

HOMEOWNERSHIP PROGRAM APPLICATION

Thank you for your interest in the Housing Choice Voucher Homeownership Program (HCVHP)! We look forward to working with you and your family as you pursue homeownership. If you have a Housing Choice Voucher, and are considering homeownership, the Housing Authority of Prince George's County (HAPGC) may be able to help you. Information that you provide on this application will be used to determine your pre-eligibility for the Homeownership Program. **INCOMPLETE APPLICATIONS WILL BE DEEMED INELIGIBLE.** If a question does not apply, write N/A.

1. Applicant(s) Name: _____ Phone Number: _____

Email Address: _____

2. Current Address: Street (including Apt#):

City State Zip Code

3. Family Composition - List all the people who will be living in your household when you purchase your home.

Household Member	Relationship	Social Security #	DOB	SEX
	HEAD			

4. Have you been a program participant for at least one (1) year?

☐ Yes ☐ No

5. Have you been reviewed for fraud or compliance in the last three (3) years?

☐ Yes ☐ No

6. How would you rate your credit? Credit Score if known: _____

☐ Very Good ☐ Good ☐ Bad ☐ Very Bad ☐ Don't Know

Please note that you can ask for a reasonable accommodation to use HAPGC housing or services. This can include auxiliary aids or services, materials in an alternative format, or help in completing paperwork or changes to your housing based on your disability. Contact the 504 Coordinator at (301)883-5576 or email dhcd-504@co.pg.md.us for assistance.



7. Has the head of household or any other adult in the household (who will own the home) been continuously employed full time during the last twelve months without interruption?

☐ Yes, please state who: _____

☐ No member of my household meets the employment requirement.

☐ The employment requirement does not apply to my household because either the head of household or the spouse is disabled or elderly.

8. What is your household's gross **annual** income? \$ _____

9. Have you paid your rent consistently for the last twelve months?

☐ Yes ☐ No **Attach a letter from your landlord as verification of this.** This letter must be signed and dated.

Failure to provide this information may automatically deem your application ineligible.

10. Does any member of your household have any ownership, in part or whole, in a house, condominium, duplex, or residence of any kind during the past three years?

☐ Yes ☐ No

11. Has any member of your household ever defaulted on a mortgage loan?

☐ Yes ☐ No

12. Have you completed any Homebuyers Education Workshops?

☐ Yes ☐ No

13. Have you been pre-approved or pre-qualified for a mortgage loan?

☐ Yes ☐ No if yes, how much were you pre-approved for? _____

14. If you have already selected a home to purchase, please provide the following:

Purchase Price: \$ _____ Anticipated closing date? _____ Number of bedrooms _____
Complete Address _____

Signature of Head of Household

Date

Please return to the following email address: hcvhomeownership@co.pg.md.us
Attn: Fidelia Carrington

Please allow 60 days for processing

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