



Every question on this application must be answered. If any question does not apply, please write "N.A."

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Current Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

1. List the Head of Household and all other members who will be living in the unit. Indicate the relationship of each family member to the head.

MEM NO.	MEMBER'S FULL NAME (Include middle name)	RELATIONSHIP	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.	Full-Time Student (yes/no)

2. What type of apartment do you prefer? (Please check)      \_\_\_ 1 BR   \_\_\_ 2 BR   \_\_\_ 3BR   \_\_\_ 4BR

3. Does anyone live with you now who is not listed above?      \_\_\_ Yes      \_\_\_ No

4. Do you expect a change in your household composition within the next twelve months?      \_\_\_ Yes      \_\_\_ No

Explain if you answered yes to either question 3 or 4: \_\_\_\_\_

\_\_\_\_\_

5. Do not answer the following question if disability status does not affect eligibility for the program to which you are applying. For the purposes of program eligibility (where applicable) does the head or co-head wish to claim disability status?      \_\_\_ Yes      \_\_\_ No



6. Would you like to advise the landlord of any request for special accommodations that may be needed in order to better serve you or other members of your household? For example, an apartment designed for use by persons with mobility impairment, installation of grab bars, installation of special smoke detectors for persons with hearing impairment, etc. \_\_\_\_\_

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**INCOME**

Please answer each of the following questions for all members of the household. For each “yes,” provide details in the table on the bottom of the page. Does any member of your household:

- 1. Work full-time/part-time or seasonally? \_\_\_ Yes \_\_\_ No
- 2. Expect to work any period during the next year? \_\_\_ Yes \_\_\_ No
- 3. Work for someone who pays them cash? \_\_\_ Yes \_\_\_ No
- 4. Expect a leave of absence from work due to lay-off, medical, maternity or military leave? \_\_\_ Yes \_\_\_ No
- 5. Now receive or expect to receive unemployment benefits? \_\_\_ Yes \_\_\_ No
- 6. Now receive or expect to receive workers’ compensation or long term/short term disability payments. \_\_\_ Yes \_\_\_ No
- 7. Now receive or expect to receive child support? \_\_\_ Yes \_\_\_ No
- 8. Entitled to child support that he/she is not now receiving? \_\_\_ Yes \_\_\_ No
- 9. Now receive or expect to receive alimony? \_\_\_ Yes \_\_\_ No
- 10. Have an entitlement to receive alimony that is not currently being received? \_\_\_ Yes \_\_\_ No
- 11. Now receive or expect to receive public assistance TANF/General Assistance (not including food stamps) \_\_\_ Yes \_\_\_ No
- 12. Now receive or expect to receive Social Security/Retirement or disability benefits? \_\_\_ Yes \_\_\_ No
- 13. Now receive or expect to receive income from a pension or annuity? \_\_\_ Yes \_\_\_ No
- 14. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit? \_\_\_ Yes \_\_\_ No
- 15. Receive income from assets including but not limited to interest on checking or savings accounts, interest or dividends from certificates of deposit, stock, bonds, income from rental property, etc.? \_\_\_ Yes \_\_\_ No

**INCOME**

List all sources of income for all household members. Use additional sheet if necessary.

MEM NO.	SOURCE/TYPE OF INCOME	HOURLY RATE	NUMBER OF HOURS PER WEEK	WEEKLY OR MONTHLY

**ASSETS**

For each household member list all assets, the value of those assets, and income, if any, from those assets. Assets include but are not limited to checking accounts, savings accounts (including IRAs, Keoghs, certificates of deposit, mutual funds, stocks, bonds, treasury bills, real estate, trusts, whole life insurance, etc.). Use additional sheet if necessary.

MEM NO.	FINANCIAL INSTITUTION/BROKER	TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE	INCOME, INTEREST, DIVIDENDS, ETC.

1. Have you sold or given away any assets for less than fair market value in the past two years?  
\_\_\_ Yes \_\_\_ No
2. If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**RENTAL HISTORY**

Provide name, address, and phone number of all landlords for the past three years.

