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THE HOUSING AUTHORITY OF PRINCE GEORGE'S COUNTY



JACK B. JOHNSON
County Executive

INITIAL CERTIFICATION LETTER (ELDERLY)

Date:

«NAME»

«ADDRESS1»

«ADDRESS2»

I.D.#: «SSN»

Dear Applicant:

We are currently reviewing your request for public housing. In order to complete this review process additional information is needed. The review process will include the Housing Assistance Division obtaining credit and criminal background reports, rental references and conducting a home visit.

Please send the following information to our office **postmarked no later than:** _____ If all information that is requested is not postmarked by this date, we will assume you are no longer interested and **YOUR NAME WILL BE REMOVED FROM THE PUBLIC HOUSING WAITING LIST.** You are required to send only the documents that are checked that pertain to you. **PLEASE DO NOT SEND ORIGINALS OR DOCUMENTS WITH A REQUEST THAT WE COPY AND RETURN THEM.** Due to the work volume we are unable to accommodate requests to copy and return originals. For this same reason, we are unable to handle individuals walking in without appointments.

- Sign and return enclosed forms (1) Authorization for the of Release of Information form, (2) Authorization for the Release of Management Service form.
- Verification of wages or income for all household members.
- A current statement verifying the amount of your Social Security, Civil Service Annuity, Railroad Retirement, Veteran Pension, Supplemental Security Income (SSI) or other income.
- Verification of Head of Household's age, if over 62 or handicapped.
- A statement (dated within the last 30 days) verifying your current Public Assistance Grant.
- Copies of birth certificates of all family members on application,
- Copies of social security cards for all family members on application.
- Copy of driver's license or state identification.
- Names, Addresses, and Telephone numbers of all rental references.
- Copy of most recent bank statement, savings and/or checking account,
- Print out** from pharmacy of receipts or other verification of paid out of pocket medical expenses.
- Please provide us with all telephone numbers to contact you.

When you have collected all of the information requested, please send it to the address listed below. Once your information has been received, someone will call to schedule your home visit appointment. If you have any questions concerning this matter, you may contact us on (301) 883-5489.

Sincerely,

Beverly Saunders
Director, Resident Services