

# RENT -TO -OWN APPLICATION

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



<b>Receiving Office Use Only</b> <u>Date &amp; Time Received</u>
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**Ask for Reasonable Accommodation form if needed.**

<b>I. HOUSEHOLD INFORMATION</b> 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

<b>II. CURRENT RESIDENCY</b> 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 _____
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<b>III. RESIDENCY</b> List all address(es) where you have lived for the past fifteen years. (Please attach additional sheets if necessary)	Date <b>Moved            In</b>	Date <b>Moved            Out</b>	Landlord Name, Address and Telephone Number (if you owned the home, indicate "Owner") <b>Important**Complete addresses &amp; phone numbers needed</b>	Section 8 or <b>Public Housing?</b> Yes/No	<b>Rent Amount</b>

<b>IV. EMPLOYMENT INCOME</b> List all places of employment for past three years. Name of household member:	<b>Employer Name, Address and Phone number</b>	Date <b>Employment            Began</b>	Hours <b>per            week</b>	<b>Gross amount of each check</b> (List gross check before taxes and deductions or list hourly rate)	<b>How often are you paid?</b> (weekly, every 2 weeks, monthly, or number of hours per week)

<b>V. ALL OTHER INCOME SUCH AS PENSIONS            RETIREMENTS, IRA'S, SOCIAL SECURITY ETC.</b> Name of household member with income:	<b>Source of Income</b> (please list all sources of money other than employment income, and the agency name from which it is received)	<b>Gross            Amount</b>	<b>How often do you receive this amount?</b> (weekly, every two weeks, monthly, etc.)

Do you anticipate any changes in your family's income? Yes \_\_\_ No \_\_\_ If yes, explain:

