



# H. A. W. C.

Housing Authority of Washington County  
 319 East Antietam Street, 2<sup>nd</sup> Floor  
 P. O. Box 2944, Hagerstown, MD 21741-2944  
 Telephone/TTY: 301-791-3168  
 Fax: 301-791-2755  
[www.hawcmd.org](http://www.hawcmd.org) or [www.facebook.com/hawcmd.org](http://www.facebook.com/hawcmd.org)

*Our Mission is to provide decent, safe, affordable housing solutions that strengthen our community by focusing on local needs.*

The application on the next 3 pages can be used to apply for any of the following programs of the Housing Authority of Washington County except "Rent-to-Own". If you wish to live within the Hagerstown city limits, you will need to call Hagerstown Housing at 301-733-6911 to request an application. **Please keep this cover letter for your information.**

**SECTION 8 RENTAL HOUSING ASSISTANCE:** This program provides rental subsidies to lower income families renting from private landlords. Section 8 assistance from Washington County must be used outside the City limits of Hagerstown for one year if you live in the City or outside the County when you apply.

**SENIOR PUBLIC HOUSING:** The Housing Authority has senior complexes with 28 units in Smithsburg (Blue Mountain Estates) and 64 units in Williamsport with 28 at Parkview Knoll and 36 units at Springfield Manor, and 24 units in Hancock (Monterey). All units are 1-bedroom and are restricted to seniors or persons who have a physical impairment or disability. (See information on Partnership Rental Housing opportunities below, and the separate application for Francis Murphy Senior Apartments.)

**SCATTERED SITE HOMES:** The Housing Authority owns (24) three and four bedroom homes, outside the city limits of Hagerstown. The homes are scattered from Hancock, Halfway, Maugansville and Williamsport into the eastern sector of the County.

INCOME LIMITS FOR SECTION 8 OR PUBLIC HOUSING (no more than...)								
Household Size	1	2	3	4	5	6	7	8
INCOME	\$24,300	\$27,800	\$31,250	\$34,700	\$37,500	\$40,300	\$43,050	\$45,850

**PARTNERSHIP RENTAL HOUSING FOR SENIORS:** Schoolhouse Manor, located in Boonsboro, Maryland, has 32 one-bedroom units for seniors or persons who have a physical impairment or disability (5 accessible units), Springfield Manor, located in Williamsport, provides 36 one-bedroom elderly units, four of which have special accessibility features. (Springfield Manor uses the income guidelines for Section 8 above.)

INCOME LIMITS FOR SCHOOLHOUSE MANOR (no more than...)		
Household size	1	2
Income	\$30,000	\$34,300

**RENT-TO-OWN:** Moderate income families, earning between 80 and 120% of local median income, can rent "starter" homes, work on credit issues, build savings and become homeowners in a 5-year model program. If you are interested in applying for this program, please ask us for a separate application.

INCOME for RENT-TO-OWN (between 80 & 120% ...)				
Household Size	3	4	5	6
80%	\$49,800	\$55,350	\$59,800	\$64,200
120%	\$74,750	\$83,050	\$89,700	\$96,350



**How soon will we be able to help you?**

**In most of our programs, we serve applicants with the greatest *need* first.<sup>1</sup>**

After we have assigned points to each application based on need they are placed in grouped by level of need. The following table shows **APPROXIMATELY** how long persons in each grouping have had to wait for Section 8 assistance in the past year. The exact length of wait will depend on turnover in the program and whether we obtain additional funding which could help us reach you sooner. Public housing applicants must wait until we have a vacancy.

NEED	Estimated length of wait
Highest need (more than 60 points)	6 - 48 months
Moderate need (30-59 points)	48- 72 months
Lower need (5-29 points)	Over 4 years
Lowest need (Fewer than 5 points )	Unlikely to be served

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**Individuals needing special accommodations should contact the Housing Authority of Washington County at 301-791-3168, VOICE/TDD or FAX 301-791-2755 to make arrangements for interviews.**

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The Housing Authority of Washington County does not discriminate on the basis of race, creed, color, national origin, sex, age, political affiliation, size, religion, marital status, or disability in employment or the provision of services.

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<sup>1</sup> The Rent-to-Own programs are an exception to this rule.

