

City of Westminster Office of Housing

1838 Emerald Hill Lane, Westminster, MD 21157

410 848-2261, 410 876-6322, Fax 410 876-0865



PRE-APPLICATION FOR SECTION 8 RENTAL ASSISTANCE	Office Use Only Time Received: _____ Date Received: _____
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HEAD OF HOUSEHOLD INFORMATION				
Social Security Number	Name	Sex	Date of Birth	Age
/ /	First: _____ M.I.: ____ Last: _____	<input type="checkbox"/> M <input type="checkbox"/> F		
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/other Pacific Islander				
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic				

WHAT IS YOUR PRESENT ADDRESS?				
Street Address	_____	_____	_____	_____
	Street	City	State	Zip
Mailing Address	_____	_____	_____	_____
	Street	City	State	Zip
Home Telephone () _____	Other Telephone: () _____	<input type="checkbox"/> Work	<input type="checkbox"/> Other (Specify) _____	
E-Mail Address: _____				
Emergency Contact Person: Name _____				
Address _____			Telephone _____	

WHAT IS YOUR MONTHLY INCOME AND SOURCE OF INCOME?

Monthly Income \$ _____ Source(s): TCA SSI Social Security Employed Other:

NOTE: you are responsible to notify the housing authority (in writing) of any change of 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. If the "head of household" is unable to "prove" preference(s) as indicated the application at the time of selection from the waiting list, the application will be returned to the waiting list without the preference.

(Complete the next page and sign the application)



-----Signature-----
-----Date-----

All adults over 18 years of age must sign application.

- None of the above
- Is under case management of the shelter programs sponsored by Human Services Programs of Carroll County, Inc * Does not include Cold Weather Shelter
- Is elderly (age 62 or older) or disabled
- within a six month period.
- member of his/her household.** The domestic violence should have occurred recently or be of a continuing nature. The definition of recent for this purpose would mean
- Is a victim of domestic violence: *Domestic violence* means actual or threatened violence by a member of a household directed at him/herself or another
- Scheduled for placement in West End Place
- Participates in a Family Unification program through the Carroll County Department of Social Services
- Ave. is not within the Corporate City limits.
- Lives within the City of Westminster's Corporate City limits (ask for a complete listing of all addresses listed in the Corporate City limits)* please note Stoner Ave. is not within the Corporate City limits
- Works within the City of Westminster's Corporate City limits OR is currently enrolled in, or is a graduate of a job training program (job training that has a beginning and an end date and that one must be able to graduate from) within the last four months of the date of eligibility, or has graduated more than four months from the date of eligibility, but has a child or children under the age of three, and is living within Westminster's City limits. (An example of a qualifying job training program is Opportunity Works) *Change Inc. and Target Mental Health on Stoner Ave. are not in the Corporate City limits

CHECK ALL THE BOX (S) BELOW THAT APPLY TO THE HEAD OF HOUSEHOLD:

- ARE YOU OR ANYONE IN YOUR HOUSEHOLD LISTED ON THE SEX OFFENDER REGISTRY? Yes No IF YES, WHO? _____
- HAVE YOU OR ANYONE IN YOUR HOUSEHOLD BEEN CONVICTED OF CRIMINAL ACTIVITY IN THE PAST 5 YEARS? Yes No
- HAVE YOU OR ANYONE IN YOUR HOUSEHOLD BEEN TERMINATED FROM PUBLIC OR ASSISTED HOUSING IN THE PAST 5 YEARS? Yes No
- ARE YOU HOMELESS? Yes No
- ARE YOU OR ANYONE IN YOUR HOUSEHOLD PREGNANT? Yes No

Last Name, First Name	Social Security Number	Date of Birth	Sex M/F	Disabled? Y/N	Relationship to Head of House	Monthly Income	Employer	Full Time Student?
					SELF			

NAME ALL PERSONS WHO WILL BE LIVING IN YOUR HOUSEHOLD, INCLUDING YOURSELF: