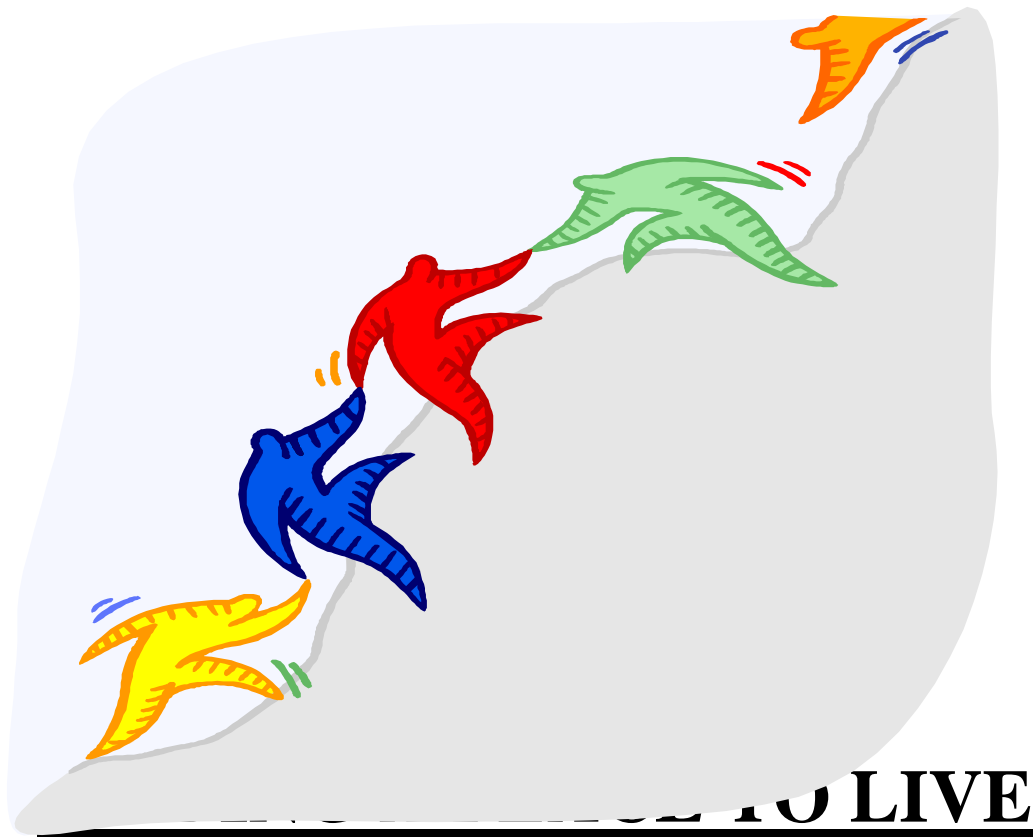


FAMILIES in TRANSITION

Resource Guide



- Call **Shelters:** Wayfarer's House for Women and Children (410-398-4381); Settlement House for Men (410-392-8066); Rotating Winter Shelter (Nov-March:

410-620-4701); Deep Roots for families (Clairvaux Farm 410-441-6912).

- Contact **Meeting Ground** Housing (410-398-4381).
- Apply for **Section 8** (410-996-5245); 3-4 yr waiting list
- Apply for **Elkton Housing Authority** (410-398-5018); 2-3 year waiting list
- Apply at **Low Income/Subsidized Housing** Neighborhoods (See attached list)

Apply for Cash Assistance, Medical Assistance, and Food Stamps

- Go to **Cecil County Department of Social Services (CCDSS)** at 170 E. Main St in Elkton, MD (410-996-0100) and apply for assistance.
- You may also apply for assistance online at **<https://mydhrbenefits.dhr.state.md.us/>**

- At CCDSS, also apply for **medical assistance** for your children and yourself so that you can get medical care.
- Ask about **immediate/emergency food assistance** through the Help Center program while at CCDSS. You will need to ask for a **Food Voucher**. (Other emergency food help is located in this packet as well)
- At CCDSS, **Temporary Cash Assistance** may also be available, however, this will take time to kick in and compliance with the program must occur.
- You may also apply at CCDSS for help with a **Security Deposit or First Month's Rent** once you have found a place to move in to.
- There are two different departments you can apply through to help with Security Deposit **or** First's Month's Rent if you are **Eligible**.

