

HOUSING AUTHORITY PUBLIC HOUSING WAITING LIST  
REACTIVATE APPLICATION REQUEST

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

Please list all household members:

Name:	Relationship:	Date of Birth:	Social Security Number:	Income:	Source of Income:
	(Head of Household)				

Select apartment communities:

- Lincoln Apartments—200 Phebus Ave., 1-3 bedrooms
- Carver Apartments— 201 Madison St., 1-4 bedrooms
- Lucas Village— Pennsylvania Ave./Rhode Island Court/Vermont Court, 2-5 bedrooms

***Do you require a specific accommodation for a disability in order to fully utilize the unit or the program and its services:***

- Hearing
- Mobility (i.e. wheelchair accessible)
- Sight
- Other: \_\_\_\_\_

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**PREFERENCE CERTIFICATIONS** (Select only those for which you feel you are qualified):

\_\_\_\_ 1. Head of household and/or any co-head is:

- working at least 30 hours per week for 6 months prior to being housed.
- working an average of 20 hours per week for 6 months prior to being housed and actively participating in attending college or instructional program of professional or career development on at least a half-time basis for 2 consecutive semesters.

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Start Date: \_\_\_\_\_ Number of hours worked per week: \_\_\_\_\_ Pay per hour: \_\_\_\_\_

- receiving unemployment payments after having been employed on a continuous basis for at least 1 year.

\_\_\_\_ 2. Head of household and/or any co-head is age 62 or older or is receiving any payments based on the individual's inability to work. (i.e.– Social Security Disability)

\_\_\_\_ 3. I am homeless (have a primary nighttime residence that is supervised publicly or privately operated shelter or transitional housing or currently reside in a hotel/motel in Frederick City or County for a minimum of thirty (30) days.)

\_\_\_\_ 4. I am displaced by fire or natural disaster or by government action.

\_\_\_\_ 5. I live or work within Frederick City or County.

\_\_\_\_ 6. Head of Household or spouse is a disabled veteran.

\_\_\_\_ 7. Other veterans or servicemen and their families.

**BY SIGNING THIS FORM, I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.  
I ACKNOWLEDGE ANY CHANGES THAT OCCUR IT IS MY RESPONSIBILITY TO UPDATE THE APPLICATION.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date