a fixed position on the Waiting List. Based on data input from all applicants the Waiting List constantly changes.

Thank you for your interest in the Elkton Housing Authority Public Housing & Housing Choice Voucher programs. Please retain this letter for your file.

Thank you,

Cynthia Osborne  
Executive Director



Public Housing  Housing Choice Voucher

Application for Admission

**ELKTON HOUSING AUTHORITY**

150 East Main Street\* Elkton, MD 21921

Tel: 410/398-5018\*Fax: 410/398-5019

TTY user can call MD Relay or 711

**EHA USE ONLY** Bedroom size \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_  
 On the basis of the determinations set forth, the Applicant family named herein has been found to be:  
 Preliminary:  Eligible for Admission  
 Ineligible for Admission  
 Initials: \_\_\_\_\_

**GENERAL INFORMATION: Fill out completely**

Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ How long at Current add. \_\_\_\_\_

Other Person to Contact: Name \_\_\_\_\_ Phone: \_\_\_\_\_

**Family Composition** (Persons who will move into the home) E-Mail Address

Household Member	Relation to Family Head	Date of Birth	Sex	S.S.#	Race	Birth Place
1	SELF					
2						
3						
4						
5						
6						

Absent Parent's Name \_\_\_\_\_ Absent Parent's Name \_\_\_\_\_

Absent Parent's name \_\_\_\_\_ Absent Parent's Name \_\_\_\_\_

**Anticipated changes in family composition:** \_\_\_\_\_

The following information is being requested to comply with Equal Opportunity requirements and to assure that no discrimination occurs. Your answers will not affect (either positively or negatively) your selection for the program.

Is the head of household?  White  Asian  Black/African American  Hispanic  American Indian  Other

Household Member	Source of Income	Address	Gross income
1			
2			
3			
4			

Did you file a federal income tax return last year?  Yes  No

What is your present monthly rent? \_\_\_\_\_ What is your monthly utilities cost? \_\_\_\_\_

If you pay for utilities, please check what utilities you pay for. Heating:  gas  electric Cooking:  gas  electric Water Heating:  gas  oil

electric

Number of bedrooms in your home: \_\_\_\_\_

**CURRENT HOUSING CONDITIONS:** Describe your present housing conditions: \_\_\_\_\_

Where you ever evicted?  yes  no If yes, give reason: \_\_\_\_\_

Do you have roaches?  yes  no

**ASSETS** (List all assets, e.g. home, stocks bonds, savings accounts, etc.)

Name of bank for checking account: \_\_\_\_\_ Account# \_\_\_\_\_

Name of bank for savings account: \_\_\_\_\_ Account# \_\_\_\_\_

Does anyone outside the household pay for any of your bills or give you money?  yes  no If yes, list: \_\_\_\_\_

Have you sold any real estate in the last two years?  yes  no Do you have any stocks or bonds? If Yes List: \_\_\_\_\_

Do you own a car?  yes  no Model \_\_\_\_\_ Year \_\_\_\_\_ Tag number \_\_\_\_\_



## EHA APPLICATION FOR ADMISSIONS PART II

**HANDICAPPED:** Do you claim to be disabled or handicapped for the purpose of Housing?  yes  no  
Do you need a handicapped accessible unit?  yes  no

**GENERAL:** Explain in detail (use additional paper if needed) why you want or need to move. \_\_\_\_\_  
\_\_\_\_\_

**REFERENCES:** List three references – DO NOT USE RELATIVES.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

**PAST/PRESENT LANDLORD:** List your landlords for the past 5 years, beginning with your present landlord.

(1) Date: From \_\_\_\_\_ To \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Their Address: \_\_\_\_\_  
Apt. Address: \_\_\_\_\_ Landlord Phone#: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

(2) Date: From \_\_\_\_\_ To \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Their Address: \_\_\_\_\_  
Apt. Address: \_\_\_\_\_ Landlord Phone#: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

(3) Date: From \_\_\_\_\_ To \_\_\_\_\_  
Landlord Name: \_\_\_\_\_ Their Address: \_\_\_\_\_  
Apt. Address: \_\_\_\_\_ Landlord Phone#: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Misc:**  
Have you or any other adult members ever used any name(s) or Social Security number(s) other than the one you are currently using?  yes  no  
If yes, explain: \_\_\_\_\_