FOOD

Free Meals Offered:

- Monday-Friday: Breakfast 8-11:30 @ Mary Randall Center (401 North St, Elkton; 410-620-4701)
- Monday-Friday: Breakfast 10-12pm @ Wrights AME Church (125 Booth St, Elkton; 410-398-5298)

- Monday-Thursday: Lunch 12-1pm @ Settlement House (168 W. Main St, Elkton; 410-392-8066)
- Fridays: Lunch 12-1pm @ Elkton Presbyterian Church (209 E. Main St, Elkton; 410.398.4636)
- Saturdays: Lunch 11-12pm @ Perryville United Methodist Church (325 Susquehanna Ave, Perryville; 410.642.3411)
- Monday-Sunday: Dinner 5pm @ The Paris Foundation (229 S. Bridge St. Elkton; 443-485-6836)

Food Pantries:

- Monday-Thursday 9am-4pm @ Ray of Hope (960 Craigtown Rd, Port Deposit; 410-378-9800) **Intake Only
- Monday, Wednesday, Friday 9:30-12pm @ Immaculate Conception (300 Maryland Ave, Elkton; 410-398-2110)
- Wednesday 10-12pm @ Elkton Presbyterian Church (209 E. Main St, Elkton; 410.398-4636)
- Tuesday 10-11:30am @ Trinity Episcopal Church (105 N. Bridge St, Elkton; 410-398-5350)
- Monday-Thursday 9-2pm @ United Redeemed (1552 Singerly Rd, Elkton; 410-392-3456) **Call first
- Monday-Thursday 9-2pm @ North East United Methodist (308 S. Main St, North East; 410-287-2220) **Bring ID
- Monday, Wednesday, Saturday 9:30-12pm @ St. Mary Anne's (315 S. Main St, North East; 410-287-2230)

- Tuesday and Wednesday 9-12pm @ Chesapeake City Ecumenical Association (227 Basil Ave, Chesapeake City; 410-885-3244)

CLOTHING

- The Help Center @ 135 E. High St, Elkton, MD; 410-996-0260
- Wayfarer's House @ 107 Delaware Ave, Elkton, MD; 410-398-4381; Tues & Thurs 10-4pm (small household items)
- The Paris Foundation @ 229 S. Bridge St, Elkton, MD; 443-485-6836
- Chesapeake City Ecumenical Association @ 227 Basil Ave, Chesapeake City, MD; 410-885-3244
- Many of the food pantries listed also have clothing closets as well as other items.

*****Please note that the MARY RANDALL CENTER also provides other services as well: a light breakfast every morning, a place to shower, wash laundry, charge cell phone, mail services, case management services, and job skills.*****

Housing Lists
On Next Pages

(410) 996-5245 (410) 658-4041	CECIL COUNTY HOUSING AGENCY HOUSING CHOICE VOUCHER PROGRAM Office of Housing & Community Development 200 Chesapeake Blvd. Suite 1800 Elkton, Maryland 21921	FAX (410) 996-5256 TTY 1-800-735-2258
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4/17

- (1) Check for any age or income limitations (E= Elderly, TC=Income Based Rent)
- (2) ****NOT ALL COMPLEXES ACCEPT VOUCHERS- CHECK FOR AVAILABILITY WITH INDIVIDUAL COMPLEXES****
- (3) **COMPLEXES BELOW OFFER HANDICAP ACCESSIBLE UNITS**

Earleton Village (E, TC)	172 Center Street, Cecilton	(410) 778-6000
Parklands at Cecilton (TC)	203 East Main Street, Cecilton	(410) 286-1125
Canal Town Village (TC)	100 Grayson Avenue, Chesapeake City	(410) 885-2215
Elkton Housing Auth (TC)	150 E. Main Street, Elkton	(410) 398-5018
Elkton Senior Apts. (TC)	145 E. High Street, Elkton	(410) 620-1123
North Street Senior Res. (TC, E)	214 North Street, Elkton	(410) 392-2299
Villas of Whitehall (E, TC)	700 Skipjack Court, Elkton	(410) 620-5057
Cottages at Chesapeake (TC)	41 Bridgewell Parkway, Elkton	(410) 398-5813
Elk Chase Apts. (TC)	62 Elk Chase Drive, Elkton	(410) 398-3790
Elkton Manor Apts.	399 Booth Street, Elkton	(410) 392-8931
Gardens at Chesapeake (TC)	504 Abbott Drive, Elkton	(410) 398-6289
Glen Creek Apts (TC)	19 Glen Creek Circle, Elkton	(410) 996-9701
Springford Gardens (TC)	1 Whitehall Circle, Elkton	(410) 398-4163
Turnquist Apts.	110 Windward Court, Elkton	(410) 392-0099
The Villages at Belle Hill (TC)	200 Clear Blossom Drive, Elkton	(443) 207-8094
Beacon Apts.	1 Hatteras Court, North East	(410) 620-0004
Elk River Manor (TC)	301 River Manor Drive, North East	(410) 287-9676
New East Crossing (TC)	1000 Maresca Circle, North East	(443) 877-4460
North Creek Run (TC)	100 Stoney Creek Run Rd, North East	(410) 287-5950
North Bay Apts. (TC)	59 Cedar Hill Circle, North East	(410) 287-9050
Riverwoods (TC)	125 Railroad Lane, North East	(410) 287-2877
Stony Run Apts (TC)	200 Stony Run Circle, North East	(410) 287-8633
Victoria Park (E, TC)	520 S. Main Street, North East	(410) 287-1500
Concord Apts. (TC)	152 Mill Creek Road, Perryville	(410) 642-2713
Fairgreen Senior Comm. (E, TC)	100 Greenway, Perryville	(410) 642-9080
Perryvilla (E, TC)	345 Broad Street, Perryville	(410) 642-3434
Richmond Hill Pointe (TC)	304 Mansion Drive, Perryville	(410) 642-2200
School House Apts.	3 Old School House Drive, Port Deposit	(410) 378-4216
Fairview Senior Comm. (E, TC)	100 McNamee Lane, Rising Sun	(410) 658-0488
McKinley Apts. (E, TC)	500 Dodson Drive, Rising Sun	(410) 658-3912
Maple Heights Apts. (TC)	301 W. Maple Heights Ct., Rising Sun	(410) 658-1604
Meadowside Apts. (TC)	49 Leedle Circle, Rising Sun	(410) 658-2798

SEE REVERSE FOR RESOURCE LIST FOR CECIL COUNTY RESIDENTS



Rental Companies

- KND Inc: 410-398-5259
- Koter Rentals: 410-287-2233
- LBL Limited Partnership: 410-398-1373
- Modern Leasing: 410-398-0699
- Roland Baltazar: 410-392-8040
- Terry Farmer: 410-658-2987
- Ulrich Reality: 410-392-6340
- Popular Greetings: 410-398-5346
- Creegers Mini Storage: 410-658-2660
- David Williams: 410-398-0700
- Regal Trust Association: 410-287-1260
- Accurate Accounting: 410-392-6499

(410) 996-5245
(410) 658-4041

CECIL COUNTY HOUSING AGENCY
Housing Choice Voucher Program
Division of Housing & Community Development
200 Chesapeake Blvd. Suite 1800
Elkton, Maryland 21921

FAX (410) 996-5256
TTY 1-800-735-2258

Voucher Application Information

www.ccgov.org

Basic Preferences for Eligibility

- Must be a Cecil County resident
- No violent or drug-related criminal history in last 3 years
- Not a lifetime registered sex offender
- Must be elderly, disabled, or a family (family=two or more persons)

Application Process

- Must COMPLETELY fill out application for Voucher **waiting list**
- Must include at least YOUR Social Security Number
- Wait Time is about 2.5 to 3 years as of 4/1/17
- Must keep your address current during wait period
- Address can only be changed in writing or in person

Additional Recommendations

- Drop off your application in person—mail or fax not recommended
- Consider getting a PO Box if your address changes frequently
- Call or visit the office every 6 months to 1 year to check your application status

