

HOUSING APPLICATION

Public Housing (please circle)

Section 8



Hagerstown Housing Authority
35 West Baltimore Street
Hagerstown, MD 21740

Equal Housing Opportunity

Section 8 _____ S8 Points: _____ Resident: _____ Enter by: _____
 Public Housing _____ PH Points: _____ Working: _____ Credit Ck: _____
 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 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, including any children in temporary foster care. 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	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 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:	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	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.)		

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

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? _____

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

B. 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 _____

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.

_____ Interviewer Signature