# HOUSING APPLICATION

Housing Authority of Washington County

319 E. Antietam Street

Hagerstown, MD 21740



(Items marked with a \* are used solely to meet reporting requirements)



<b>I. HOUSEHOLD INFORMATION</b> Beginning with yourself, list the people who will live with you: <i>Important! List below the complete and full names of the people who will be living with you, including any children in temporary foster care.</i> First Name, Middle Name, Last Name, Jr., Sr., Maiden Name(s) or any Nicknames	<b>Relationship to Head of Household</b>	<b>Social Security Number</b> (required for processing)	<b>Disabled or Handicapped?</b> *Yes / No	<b>Sex</b> M OR F	<b>Race *</b> 1=White 2=Black/African American 3=Am Indian/Alaska Native 4=Asian 5=Hawaiian	<b>Hispanic *</b> Yes/No	<b>Age</b>	<b>Birth Date</b>	<b>Place of Birth</b> (City and State)	<b>U.S. Citizen?</b> 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 \_\_\_\_\_

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 \_\_\_\_\_ Do you wish to remain in your present housing? Yes \_\_\_ No \_\_\_ If no, your reason to leave? \_\_\_\_\_

Landlord Name \_\_\_\_\_ Landlord Address \_\_\_\_\_ Landlord's phone number \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_ Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of Caseworker or Counselor (if appropriate) \_\_\_\_\_ Agency Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

<b>IV. EMPLOYMENT INCOME</b> Name of household member with income:	<b>Employer Name, Complete Mailing Address &amp; Phone number</b>	<b>Date Employment Began</b>	<b>Hours 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 INCOME OTHER THAN EMPLOYMENT</b> (Including Child Support, SSI, SSD, Pensions, Unemployment Etc) Name of household member with income:	<b>Source of Income</b> List the income source name and complete mailing address from which it is received if other than Social Security	<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:

<b>VI. EXPENSES:</b>	<b>Providers Name, Address and Phone Number</b>	<b>Amount Paid</b>
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)		

<b>VII. PRIOR EMPLOYMENT HISTORY</b>	<b>Employer Address</b>	<b>Date Employment Began</b>	<b>Date Employment Ended</b>	<b>Reason for Leaving</b>
List previous employers for the last 5 years beginning with the most recent:	Complete address necessary			(terminated, better job, day care problems, etc.)

<b>VIII. ASSETS</b>	<b>Description of Assets</b>	<b>Amount or Value</b>	<b>Name of Bank</b>
Name of household member with assets:	(checking/savings accounts, certificates of deposit, stock or bonds, real estate, etc. <b>Include Account Numbers</b> )		

<b>IX. LICENSE &amp; VEHICLES</b>	<b>Driver's License or ID Number</b>	<b>Vehicle Make / Model / Year / Tag Number</b>
List for all household members:	<b>State Issued / Expiration Date</b>	

**X. MISCELLANEOUS**

Have you or any member of your household ever been charged of a crime? Yes \_\_\_ No \_\_\_ If yes, Who \_\_\_\_\_ list charge(s) \_\_\_\_\_

(Note: Criminal background checks will be conducted and you may be fingerprinted) Date charged \_\_\_\_\_ City/State \_\_\_\_\_

Are you or any member of your household subject to a lifetime sex offender registration requirement in any state? Yes \_\_\_ No \_\_\_ If yes, list name of registrant and complete address where currently registered. \_\_\_\_\_

(Note: Failure to truthfully respond to this question may jeopardize approval of your application.)

Have you ever lived in Public Housing, Section 8 Housing or any other assisted housing? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_\_\_ When? \_\_\_\_\_

Please provide the name of the Housing Authority and their address \_\_\_\_\_

And the address at which you lived \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have you ever been evicted from Public or Assisted Housing? Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

Do you have any pets? Yes \_\_\_ No \_\_\_ If yes, how many and type \_\_\_\_\_

Who referred you to this Housing Authority? \_\_\_\_\_

Date Head of Household last employed \_\_\_\_\_ Place of Employment \_\_\_\_\_

Date Other Adult Members Last Employed:

Member: \_\_\_\_\_ Place of Employment \_\_\_\_\_

Member: \_\_\_\_\_ Place of Employment \_\_\_\_\_

**Please read the following carefully and circle Yes or No**

**DISPLACED**

Yes No Are you seeking housing assistance because a government action in connection with code enforcement, public improvement or a development project will displace you within the next six months? (*Attach Proof*) or because of domestic violence that has occurred in the last six months? (*Provide copy of Ex-Parte*)

**CONDITIONS OF HOUSING**

Yes No Is your present housing substandard and in need of considerable major repair (lacks indoor plumbing, tub or toilet, kitchen, safe electricity or safe heating source)? (*Provide letter from local Building Inspector*)

Yes No Are you staying in a shelter? (*If Yes, Provide letter from shelter*)

Yes No Are you in an overcrowded home? (*If Yes, Provide letter from landlord*)

**COST OF HOUSING**

Yes No Have you been paying more than 30% of your gross income for rent and utilities for more than 90 days?

