

Supported Housing Developers Interest Sheet

Name: _____ Date of Birth: _____

Maiden Name (if appropriate): _____

Address: _____

Phone: (____) _____ Email: _____

Social Security #: _____ Medical Assistance # _____

Behavioral Health Service Provider: _____

Behavioral Health Worker's Name: _____ Phone: (____) _____

Behavioral Health Worker's Email: _____

Are you currently living in an RRP? _____ Which One? _____

Is there any person (s) you wish to share a living situation with? List _____

Do you need handicap accessible unit? _____ yes _____ no

If yes, please specify need: _____

Your Monthly Income (**MUST have SSI/SSDI to qualify**):

SSDI: \$	SSI: \$	Pension: \$
Assets: \$	Earned Income: \$	Other Income: \$

Preferred area to live in: _____ Annapolis area _____ Glen Burnie area _____ either

Do you have any outstanding bills with the telephone or gas and electric company?

_____ Yes _____ No If yes give details: _____

Other Debt (list): _____

Do you own furniture or household items: Give details: _____

If there someone who might be willing or able to help you obtain such items: _____

Supportive housing will require a security deposit. Do you have any funds to defray the costs of the deposit? _____

Supported Housing Developers Interest Sheet

Have you ever been evicted from any type of housing? _____ Yes _____ No

If yes please give details: _____

Have you been convicted of a felony? _____ Yes No _____

If yes please give details including type of felony, dates, probation status, etc: _____

I certify that to the best of my knowledge that the above information is correct and I hereby grant permission to perspective landlords and their agents to verify the information:

Signature of Applicant: _____

Date: _____

Mail to: Shevonne Walton
Anne Arundel Co. Mental Health Agency, Inc.
PO Box 6675, MS-3230
1 Truman Parkway, Suite 101
Annapolis, Md. 21401

Fax To: Shevonne Walton
410-222-7881

Phone: 410-222-7858

NEXT STEPS

Once your interest sheet is received at the *Anne Arundel County Mental Health Agency*, it will be reviewed to ensure program eligibility is met. If the program eligibility is met and an opening is available, you will be contacted by Supported Housing Developers to schedule an appointment at their office. If no units are available, you will be placed on a waitlist and called when a unit is available.

At your scheduled appointment with Supported Housing Developers, you will be filling out the Housing Commission of Anne Arundel County (HCAAC) application and **MUST** bring the following documents with you. *Copies will not be accepted.*

- Original or certified copy of your birth certificate**
- Original Photo ID**
- Original Social Security Card**
- Award letter from Social Security (SSI/SSDI) and/or local Social Services, if applicable (must be dated within 30 days)**
- Bank Statements for any accounts you have, as well as statements for any CDs, IRAs or life insurance (must be dated within 30 days)**
- Print out from DSS with Food Stamp Information, if applicable**
- Most recent water and/or BGE bill if you currently have water or BGE in your name**
- Letter of Independent Living from provider (*on provider letterhead*)**
- **If employed:**
 - Last 3 paystubs from job (must be the most consecutive within 30 days)**
 - Letter from employer**

****Applications CANNOT be submitted to HCAAC without these documents****