Answers to Frequent Questions

- No emergency assistance programs available
- Despite what you've heard, there is NO WAY to speed up your wait time
- However, if you already have a social worker at the Health Department, the Dept of Social Services, or the VA at Perry Point, you may qualify for other housing assistance

KEEP THIS SHEET FOR YOUR INFORMATION



(410) 996-5245 (410) 658-4041	CECIL COUNTY HOUSING AGENCY Housing Choice Voucher Program Division of Housing & Community Development 200 Chesapeake Blvd. Suite 1800 Elkton, Maryland 21921	FAX (410) 996-5256 TTY 1-800-735-2258
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APPLICATION WILL NOT BE ACCEPTED IF ANY DATA IS MISSING--COMPLETE BOTH SIDES

(4/17)

Applicant Name _____

Current Address (Physical) _____

(Mailing Address) _____

City, State and Zip Code _____

HOUSEHOLD COMPOSITION: List **all** persons who will live in your home. List head of Household **FIRST**
 (Head of Household **must be** at least 18 years of age.)

Name	Sex	Birth Date	Relation	Soc. Sec. #	Type of Income	Amt. Of Income
1						
2						
3						
4						
5						
6						
7						

1. Have you ever lived in Public Housing or Section 8 Assistance? ☐ Yes ☐ No

If yes, Where? _____

2. Do you have any outstanding electric bills? ☐ Yes ☐ No If yes, the amount \$ _____

3. Are you handicapped or disabled? ☐ Yes ☐ No

Note: The following information is being requested to comply with equal opportunity requirements and to assure that no discrimination occurs. Your answer **will not** affect (either positively or negatively) your selection for the program.

Race: (Circle one) ☐ White ☐ Asian ☐ Hispanic ☐ Black ☐ Am. Indian

List total cash value and total income received for assets owned by all family members.

Type of Assets	Cash Value of Assets	Income Earned from Assets
Checking Accounts	\$ _____	\$ _____
Savings Accounts	\$ _____	\$ _____

Stocks, Bonds, CD's	\$ _____	\$ _____
Real Estate	\$ _____	\$ _____
Other	\$ _____	\$ _____

U.S. Citizenship Notification and Certification:

Housing may be contingent upon the submission and verification of Cecil County residency, citizenship, or eligible immigration status prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information. I acknowledge responsibility to notify CCHA of all changes to my address, residency, and household composition during the wait period.

Signature: _____ **Date:** _____

CONTINUE TO THE NEXT PAGE – COMPLETE ENTIRE APPLICATION



U.S. Department of Housing and Urban Development Office of Public and Indian Housing

DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS

Paperwork Reduction Notice: Public reporting burden for this collection of information is estimated to average 7 minutes per response. This includes the time for respondents to read the document and certify, and any recordkeeping burden. This information will be used in the processing of a tenancy. Response to this request for information is required to receive benefits. The agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. The OMB Number is 2577-0266, and expires 10/31/2019.

NOTICE TO APPLICANTS AND PARTICIPANTS OF THE FOLLOWING HUD RENTAL ASSISTANCE PROGRAMS:

- Public Housing (24 CFR 960)
- Section 8 Housing Choice Voucher, including the Disaster Housing Assistance Program (24 CFR 982)
- Section 8 Moderate Rehabilitation (24 CFR 882)
- Project-Based Voucher (24 CFR 983)

The U.S. Department of Housing and Urban Development maintains a national repository of debts owed to Public Housing Agencies (PHAs) or Section 8 landlords and adverse information of former participants who have voluntarily or involuntarily terminated participation in one of the above-listed HUD rental assistance programs. This information is maintained within HUD's Enterprise Income Verification (EIV) system, which is used by Public Housing Agencies (PHAs) and their management agents to verify employment and income information of program participants, as well as, to reduce administrative and rental assistance payment errors. The EIV system is designed to assist PHAs and HUD in ensuring that families are eligible to participate in HUD rental assistance programs and determining the correct amount of rental assistance a family is eligible for. All PHAs are required to use this system in accordance with HUD regulations at 24 CFR 5.233.

