

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

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**HOUSING AUTHORITY
OF THE CITY OF FREDERICK
209 MADISON ST., FREDERICK, MD 21701
(301) 662-8173 FAX (301) 663-1464**

CONSENT FOR EMAIL NOTIFICATIONS

Applicant name: _____

Applicant Address: _____
Street City State Zip

By checking the "I Agree" box below, you consent to receive periodic email communications from the Housing Authority of the City of Frederick (HACF), regarding updates to your application and the HACF housing program waitlists. The HACF will also continue to send communications via First Class Mail as per our administration plan guidelines. It is not required to provide an email address.

After you have consented, if you want to withdraw your consent to receive electronic communications, you may un-enroll by contacting the HACF Main Office at 301-662-8173. You may also withdraw your consent by contacting us in writing at 209 Madison Street, Frederick MD 21701.

I agree to add email notifications to my application.

Email Address (please print clearly) _____