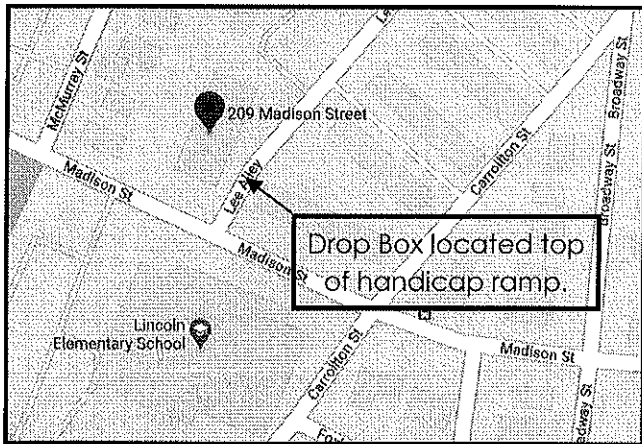


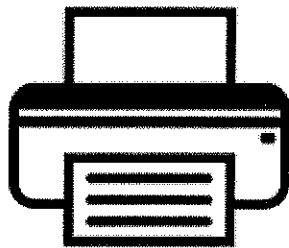
You can return these documents one of four (4) ways:



Mail back to:
H.A.C.F.
Attn: Waiting List
209 Madison Street
Frederick, MD 21701



Deliver to Drop Box at:
209 Madison Street
Frederick, MD 21701



Fax (all sides/pages) to:
(301) 663-1464



Scan (all sides/pages) to:
info@hacfrederick.org

HOUSING AUTHORITY OF THE CITY OF FREDERICK
Public Housing PRE-APPLICATION/UPDATE

All information provided must be true and complete.

Name: _____
Last First Middle

Residential Address: _____

Mailing Address: (if other than above) _____

Phone Number: () - _____

Email (print clearly): _____

Can you read this application without assistance? Yes ___ No ___

Is English your language of choice? Yes ___ No ___

If no, what language do you prefer? _____

What is your race? (circle one) White Black Native American/Alaska Native

Asian Pacific Islander

Are you a United States citizen? Yes ___ No ___

If no, alien registration number: _____

Ethnicity (circle one): Hispanic Non-Hispanic

Are you disabled (for references and HUD deductions)? Yes ___ No ___

Do you anticipate any changes to your family composition? Yes ___ No ___

If yes, please explain: _____

Please check which community or communities you wish to be placed on the waiting list:

- Lincoln Apts., Phebus Ave. (1BD to 3BD)
- Carver Apts., 201 Madison St. (1BD to 4BD)
- Lucas Village, Penn.Ave/RI Ct/Vt Ct (2BD-5BD)

For Housing Authority Use Only

Date: _____
Time: _____ AM PM

PREFERENCES

Remember: You do not need to prove that you are eligible for a Preference at this time. The information you enter into this section of the application will determine your position on the waiting list and how soon you will receive assistance. Your position will result from the preferences used by the Housing Authority of the City of Frederick. **Virtually anyone who does not qualify for a Preference will not receive assistance.** Even if you do not qualify for a Preference when you submit an application, your status may change in the future. If your status does change, contact our office to complete a change form.

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

Name of Employer: _____

Address of Employer: _____

Start Date: _____ Number of hours worked per week: _____ Pay per hour: _____

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 (disabled).

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.

Name (First, Middle, Last) Full middle name is required.	Relationship (Spouse, Son, Head of Household)	Birth Date MM/DD/YY	Sex M/F	Social Security Number	Source of Income (SS, SSI, Employment,	Gross Income (Week/Month/Year)
	Head of Household					

1. Have you ever lived in Public Housing and/or received Housing Choice Voucher (Section 8) assistance? Yes No

If yes, where? _____
 (Name of Agency) _____ (City) _____ (State) _____ (Zip) _____

Who was the head of household? _____ Why did you leave? _____

2. Who is your current Landlord? _____

Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____

Who is your previous Landlord? _____

Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____

3. Have you ever been arrested because of drug related or other criminal activity? Yes No

If yes, where? _____ When: _____

4. Have you ever been evicted because of drug related or other criminal activity? Yes No

If yes, where? _____ When: _____

By signing below, I am certifying the information given above is true and correct to the best of my knowledge, and I understand if any of the information was fraudulently given I may be denied program assistance.

