

**SMTCCAC, Inc**  
**Homeownership Program Application**  
**PO Box 280, Hughesville, MD 20637**

Date: \_\_\_\_\_ Project applying for: **Hunting Creek, Lexington Park**

Name: _____	Home Phone: _____
Address: _____	Work Phone: _____
City, State, Zip: _____	Cell Phone: _____
How long have you lived at the above address: _____	Current Rent: _____
Date of Birth: _____	Social Security Number: _____
Employer's Name: _____	Your position: _____

Is there another person employed in the household that will be living with you?  yes  no If yes:

Name: _____	Home Phone: _____
Address: _____	Work Phone: _____
City, State, Zip: _____	Cell Phone: _____
Date of Birth: _____	Social Security Number: _____
Employer's Name: _____	Your position: _____

Size of household: \_\_\_\_\_ adults \_\_\_\_\_ children Do you need handicapped facilities?  yes  no

Do you pay child care?  yes  no If yes, how much? \_\_\_\_\_ Circle one: weekly, bi-weekly, monthly

Name	Amount	hour/week/month	Annual Total Gross
_____	\$ _____ per	_____ x _____	\$ _____
_____	\$ _____ per	_____ x _____	\$ _____

**Other Income: Social Security, child support, pension, etc**

_____	\$ _____ per	_____ x _____	\$ _____
_____	\$ _____ per	_____ x _____	\$ _____

**Total Income:** \$ \_\_\_\_\_

**How did you hear about the Hunting Creek Self-Help Housing Program?**

CMC website   
  SMTCCAC website   
  radio PSA   
  billboard on Route 5   
  sandwich board at site  
 community poster/flier. Location \_\_\_\_\_   
  participant referral   
  program agent  
 other. List \_\_\_\_\_   
  other. List \_\_\_\_\_

**Submit this form with the credit report fee to the address above. The \$20 credit report fee is required for each adult in the household and must be in the form of a money order payable to SMTCCAC. No cash or personal checks will be accepted.**

In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call 800-795-3272 (voice) or 202-720-6382 (TDD).