Have you ever lived in Public or Section 8 Housing?  yes  no  
If yes, where: \_\_\_\_\_ When \_\_\_\_\_

Have you or any member in your household ever been arrested/convicted of any crime other than a traffic violation?  yes  no  
If yes, explain: \_\_\_\_\_

Have you ever committed any fraud in a Federal Assisted Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs?  yes  no  
If yes, explain: \_\_\_\_\_

I understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my knowledge. I have no objections to inquiries being made for the purpose of verifying the statements made herein. I may call EHA the 3<sup>rd</sup> full week of every month to check on the status of my application. Also every year I will be sent a letter to return if I am still interested. I must return this letter or my application will be deleted. I understand I must notify the EHA of any changes in income, address, phone number or family composition, to keep my application up to date.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Spouse/ Other Adult

\_\_\_\_\_  
Date

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

ELKTON HOUSING AUTHORITY  
SMOKE FREE LEASE ADDENDUM

Tenant and all members of Tenant's family or household are parties to a written lease with Elkton Housing Authority. This Addendum states the following additional terms, conditions and rules which are hereby incorporated into the lease. A breach of this lease addendum shall give each party all the rights contained herein, as well as the rights in the lease.

1. **Purpose of no-smoking Policy.** The parties desire to mitigate the irritation and known health effects of secondhand smoke; the increased maintenance, cleaning and redecoration cost from smoking; the increased risk of fire from smoking; and the higher costs of fire insurance for non-smoke-free building.
2. **Definition of smoking:** The term "smoking" means inhaling, exhaling, breathing, or carrying any lighted cigar, cigarette, or other tobacco products or similar lighted product in any manner or in any form.
3. **Smoke free Community:** Tenant agrees and acknowledges that the premises to be occupied by Tenant and members of Tenant's household as listed on the lease have been designated as a smoke-free living environment. Tenant and members of tenant's household shall not smoke anywhere in the unit rented by Tenant, or the building where the Tenant's dwelling is located or in any of the common areas, nor shall Tenant permit any guests or visitors under the control of Tenant to do so. Tenants can smoke in their yards provided Tenant dispose of all ashes and remaining butt's in a can outside of Tenant's unit. Tenants at the "150" building have designated smoking areas at the back of the building.
4. **EHA to promote No-smoking policy-** EHA shall post no-smoking signs at entrances and exits, common areas, hallways, and in conspicuous places adjoining the grounds of the community.
5. **EHA not a Guarantor of Smoke-Free Environment-** Tenant acknowledges that EHA's adoption of a smoke-free living environment, and the efforts to designate the community as smoke-free, do not make the landlord or any of its managing agents the guarantor of Tenant's health or of the smoke-free condition of the Tenant's unit and the common areas. However, EHA shall take reasonable steps to enforce the smoke-free terms of its leases and to make the complex smoke-free. EHA is not required to take steps in response to smoking unless EHA knows of said smoking or has been given written notice of said smoking.
6. **Effect of Breach and Right to Terminate Lease-** A breach of this lease Addendum shall give each party all the rights contained herein, as well as the rights in the Lease. A material breach of this addendum shall be a material breach of the lease and grounds for immediate termination of the Lease by EHA.
7. **Disclaimer by Landlord-** Tenant acknowledges that EHA's adoption of a smoke-free living environment, and the efforts to designate the community as smoke-free does not in any way change the standard of care that the Landlord or managing agent would have to a Tenant household to render buildings and premises designated as smoke-free any safer, more habitable, or improved in terms of air quality standards than any rental premises. EHA specifically disclaims any implied or express warranties that the building, common areas, or Tenant's premises will have any higher or improve air quality standards than any other rental property. EHA cannot and does not warranty or promise that the rental premises or common areas will be free from secondhand smoke. Tenant acknowledges that EHA's ability to police, monitor, or enforce the agreements of this addendum is dependent in significant part on voluntary compliance by Tenant and Tenant's guests. Tenants with respiratory ailments, allergies or any other physical or mental condition relating to smoke are put on notice that EHA does not assume any higher duty of care to enforce this addendum than any other landlord obligation under the lease.
8. **Effect on Current Tenants-** Tenant acknowledges that current tenants residing in the community under a prior lease will not be immediately subject to the non-smoking policy. As current tenants move out, or enter into new leases, the smoke-free policy will become effective for their new unit or new lease.

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