

Jan 2022

**Moderate Income Housing Unit
RENTAL HOUSING
APPLICATION**

Lease Begins _____
Lease Ends _____

- Read the instructions carefully:**
- Please complete ALL sections of this form and return all pages. This information will be used to verify if household income is below the maximum limits per program guidelines. Refer to <https://www.howardcountymd.gov/DHCD-MIHU-Rental> for updated income limits. Leasing offices may require applicants to complete a separate rental application.
- INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

APPLICANT	Social Security Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name: _____											
Current Address: _____ _____											
Home Phone: _____						Work Phone: _____					
Employer: _____						Employer Address: _____					
City/State: _____						Employer Phone: _____					
Current Base Salary: \$ _____			Overtime: \$ _____			Job Title: _____					
Other Income: (explain and verify): _____											
Alimony/Child Support Received? ___ Yes ___ No \$ _____											
Email address: _____											
CO-APPLICANT *	Social Security Number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name: _____											
Current Address: _____ _____											
Home Phone: _____						Work Phone: _____					
Employer: _____						Employer Address: _____					
City/State: _____						Employer Phone: _____					
Current Base Salary: \$ _____			Overtime: \$ _____			Job Title: _____					
Other Income: (explain and verify): _____											
Alimony/Child Support Received? ___ Yes ___ No \$ _____											
Email address: _____											

* Spouses and life partners must be included on the application.



FAMILY INFORMATION: Provide the requested information for each individual who will be living in the domicile. **Include applicant and co-applicant in this section.**

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	

(Any dependent listed above who is 18 years of age or older must document if he/she is employed or a student)

Minimum Incomes and Rental Location

Community: Pue Apt. @ Dorsey's Ridge

Unit Size	Maximum Monthly Rent*	Annual Rent	Suggested Minimum Income
2 Bedroom	\$ 1455.00	\$17,460.00	\$ 52,380.00

*Utilities NOT included. Rent effective January 1 – June 30, 2022

Note: Maximum income limits apply. Maximum Household Income:

- 1-person - \$50,887
- 2-person - \$58,157
- 3-person - \$65,426
- 4-person - \$72,696
- 5-person - \$78,512
- 6-person - \$84,327

DEMOGRAPHIC DATA -

Please complete the following to assist in the analysis of the **affirmative marketing** of units under this program. Check all that apply:

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 agree to allow Howard County to review my application and supporting documents (including, but not limited to, 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 the Leasing Office at the prospective rental housing development. For compliance purposes, approved applications will be shared with and kept on file at Howard County Housing. All information will be kept confidential by Howard County Housing in accordance with the Privacy Act of 1974 and the State of Maryland.

Leasing Offices are expected to comply with the principles of Fair Housing Act (Title VIII of the Civil Rights Act of 1968), as amended, which generally prohibits discrimination in the sale, rental, and financing of dwellings, and in other housing-related transactions, based on race, color, national origin, religion, sex, familial status (including children under the age of 18 living with parents of legal custodians, pregnant women, and people securing custody of children under the age of 18), and handicap (disability).

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

<input type="checkbox"/> New <input type="checkbox"/> Revised (Date Revised: _____)	<input type="checkbox"/> Incomplete (Date: _____) Total Annual Household Income: \$ _____	<u>Eligible for Rental:</u> <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedrooms <input type="checkbox"/> 3 Bedrooms <input type="checkbox"/> 4 Bedrooms <u>Ineligible:</u> Reason: _____
(Prepared By)		
(Date)		



MIHU Documentation Checklist

Each of the following items listed below must be attached to 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.

- Signed, completed application**
- Most recent 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). The newest year's returns are REQUIRED after April 15th.
- Most recent W-2s** (The newest year's W-2s are REQUIRED after February 1st).
- 3 current paystubs** (for both full time employment and part time employment) for **each employed person, 18 years or older, who will live in the household.**
- Other income documentation** (Social Security, SSI, retirement, child support) – most recent annual, quarterly or monthly statement
- If a college student, you must provide a college transcript** (unofficial copy is acceptable).
- Affidavit of Zero Income** for all non-working persons over the age of eighteen (18)

No copies will be made in the office.

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

