

FRANCIS MURPHY SENIOR APARTMENTS RENTAL APPLICATION

Housing Authority of Washington County

Return to: 319 East Antietam St., 2nd Floor, P.O. Box 2944

Hagerstown, MD 21741-2944

Seniors over age 62 Only



Receiving Office Use Only

Date & Time Received

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

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 _____

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

IV. EMPLOYMENT INCOME Name of household member:	Employer Name, Address and 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, or number of hours per week)

V. ALL OTHER INCOME SUCH AS PENSIONS RETIREMENTS, IRA'S, SOCIAL SECURITY ETC. Name of household member with income:	Source of Income (please list all sources of money other than employment income, and the agency name from which it is received)	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. ASSETS Name of household member with assets:	Description of Assets (checking/savings accounts, certificates of deposit, stock or IRA, Money market, bonds, real estate, etc. Include Account Numbers)	Amount or Value	Name of Bank

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

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 3/20/2006

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.