

HOUSING APPLICATION

Return to:
 Housing Authority of Washington County
 319 E. Antietam Street
 Hagerstown, MD 21740



Office Use Only **Date & Time Received**
 Applied for S8:
 Applied for PH:
 Applicant #:

(Items marked with a * are used solely to meet reporting requirements)

I. HOUSEHOLD INFORMATION Beginning with yourself, list the people who will live with you: <i>Important! List below the complete and full names of the people who will be living with you, including any children in temporary foster care.</i> First Name, Middle Name, Last Name, Jr., Sr., Maiden Name(s) or any Nicknames	Relationship to Head of Household	Social Security Number (required for processing)	Disabled or Handicapped? *Yes / No	Sex M OR F	Race * 1=White 2=Black/African American 3=Am Indian/Alaska Native 4=Asian 5= Hawaiian	Hispanic * Yes/No	Age	Birth Date	Place of Birth (City and State)	U.S. Citizen? Yes/No
Head		/ /								
Spouse or Mate		/ /								
Family Member		/ /								
Family Member		/ /								
Family Member		/ /								
Family Member		/ /								
Family Member		/ /								
Is anyone in your household pregnant? Yes ___ No ___ Due Date? _____ Who? _____				What is your marital status? * (Circle one) Single Married Separated Divorced Widow(er)						

II. CURRENT RESIDENCY

Street Address _____ City _____ State _____ Zip Code _____

Mailing Address (if different from above) _____ City _____ State _____ Zip Code _____

Telephone Numbers Home _____ Work _____ Other _____ Name of Other _____

Monthly Rent Amount \$ _____ Monthly amount of Utilities you pay (excluding phone and cable): \$ _____ Do you owe any electric utilities? Yes ___ No ___

Date you moved in _____ Do you wish to remain in your present housing? Yes ___ No ___ If no, your reason to leave? _____

Landlord Name _____ Landlord Address _____ Landlord's phone number _____

Emergency Contact _____ Relationship _____ Telephone Number _____

Name of Caseworker or Counselor _____ Agency Name _____ Telephone Number _____

III. RESIDENCY - continued List all address(es) where you have lived for the past five years:	Date Moved In	Date Moved Out	Landlord Name, Address and Telephone Number (if you owned the home, indicate "Owner") Important**Complete addresses & phone numbers needed	Section 8 or Public Housing? Yes/No	Rent Amount

IV. EMPLOYMENT INCOME Name of household member with income:	Employer Name, Complete Mailing Address & Phone number	Date Employment Began	Hours per week	Gross amount of each check (List gross check before taxes and deductions or list hourly rate)	How often are you paid? (weekly, every 2 weeks, monthly)

V. ALL INCOME OTHER THAN EMPLOYMENT (Including Child Support, SSI, SSD, Pensions, Unemployment Etc) Name of household member with income:	Source of Income List the income source name and complete mailing address from which it is received if other than Social Security	Gross Amount	How often do you receive this amount? (weekly, every two weeks, monthly, etc.)

Do you anticipate any changes in your family's income? Yes ___ No ___ If yes, explain:

VI. EXPENSES:	Providers Name, Address and Phone Number	Amount Paid
Child Care (only applies if you are in school or working)		
Medical Expenses (only applies to elderly or disabled)		

VII. PRIOR EMPLOYMENT HISTORY	Employer Address	Date Employment Began	Date Employment Ended	Reason for Leaving
List previous employers for the last 5 years beginning with the most recent:	Complete address necessary			(terminated, better job, day care problems, etc.)

VIII. ASSETS	Description of Assets	Amount or Value	Name of Bank
Name of household member with assets:	(checking/savings accounts, certificates of deposit, stock or bonds, real estate, etc. Include Account Numbers)		

IX. LICENSE & VEHICLES	Driver's License or ID Number	Vehicle Make / Model / Year / Tag Number
List for all household members:	State Issued / Expiration Date	

X. MISCELLANEOUS

Have you or any member of your household ever been charged of a crime? Yes ___ No ___ If yes, Who _____ list charge(s) _____

(Note: Criminal background checks will be conducted) Date charged _____ Location _____

Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? Yes ___ No ___ If yes, list name of registrant and complete address where currently registered. _____

(Note: Failure to truthfully respond to this question may jeopardize approval of your application.)

Have you ever lived in Public Housing, Section 8 Housing or any other assisted housing? Yes ___ No ___ If yes, where? _____ When? _____

Please provide the name of the Housing Authority and their address _____

And the address at which you lived _____ From _____ To _____

Have you ever been evicted from Public or Assisted Housing? Yes ___ No ___ If yes, explain _____

Do you have any pets? Yes ___ No ___ If yes, how many and type _____

Who referred you to this Housing Authority? _____

Please read the following carefully and circle Yes or No

DISPLACED

Yes No Are you seeking housing assistance because a government action in connection with code enforcement, public improvement or a development project will displace you within the next six months? (*Attach Proof*) or because of domestic violence that has occurred in the last six months? (*Provide copy of Ex-Parte*)

CONDITIONS OF HOUSING

Yes No Is your present housing substandard and in need of considerable major repair (lacks indoor plumbing, tub or toilet, kitchen, safe electricity or safe heating source)? (*Provide letter from local Building Inspector*)

Yes No Are you staying in a shelter? (*If Yes, Provide letter from shelter*)

Yes No Are you in an overcrowded home? (*If Yes, Provide letter from landlord*)

COST OF HOUSING

Yes No Have you been paying more than 30% of your gross income for rent and utilities for more than 90 days?

