



Jessica G. Anderson-Preston, Executive Director

Yolanda L. Hawkins-Bautista, Chair – Board of Commissioners

## 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 (section 8), 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 resident of Prince George's County for at least one year?

Yes  No

5. Have you been reviewed for fraud or compliance in the last three 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](mailto: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 **Please attach a letter from your landlord as verification of this.**

**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](mailto:hcvhomeownership@co.pg.md.us)

**Please allow 60 days for processing**

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