

HOUSING ACCESSIBILITY MODIFICATION PROGRAM (HAMP)

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

Last Name	First Name	Middle Initial

2. Current Address:

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. 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

<input type="checkbox"/> Single, Non-Elderly	<input type="checkbox"/> Two Parents
<input type="checkbox"/> Elderly	<input type="checkbox"/> Other
<input type="checkbox"/> Single Parent	

6. 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.] \longrightarrow				

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

7. 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
\$44,950	\$51,400	\$57,800	\$64,200	\$69,350	\$74,500

8. Disability Documentation : Yes _____ No _____

9. Type of Renovation You Are Requesting: _____

9. Signatures:

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

Resident Signature: _____

Printed Name: _____ Date: _____

Please return to:

**Hal Franklin, Commission on Disabilities
 Baltimore County Office of Planning
 Suite 201
 105 W. Chesapeake Avenue
 Towson, MD 21204**

Questions? Call 410/887-3580

This application is available in alternate format upon request.