Yes No Have you been paying more than 50% of your gross income for rent and utilities for more than 90 days?

AGE STATUS

Yes No Are you or any member of your household age 62 or older?

VETERAN'S STATUS

Yes No Are you a Veteran with an honorable discharge, the widow/widower of a Veteran, or currently serving on Active Duty? If yes, please provide DD214 (discharge form) or other document showing an honorable discharge.

RESIDENCY

Yes No Do you live within the City limits of Hagerstown?

Yes No Do you live outside the City limits of Hagerstown, but within Washington County?

Yes No Do you live or work in the State of Maryland outside Washington County?

PERSONS WITH DISABILITIES

Yes No Do you or any member over 18 in your household have a disability? If yes, who? _____

Yes No If you answered yes to the above, do you or the member in your home receive Social Security Income or SSD (Social Security Disability)

Yes No If SSI or SSD is not received, have you or the member of your household been certified by a physician as having a disability? If yes, provide the following:

Name of Physician _____

Complete Mailing Address _____

_____ zip _____

Yes No Have you been diagnosed with a terminal illness? If yes, provide the following:

SELF-SUFFICIENCY/JOB TRAINING

Yes No Is the head of the household or co-applicant in a full-time accredited college program, or in a local job training, job search or work experience program? Date started _____

Where? _____

Yes No Has a member of your household been working over 20 hours per week for the past six months? (If you can demonstrate a pattern of depending on wages from employment, submit documentation with this application.)

I do hereby certify that all information provided in this housing application is complete and accurate to the best of my knowledge. Authorization is granted to verify the information in this application. I authorize any person, financial institution, employer, partnership, Medical Offices, corporation, association or governmental agency, including the Washington County Department of Social Services, possessing information on such matters to release such information to the Housing Authority (HA), and I release and save harmless the respective respondent. I understand that a wage and benefit check may be made through the Department of Labor, Licensing & Regulation and that a criminal background check may be conducted. Authorization is also granted to check with federally-assisted housing agencies to determine if any debt is owed.

Applicant Signature

Date

Co-Applicant Signature

Date

It is a criminal offense under Section 35(a) of the United States Criminal Code and punishable by up to 10 years imprisonment, \$10,000 fine, or both, to make false statements or representation to any department or agency of the United States as to any matter within their jurisdiction.

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"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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.

Which vacancies are you interested in?

SECTION 8 RENTAL ASSISTANCE

_____ (Assistance with rent at units owned by private landlords, other than relatives, outside Hagerstown City Limits)

ELDERLY HOUSING

(For Elderly or Handicapped)

_____ Williamsport (1 bedroom units at Park View Knoll)

_____ Williamsport (1 bedroom units at Springfield Manor)

_____ Smithsburg (1 bedroom units at Blue Mountain Estates)

_____ Hancock (1 bedroom units at Monterey House)

_____ Boonsboro (Elderly Partnership Housing) (1 bedroom units at School House Manor)

Francis Murphy Senior Apartments (1 and 2-bedroom units at 20014 Rosebank Way, Hagerstown) - separate application required.

ACCESSIBLE UNITS: Both in our family housing and in our elderly complexes the Authority owns units that were designed to be more accessible to persons with a mobility or hearing disability. These units allow easier access to persons using wheelchairs, lower kitchen counters, and may include visual warning systems for smoke detectors and doorbells. Please indicate whether you would like to be considered for vacancies in such a unit.

_____ Yes, please consider me for vacancies in specially equipped units.

Please indicate type of disability:

_____ Require Wheelchair

_____ Hearing Impaired

_____ Vision Impaired

_____ Other (please explain) _____

SCATTERED HOME SITES (3- and 4-bedroom homes, check locations where you would consider residing):

_____ Dual Highway (3 Bedroom)

_____ Maugansville (3 & 4-bedroom)

_____ Funkstown (4 bedroom)

_____ Sharpsburg (3 bedroom)

_____ Halfway (3 bedroom)

_____ Williamsport (4 bedroom)

_____ Hancock (3 bedroom)

LEASE/PURCHASE (3 bedroom homes in the 21740 zip area, minimum income \$18,000)

_____ Halfway (3 bedroom)

_____ Sharpsburg Pike (3 bedroom)

NOTE: Please make sure application is filled out completely with names, addresses, and phone numbers where applicable. **We cannot process incomplete applications.** Incomplete applications will be returned to you. Thank you for your cooperation.