



HOUSING AUTHORITY OF THE CITY OF HAGERSTOWN

35 W. Baltimore St.
Hagerstown, MD 21740

Phone: 301-733-6911 Fax: 301-733-7298

HOUSING APPLICATION

Please Print clearly. You must answer all questions. Do not leave any blank spaces. Put a "0" or "NA" in each space that does not apply.

I/we are applying for (check all that apply):

- Public Housing Elderly/Disabled Units (over 50 or disabled only)
Public Housing Family Unit
C. Williams Brooks (62 or over only)
Section 8 Housing Choice Voucher
Add on Application (adding to)

Head of Household Full Name:

Address: Telephone No:

Cell Phone No:

Mailing Address (if different than above):

E-Mail Address:

Current Landlord's Name & Address:

Current Landlord's Telephone No.: Date you moved in

Emergency Contact:

Name: Relationship:

Address: Telephone Number:

Casework or Counselor:

Name: Agency:

Address: Telephone Number:

For Office Use Only:

Grid of fields for office use including Section 8, Public Housing, C. William Brooks, Other, S8 Points, PH Points, C. William Brooks Points, SOR, Eligible (Y/N), Resident, Working, JIS, Wait Letter, Job Training, Reasonable Acc, NCIC, Fingerprints, Debt Due, Disability/Elderly, Other Points, L/L Reference, Credit Ck, PH Bedroom Size, Entered by, Client Number.

Head of Household Information:

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name: _____ Marital Status: Single Married Separated Divorced Widow(er)

Date of Birth: _____ Age: _____ Place of Birth (city & state): _____

Social Security No: _____ Sex: Male Female US Citizen? Yes NoDisabled? Yes No Student? Yes No If yes, where? _____*Race & Ethnicity: Caucasian African American Amer Indian/Alaskan Asian Native Hawaiian/Pacific Islander*Hispanic: Yes No Driver's License or ID Number: _____ State Issued: _____

Income (all sources of income must be listed including non-monetary contributions):

	Source or Type of Income	Monthly Income
1		
2		
3		

Assets (include all bank accounts, real estate, stocks, bonds, etc):

	Source or Type of Asset	Value / Account Balance
1		
2		
3		

Spouse or Co-Head:

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name: _____ Marital Status: Single Married Separated Divorced Widow(er)

Date of Birth: _____ Age: _____ Place of Birth (city & state): _____

Social Security No: _____ Sex: Male Female US Citizen? Yes NoDisabled? Yes No Student? Yes No If yes, where? _____*Race & Ethnicity: Caucasian African American Amer Indian/Alaskan Asian Native Hawaiian/Pacific Islander*Hispanic: Yes No Driver's License or ID Number: _____ State Issued: _____

Income (all sources of income must be listed including non-monetary contributions):

	Source or Type of Income	Monthly Income
1		
2		
3		

Assets (include all bank accounts, real estate, stocks, bonds, etc):

	Source or Type of Asset	Value / Account Balance
1		
2		
3		

Family Member:

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name: _____ Marital Status: Single Married Separated Divorced Widow(er)

Date of Birth: _____ Age: _____ Place of Birth (city & state): _____

Social Security No: _____ Sex: Male Female US Citizen? Yes NoDisabled? Yes No Student? Yes No If yes, where? _____*Race & Ethnicity: Caucasian African American Amer Indian/Alaskan Asian Native Hawaiian/Pacific Islander*Hispanic: Yes No Driver's License or ID Number: _____ State Issued: _____**Income** (all sources of income must be listed including non-monetary contributions):

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Family Member:

Last Name: _____ First Name: _____ Middle Name: _____

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2		
3		

Assets (include all bank accounts, real estate, stocks, bonds, etc):

	Source or Type of Asset	Value / Account Balance
1		
2		
3		

Please answer all questions.

		YES	NO
1.	Do you currently live or work in Washington Co?		
2.	Do you currently reside in a homeless shelter or facility? If yes, where?		
3.	Have you or a family member been certified by a physician as having a disability? If yes, who?		
Physician's Name & Address:			
4.	Have you or a family member been diagnosed by a physician as having a terminal illness? If yes, who?		
Physician's Name & Address:			
5.	Do you or a family member require accessible housing? (i.e. ramps, hearing impaired smoke detectors, etc) If yes, please explain.		
6.	Do you or any family member receive Social Security or SSI benefits? Who?		
7.	Does the head of household or co-applicant attend a full-time accredited college program or actively participate in a local self-sufficiency, job training, job search or work experience program?		
If yes, who & where?			
8.	Can you speak and understand English? If no, what language do you speak?		
9.	Are you or a family member the victim of domestic violence?		
10.	Do you currently live in subsidized housing (rent based on income)?		
11.	Have you ever lived in Public Housing, Section 8 or other subsidized housing? If yes, where?		
12.	Do you currently owe a debt to another housing authority due to prior participation in a rental subsidy program?		
If yes, where?			
13.	Have you ever been evicted from Public or Assisted Housing? If yes, where?		
If yes, explain:			
14.	Have you or a household member ever been charged with a crime? (Note: Criminal background checks will be conducted & you may be required to be fingerprinted)		
15.	Are you or any family member required to register as a Sex Offender in this or any other state?		
16.	Do you have any pets? If yes, how many and what type?		
17.	Is anyone in your household pregnant? If yes, who & due date?		
18.	Do you or a family member require a full-time care-giver for a disability? If yes, who?		
19.	Do you anticipate any changes in household composition in the next twelve months?		
If yes, explain:			
20.	Is there someone not listed on this application that would normally be living with the household?		
If yes, explain:			

List all landlords in the past five (5) years for all adult family members. Include any locations you stayed at even if you were not the leaseholder. HHA will contact prior landlords for references. Your signature on this application gives HHA permission to request references from landlords.

Previous Address(es):	Landlord's Name & Address	Move in Date	Move out Date

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. The Housing Authority also uses HUD's Enterprise Income Verification (EIV) system to determine if the family is eligible in regards to prior participation and if any debt is owed.

_____(SEAL) _____ Date _____(SEAL) _____ Date
 Applicant Signature (Head of Household) Co-Applicant Signature

_____(SEAL) _____ Date _____(SEAL) _____ Date
 Signature of Other Adult in the Household Signature of Other Adult in the Household

_____(SEAL) _____ Date _____(SEAL) _____ Date
 Signature of Other Adult in the Household Signature of Other Adult in the Household

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

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.