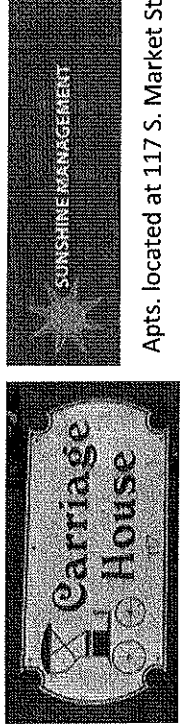
Signature: _____ Date: _____

Notice: You are required to notify the Housing Authority (in writing) of any change in address. If we cannot contact you at the above address, your name may be removed from the waiting list, and you will have to re-apply. You may also change your mailing address online & check your application status at www.hacfrederick.org/residents/#wait

HOUSING AUTHORITY OF THE CITY OF FREDERICK
MODERATE REHABILITATION/Carriage House WAITING LIST APPLICATION
All information provided must be true and complete.

Name: _____
 Last First Middle
 Residential Address: _____
 Mailing Address: (if other than above) _____
 Phone Number: () - _____
 Email (print clearly): _____
 Can you read this application without assistance? Yes ___ No ___
 Is English your language of choice? Yes ___ No ___
 If no, what language do you prefer? _____
 What is your race? (circle one) White Black Native American/Alaska Native
 Asian Pacific Islander
 Ethnicity (circle one): Hispanic Non-Hispanic
 Are you a United States citizen? Yes ___ No ___
 If no, alien registration number: _____
 Do you pay a babysitter so you can work or attend school? Yes ___ No ___
 Are you disabled (for references and HUD deductions)? Yes ___ No ___

Do you require a specific accommodation for a disability in order to fully utilize the unit or the program and its services:
 Hearing
 Mobility
 Sight
 Other (specify) _____



Apts. located at 117 S. Market Street

PREFERENCES

Remember: You do not need to prove that you are eligible for a Preference at this time. The information you enter into this section of the application will determine your position on the waiting list and how soon you will receive assistance. Your position will result from the preferences used by the Housing Authority of the City of Frederick. **Virtually anyone who does not qualify for a Preference will not receive assistance.** Even if you do not qualify for a Preference when you submit an application, your status may change in the future. If your status does change, contact our office to complete a change form.

- Head of household or co-head is elderly (62 or older), handicapped or disabled
- I live or work within Frederick City limits or within the Frederick County limits
- Head of Household or co-head is employed, working an average of 30 hours per week for at least 6 months.
- Name of employer: _____
- Employer's address: _____
- Hours worked per week: _____
- Head of Household or co-head is actively participating in programs such as attending Community College full-time, or similar instruction program of professional or career development.
- I am enrolled at: _____
- AND — working an average of twenty (20) hours per week for at least 6 months.
- Name of Employer: _____
- Employer's address: _____, I work _____ hours per week
- Head of Household or co-head is a veteran

For Housing Authority Use Only:
 Date: _____
 Time: _____ AM _____ PM
 Application Effective Date: _____

Name (First, Middle, Last) Full middle name is required.	Relationship (Spouse, Son, Daughter, etc.)	Birth Date MM/DD/YY	Sex M/F	Social Security Number	Source of Income (SS, SSI, Employment, Child Support, Etc.)	Gross Income (Week/Month/Year)
	Head of Household					

1. Have you ever lived in Public Housing or had Section 8 Voucher Assistance? Yes ___ No ___

If yes, where? _____

(Name of Agency) _____ (Street Address of Agency) _____ (City) _____ (State) _____ (Zip) _____

Who was the head of household? _____ Why did you leave? _____

2. Have you ever been arrested because of drug related or other criminal activity? Yes ___ No ___

If yes, where? _____ When: _____

3. Have you ever been evicted because of drug related or other criminal activity? Yes ___ No ___

If yes, where? _____ When: _____

By signing below, I am certifying the information given above is true and correct to the best of my knowledge, and I understand if any of the information was fraudulently given I may be denied Housing Choice Voucher Assistance, and/or Moderate Rehabilitation Program assistance.

Signature: _____ Date: _____

Notice: You are required to notify the Housing Authority (in writing) of any change in address. If we cannot contact you at the above address, your name may be removed from the waiting list, and you will have to re-apply. You may also change your mailing address online & check your application status at www.hacfrederick.org/residents/#wait