HUD requires PHAs, which administers the above-listed rental housing programs, to report certain information at the conclusion of your participation in a HUD rental assistance program. This notice provides you with information on what information the PHA is required to provide HUD, who will have access to this information, how this information is used and your rights. PHAs are required to provide this notice to all applicants and program participants and you are required to acknowledge receipt of this notice by signing page 2. Each adult household member must sign this form.

What information about you and your tenancy does HUD collect from the PHA?

The following information is collected about each member of your household (family composition): full name, date of birth, and Social Security Number.

The following adverse information is collected once your participation in the housing program has ended, whether you voluntarily or involuntarily move out of an assisted unit:

1. Amount of any balance you owe the PHA or Section 8 landlord (up to \$500,000) and explanation for balance owed (i.e. unpaid rent, retroactive rent (due to unreported income and/ or change in family composition) or other charges such as damages, utility charges, etc.); and
2. Whether or not you have entered into a repayment agreement for the amount that you owe the PHA; and
3. Whether or not you have defaulted on a repayment agreement; and
4. Whether or not the PHA has obtained a judgment against you; and
5. Whether or not you have filed for bankruptcy; and
6. The negative reason(s) for your end of participation or any negative status (i.e., abandoned unit, fraud, lease violations, criminal activity, etc.) as of the end of participation date.

Who will have access to the information collected?

This information will be available to HUD employees, PHA employees, and contractors of HUD and PHAs.

How will this information be used?

PHAs will have access to this information during the time of application for rental assistance and reexamination of family income and composition for existing participants. PHAs will be able to access this information to determine a family's suitability for initial or continued rental assistance, and avoid providing limited Federal housing assistance to families who have previously been unable to comply with HUD program requirements. If the reported information is accurate, a PHA may terminate your current rental assistance and deny your future request for HUD rental assistance, subject to PHA policy.

How long is the debt owed and termination information maintained in EIV?

Debt owed and termination information will be maintained in EIV for a period of up to ten (10) years from the end of participation date or such other period consistent with State Law.

What are my rights?

In accordance with the Federal Privacy Act of 1974, as amended (5 USC 552a) and HUD regulations pertaining to its implementation of the Federal Privacy Act of 1974 (24 CFR Part 16), you have the following rights:

1. To have access to your records maintained by HUD, subject to 24 CFR Part 16.
2. To have an administrative review of HUD's initial denial of your request to have access to your records maintained by HUD.
3. To have incorrect information in your record corrected upon written request.
4. To file an appeal request of an initial adverse determination on correction or amendment of record request within 30 calendar days after the issuance of the written denial.
5. To have your record disclosed to a third party upon receipt of your written and signed request.

What do I do if I dispute the debt or termination information reported about me?

If you disagree with the reported information, you should contact in writing the PHA who has reported this information about you. The PHA's name, address, and telephone numbers are listed on the Debts Owed and Termination Report. You have a right to request and obtain a copy of this report from the PHA. Inform the PHA why you dispute the information and provide any documentation that supports your dispute. HUD's record retention policies at 24 CFR Part 908 and 24 CFR Part 982 provide that the PHA may destroy your records three years from the date your participation in the program ends. To ensure the availability of your records, disputes of the original debt or termination information must be made within three years from the end of participation date; otherwise the debt and termination information will be presumed correct. Only the PHA who reported the adverse information about you can delete or correct your record.

Your filing of bankruptcy will not result in the removal of debt owed or termination information from HUD's EIV system. However, if you have included this debt in your bankruptcy filing and/or this debt has been discharged by the bankruptcy court, your record will be updated to include the bankruptcy indicator, when you provide the PHA with documentation of your bankruptcy status.

The PHA will notify you in writing of its action regarding your dispute within 30 days of receiving your written dispute. If the PHA determines that the disputed information is incorrect, the PHA will update or delete the record. If the PHA determines that the disputed information is correct, the PHA will provide an explanation as to why the information is correct.

This Notice was provided by the below-listed PHA:

I hereby acknowledge that the PHA provided me with the
Debts Owed to PHAs & Termination Notice:

Signature

Date

Printed Name

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

☐ Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)