

HOUSING APPLICATION

Public Housing (please circle)



Hagerstown Housing Authority
 35 West Baltimore Street
 Hagerstown, MD 21740

Equal Housing Opportunity

Section 8

Section 8 _____ Resident: _____ Enter by: _____
 Public Housing _____ PH Points: _____ Working: _____ Credit Chk: _____
 Other: _____ NCIC: _____ Elderly: _____ L/L Reference: _____
 SOR: _____ Fingerprints: _____ Job Training: _____ Eligible (Y/N) _____
 JIS: _____ Debts Due: _____ Reasonable Acc: _____ Wait Letter: _____
 Client Number: _____

I. HOUSEHOLD INFORMATION	Relationship to Head of Household	Social Security Number	Disabled Or Handicapped? Yes / No	Sex M or F	Race 1-White 2-Black 3-Amer Indian/Alaska Native 4-Asian/Pacific Islander	Hispanic Yes/No	Age	Birth Date	Place of Birth City & State	U.S. Citizen? Yes/No	What is your marital status? (Circle one)	
											Single	Married
Head		/ /										
Spouse or Mate		/ /										
Family Member		/ /										
Family Member		/ /										
Family Member		/ /										
Family Member		/ /										

Is anyone in your household pregnant? Yes ___ No ___ Due Date? ___ Who? ___

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 telephone number: _____
 Emergency Contact/Relationship _____ Address _____ Telephone Number: _____
 Name of Caseworker or Counselor _____ Agency Name _____ Telephone Number: _____
 (if appropriate)

III. RESIDENCY – continued

List all address(es) where you have lived for the past three years:

	Date Moved In	Date Moved Out	Landlord Name, Address and Telephone Number (if you owned the home, indicate "Owner")	Section 8 or Public Housing? Yes/No	Rent Amount

IV. EMPLOYMENT INCOME

Name of household member:

Employer Name and Address	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 INCOME OTHER THAN EMPLOYMENT

(Including Child Support)

Name of household member with income:

Name of household member with income:	Source of Income (please list all sources of money other than employment income)	Gross Amount	How often do you receive this amount? (weekly, every two weeks, monthly, etc.)

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

VI. EXPENSES:

Providers Name & Address

Amount Paid

Child Care (only applies if you are in school or working)		
Medical Expenses (only applies to elderly or disabled)		
Disability Expenses (to enable family member to work)		

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

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

IX. MISCELLANEOUS

A. Have you or any members of your household ever been charged of a crime? Yes ___ No ___ (Note: Criminal background checks will be conducted and you may be required to be fingerprinted)

If yes, list charge(s) _____ Date charged _____ City/State: _____

B. Have you ever-lived in Public Housing, Section 8 Housing or any other assisted housing? Yes ___ No ___

If yes, where? _____ When? _____

C. Have you ever been evicted from Public or Assisted Housing? Yes ___ No ___

If yes, explain: _____

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

E. Who referred you to the Hagerstown Housing Authority? _____

F. Date Head of Household Last Employed _____ Place of Employment: _____

G. Date Other Adult Members Last Employed _____ Place of Employment: _____

X. PREFERENCES (PLEASE COMPLETE ALL QUESTIONS THOROUGHLY SO THAT YOUR PREFERENCE POINTS CAN BE VERIFIED)

RESIDENCY

Yes No Do you currently work, or have been hired to work in Washington County, Maryland? If yes, date hired: _____
Employer's Name & Address: _____

Yes No Do you currently reside in a homeless shelter or facility? If yes, name of shelter: _____ (Written Documentation Required).

PERSONS WITH DISABILITIES

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

Yes No If you answered yes to the above, do you or any member of your household receive SSI (Social Security Income) or SSD (Social Security Disability)?

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

Name of Physician: _____ Address: _____

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

Name of Physician: _____ Address: _____

Yes No Do you or any family member need handicapped accessible housing? (i.e. ramps, hearing impaired smoke detector, etc) If so, please explain _____

SELF-SUFFICIENCY/JOB TRAINING

Yes No Is the head of the household or co-applicant in a full-time accredited college program, or actively participating in a local self-sufficiency, job training, job search or work experience program?

Date started: _____ Name of Program: _____

Caseworker/Counselor Name & Address: _____

PLEASE READ THE FOLLOWING CAREFULLY

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, 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. Authorization is also granted to check with federally-assisted housing agencies to determine if any debt is owed.

Applicant Signature _____ (SEAL) _____ Date _____ Co-Applicant Signature _____ (SEAL) _____ Date _____

Interviewer Signature _____

It is a criminal offense under Section 33(f) 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.