

RENT -TO -OWN APPLICATION

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



Receiving Office Use Only <u>Date & Time Received</u>

Ask for Reasonable Accommodation form if needed.

I. HOUSEHOLD INFORMATION Beginning with yourself, list the people who live with you: <i>Important! List below the <u>complete</u> and <u>full</u> names of the people who will be living with you.</i> <i>First Name, Middle Name, Last Name, Jr., Sr., Maiden Name and any Nicknames</i>	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
<i>Head</i>		/ /								
<i>Spouse or Mate</i>		/ /								
<i>Other</i>		/ /								
<i>Other</i>		/ /								
<i>Other</i>		/ /								
<i>Other</i>		/ /								

What is your marital status? (Mark one) Single Married Separated Divorced Widow(er)
Are you or your spouse a full-time student? (Mark 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 _____
Email Address: _____	
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 _____

III. RESIDENCY List all address(es) where you have lived for the past fifteen years. (Please attach additional sheets if necessary)	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 List all places of employment for past three years. 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:

