



# CITY OF GAITHERSBURG EMPLOYEE HOUSING STIPEND PROGRAM APPLICATION FORM

*Instructions:* Please complete all information requested below. Incomplete or inaccurate applications will not be processed. This information will be used to determine whether you are eligible for the program. All information will be kept completely confidential.

**SECTION 1: EMPLOYEE INFORMATION**

Employee Name:	Employee No.:	
Job Title:		
Department:		
Current Address (must be within City of Gaithersburg corporate limits):		
Home Phone:		

**SECTION 2: HOUSEHOLD INFORMATION**

Please list the name and date of birth of the employee **AND** each individual who resides in the household located at the address indicated above (regardless of their age or relationship to the employee). Please place a checkmark (✓) beside the name of each individual who is over the age of 18 **AND** who earns income as defined in the Housing Stipend Policy.

Name	Date of Birth	✓	Name	Date of Birth	✓

**SECTION 3: INCOME VERIFICATION DOCUMENTATION**

Please attach the following income verification documentation to this application:

- a) Copy of lease or mortgage signed or co-signed by the employee for the address indicated above.
- b) Copy of prior year Federal tax return for each individual with a checkmark (✓) listed in Section 2.
- c) Copy of prior year W-2 Form for each individual with a checkmark (✓) listed in Section 2.
- d) Copy of proof of any other supplemental income not reported on Federal tax return or W-2 form for each individual with a checkmark (✓) listed in Section 2.

**SECTION 4: CERTIFICATION**

**By signing below, I hereby certify that:**

- a) I am a classified employee or unclassified management employee of the City of Gaithersburg.
- b) I agree to allow the City of Gaithersburg Human Resources Department to review this application, including all income verification documentation for all members of my household, in order to determine my eligibility for the stipend program.
- c) I understand that I will not be eligible for the housing stipend if I fail to submit the required documentation at the time application is made or if my total household income exceeds the limits set forth in the Housing Stipend Policy.
- d) All of the information provided on and attached to this application is complete, true, and accurate to the best of my knowledge.
- e) I agree to notify the City of Gaithersburg if I move out of this residence prior to the next renewal/recertification period.
- f) I understand that if it is found that I knowingly submitted inaccurate or incomplete financial data in connection with applying for or obtaining a housing stipend, or that I knowingly received a housing stipend to which I was not entitled, my participation in the program will be terminated and I will be required to reimburse the City for all monies received to which I was not entitled, and that I will be subject to disciplinary action.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date Application Submitted

**RETURN THIS APPLICATION AND ATTACHED INCOME VERIFICATION DOCUMENTATION  
TO THE DEPARTMENT OF HUMAN RESOURCES**