

# FRANCIS MURPHY SENIOR APARTMENTS RENTAL APPLICATION

Housing Authority of Washington County  
 Return to: 319 East Antietam St., 2<sup>nd</sup> Floor, P.O. Box 2944  
 Hagerstown, MD 21741-2944

**Seniors over age 62 Only**



**Receiving Office Use Only**  
Date & Time Received

Ask for Reasonable Accommodation form if needed.

<b>I. HOUSEHOLD INFORMATION</b> Beginning with yourself, list the people who live with you: <i>Important! List below the complete and full names of the people who will be living with you.</i> First Name, Middle Name, Last Name, Jr., Sr., Maiden Name and any Nicknames	Relationship to Head of Household	Social Security Number	Disabled or Handicapped? Yes / No	Sex M or F	Race 1=White 2=Black 3=Am Indian/ Alaska Native 4=Asian/ Pacific Islander	Hispanic Yes/No	Age	Birth Date	Place of Birth (City, State)	U.S. Citizen?  Yes/No
Head		/ /								
Spouse or Mate		/ /								
What is your marital status? (Mark one) Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/>					Are you or your spouse a full-time student? (Mark one) Yes <input type="checkbox"/> No <input type="checkbox"/>					

**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 \_\_\_\_\_ Reason for moving if any \_\_\_\_\_

Landlord Name \_\_\_\_\_ Landlord Address \_\_\_\_\_ Landlord's telephone number \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Additional Emergency Contact \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

If appropriate:  
 Name of Caseworker or Counselor \_\_\_\_\_ Agency Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

<b>III. RESIDENCY</b> 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



<b>VII. LICENSE &amp; VEHICLES</b> List for all household members:	<b>Driver's License or ID Number</b> <b>State Issued / Expiration Date</b>	<b>Vehicle Make / Model / Year / Tag Number</b>

**VIII. MISCELLANEOUS**

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

(Note: Criminal background checks will be conducted)

Date charged \_\_\_\_\_ Location \_\_\_\_\_

A number of units in Francis Murphy Senior Apartments were designed to be more accessible to persons with mobility or hearing disabilities. Lower kitchen counters, and visual warning systems for smoke detectors and doorbells are typical in these units. Please indicate whether you would like to be considered for vacancies in such units \_\_\_\_\_.

Have you ever lived in Public Housing or Section 8 housing or any other assisted housing? Yes \_\_\_\_\_ No \_\_\_\_\_ if Yes, answer the following questions

Please provide the Housing Authority's name and address \_\_\_\_\_

And the address at which you lived \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been evicted? Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

(Francis Murphy Apartments is a NO PET complex.)

Who referred you to Francis Murphy Senior Apartments? \_\_\_\_\_

*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, 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.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
Date

Revised 2/15/2010

If you are interested in signing up for rental assistance please answer the following additional questions so that we can place you on the waiting list. Circle the appropriate answers. These questions will help us to establish **how soon** we can offer you rental assistance.

- 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, or because of domestic violence that has occurred in the last six months?
- 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)?
- Yes No Are you staying in a shelter? If yes, please provide document from shelter.
- 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?
- 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.

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