Name and Address of Present Landlord:

\_\_\_\_\_ Telephone No. \_\_\_\_\_  
\_\_\_\_\_ Length of Residence: \_\_\_\_\_  
\_\_\_\_\_

Name and Address of Former Landlord:

\_\_\_\_\_ Telephone No. \_\_\_\_\_  
\_\_\_\_\_ Length of Residence: \_\_\_\_\_  
\_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Name and Address of Head's Present Employer:

\_\_\_\_\_ Telephone No. \_\_\_\_\_  
\_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
\_\_\_\_\_ Length of Employment \_\_\_\_\_

Name and Address of Co-Head's Present Employer:

\_\_\_\_\_ Telephone No. \_\_\_\_\_  
\_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
\_\_\_\_\_ Length of Employment \_\_\_\_\_

How did you hear about us? \_\_\_ Newspaper      \_\_\_ Brochure/Flyer      \_\_\_ Word of mouth      \_\_\_ Radio  
\_\_\_ Other: \_\_\_\_\_

### **Applicant Certification**

I/we certify that if selected to move into this property, the unit I/we occupy will be my/our sole residence. I/we understand that the above information is being collected to determine eligibility for Rental Assistance or eligibility to reside in a tax credit unit. I/we authorize the agent to verify all information provided on this application and to contact previous or current landlords and other sources for credit verification.

By signing this application, I/we also grant the owner the right to obtain all information needed to determine my/our eligibility in accordance with the owner's Resident Selection Criteria. Resident Selection may include but is not limited to criminal history checks, home visits, drug screening, ability to pay rent, etc. I/we certify that the statements made in this application are true and complete to the best of my/our knowledge and belief. I/we understand that false statements or information are punishable under Federal law, are grounds for rejection of occupancy, or termination of lease and/or rental assistance if owner finds later that I/we have falsified or omitted information.

#### **All applicants age 18 and older must sign below:**

Signature of Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Co-Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Comments/Additional Information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**We do business in accordance with Federal Fair Housing Law. We do not discriminate against any person because of race, color, religion, sex, handicap, familial status, or national origin.**

## **Attachment To Application – Preference Status for Public Housing Applicants**

Applicant Name \_\_\_\_\_  
Print Name

Co-Applicant Name \_\_\_\_\_  
Print Name

**Management will place families on the wait list in order of the highest points to the lowest points based on the following local preferences within each bedroom size. When points are equal, the oldest date and time of application will be used as criteria for determining the next family at the top of the wait list.**

- A. **20 Points**: Residency Preference: Applicants who reside in Hagerstown Metropolitan Statistical Area (PMSA), which includes Washington County, or applicants who work, or who have been hired to work, in the PMSA.
  
- B. **5 Points**: Elderly/Disabled Head or Co-head or Displaced Single: Any head, or co-head, who is elderly, age 62 or older, or a person with disabilities as defined in HUD regulations and Managements definitions; and/or any single person displaced by disaster or government action as defined in HUD regulation s and Managements definitions.
  
- C. **5 Points**: Working Preference: Any head, co-head or family member who is employed and such income is countable under HUD’s definition of annual income.

**Signature of Head** \_\_\_\_\_ Date \_\_\_\_\_

**Signature of Co-Head** \_\_\_\_\_ Date \_\_\_\_\_

**GATEWAY CROSSING APPLICATION SUPPLEMENTAL INFORMATION**

In accordance with the data collection information requested by the Department of Housing and Urban Development (HUD), please provide the following information for Head of Household and all family members. The completion of the Race and Hispanic questions are voluntary.

NAME	HISPANIC	RACE *	MARITAL STATUS	DRIVER'S LICENSE	U.S. CITIZEN
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	<input type="checkbox"/> Yes <input type="checkbox"/> No				

\* 1-White 2-Black 3-American Indian 4-Asian Pacific Islander

Are you expecting a change in your family composition?  Yes  No

If yes, how? \_\_\_\_\_

Emergency Contact Name/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Have you ever lived in Public Housing or Section 8 housing or any other assisted housing?  Yes  No

If yes, where? \_\_\_\_\_

If SSI or SSD is not received, have you or any member of your household been certified by a physician of having a disability? If yes, provide the following:

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Is the head of 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?  Yes  No

If yes: Date Started: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address/Phone: \_\_\_\_\_