Yes No Have you been paying more than 50% of your gross income for rent and utilities for more than 90 days?

**AGE STATUS**

Yes No Are you or any member of your household age 62 or older?

**VETERAN'S STATUS**

Yes No Are you a Veteran with an honorable discharge, the widow/widower of a Veteran, or currently serving on Active Duty? If yes, please provide DD214 (discharge form) or other document showing an honorable discharge.

**RESIDENCY**

Yes No Do you live within the City limits of Hagerstown?

Yes No Do you live outside the City limits of Hagerstown, but within Washington County?

Yes No Do you live or work in the State of Maryland outside Washington County?

**PERSONS WITH DISABILITIES**

Yes No Do you or any member over 18 in your household have a disability? If yes, who? \_\_\_\_\_

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

Yes No If you answered yes to the above, do you or the member in your home receive Social Security Income or SSD (Social Security Disability)

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

Name of Physician \_\_\_\_\_

Complete Mailing Address \_\_\_\_\_

\_\_\_\_\_ zip \_\_\_\_\_

Yes No

**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 job training, job search or work experience program?

Date started \_\_\_\_\_

Where? \_\_\_\_\_

Yes No Has a member of your household been working over 20 hours per week for the past six months? (If you can demonstrate a pattern of depending on wages from employment, submit documentation with this application.)

*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, financial institution, employer, partnership, Medical Offices, 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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant Signature

\_\_\_\_\_  
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.*

Which vacancies are you interested in?

**SECTION 8 RENTAL ASSISTANCE**

\_\_\_\_\_ (Assistance with rent at units owned by private landlords, other than relatives, outside Hagerstown City Limits)

**SENIOR HOUSING**

(For Seniors age 62 or more and/or persons with Handicaps)

\_\_\_\_\_ Williamsport (1 bedroom units at Park View Knoll)

\_\_\_\_\_ Williamsport (1 bedroom units at Springfield Manor)

\_\_\_\_\_ Smithsburg (1 bedroom units at Blue Mountain Estates)

\_\_\_\_\_ Hancock (1 bedroom units at Monterey House)

\_\_\_\_\_ Boonsboro (Senior Partnership Housing) (1 bedroom units at School House Manor)

\_\_\_\_\_ Francis Murphy Senior Apartments (1 and 2-bedroom units at 20014 Rosebank Way, Hagerstown) - separate application required.

**ACCESSIBLE UNITS:** Both in our family housing and in our senior complexes the Authority owns units that were designed to be more accessible to persons with a mobility or hearing disability. These units allow easier access to persons using wheelchairs, lower kitchen counters, and may include visual warning systems for smoke detectors and doorbells. Please indicate whether you would like to be considered for vacancies in such a unit.

\_\_\_\_\_ Yes, please consider me for vacancies in specially equipped units.

Please indicate type of disability:

\_\_\_\_\_ Require Wheelchair                      \_\_\_\_\_ Hearing Impaired                      \_\_\_\_\_ Vision Impaired

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

**SCATTERED HOME SITES** (3- and 4-bedroom homes, check locations where you would consider residing):

\_\_\_\_\_ Dual Highway (3 Bedroom)

\_\_\_\_\_ Maugansville (3 & 4-bedroom)

\_\_\_\_\_ Funkstown (4 bedroom)

\_\_\_\_\_ Sharpsburg (3 bedroom)

\_\_\_\_\_ Halfway (3 bedroom)

\_\_\_\_\_ Williamsport (4 bedroom)

\_\_\_\_\_ Hancock (3 bedroom)

**LEASE/PURCHASE** (3 bedroom homes in the 21740 zip area, minimum income \$18,000)

\_\_\_\_\_ Halfway (3 bedroom)

\_\_\_\_\_ Sharpsburg Pike (3 bedroom)

**RENT-TO-OWN** (Moderate income families)

\_\_\_\_\_ Locations to be determined

**NOTE:** Please make sure application is filled out completely with names, addresses, and phone numbers where applicable. **We cannot process incomplete applications.** Incomplete applications will be returned to you. Thank you for your cooperation.

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.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
<b>Commitment of Housing Authority or Owner:</b> 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.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> 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.