STANDARD APPLICATION FOR STATE-AIDED HOUSING

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page.

1. Name of Applicant ____________________________________________________________ Apt. No. ______
   Address of Current Residence __________________________________________________ Apt. No. ______
   City/Town____________________________________ State____ Zip Code __________
   Mailing Address________________________________ Apt. No. ______
   City/Town____________________________________ State____ Zip Code __________
   Home Telephone ( ) __________ Work Telephone ( ) __________

2. Type of Public Housing you are applying for: (Circle One)
   a. Family b. Elderly/ Handicapped c. Handicapped

   Note: To be eligible for elderly/handicapped housing you must be at least 60 years old or handicapped. If handicapped, your handicap must be other than a history of alcohol or substance abuse.

3. (a) Local Veteran’s Preference: (Only for Elderly/Handicapped Housing) You may apply for Veteran’s Preference if you are a wartime Veteran who resides in this City or Town.

   (b) Veteran’s Preference (Only for Family Housing) You may apply for Veteran’s Preference if you are a wartime Veteran, the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of a wartime Veteran.

   (c) If you wish to apply for either 3(a) or 3(b) above, list dates of U.S. Military service:
   From ________________________, ___________ to _________________________, ___________

   (d) For Family Housing applicants, check applicable Veteran category:
   _____Service connected disability _____Family of a deceased veteran whose death was service connected
   _____ Other veteran

   A copy of the Veteran’s discharge or separation papers must be submitted with this application.

4. Do you have any special needs due to a disability? Specify: ___________________________

EQUAL HOUSING OPPORTUNITY
Do you need a wheel chair accessible apartment? (Circle one)  Yes  No

5. Do you want to apply for Emergency Housing? (Circle one)  Yes  No

If you circled “Yes” then you **MUST** fill out an Emergency Application which will be mailed to you once your Standard Application is processed by the Authority.

6. Are you currently living in non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? (Circle one)  Yes  No

**If yes, you must attach documentation verifying AHVP participation.**

7. **Racial Designation:** (Responding to this question is optional.) Your status with respect to tenant selection procedure may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority Category. (Circle one)

   American-Indian  Asian  Black  Hispanic  White  Other (specify) ____________

8. **Number of Bedrooms needed:** (Circle one)  1  2  3  4

9. Members of household to live in Unit, including Head of Household: (Attach additional sheet if necessary).

<table>
<thead>
<tr>
<th>Name: First, Middle, Last</th>
<th>Relationship</th>
<th>Social Security Number *</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Occupation or Student Status</th>
</tr>
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</table>

* This information will be used to verify income, assets, and criminal record information.*

*** A copy of a Birth Certificate and Social Security Card for each household member **MUST** be submitted with this application, failure to do so will result in the application not being processed and will be returned as incomplete. ***

10. Is a change in the household composition expected?  (Circle one)  YES  NO

    If yes, what type of change?  ____________________________________________________________

    When?  ____________________________________________________________

   EQUAL HOUSING OPPORTUNITY
11. **INCOME BEFORE DEDUCTIONS**

Estimate the Gross Income anticipated for **ALL** Household Members from all sources for the next 12 months. Specify all sources.

<table>
<thead>
<tr>
<th>Household Member Name</th>
<th>Name and Address of Employer or Source of Income</th>
<th>Gross Income For Next 12 Months</th>
</tr>
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<tbody>
<tr>
<td>Salaries, Wages, Including Overtime/Tips</td>
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<td>Net Income From Business or Profession</td>
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<td>Trust Income, Interest &amp; Dividends</td>
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<td>Pensions and Annuities</td>
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<td>Regular Unemployment or Disability Compensation</td>
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<tr>
<td>Regular Social Security Benefits and/or SSI</td>
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<tr>
<td>T. A. F. D. C. Or Public Assistance</td>
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<tr>
<td>Regular Alimony Support Payments, Gifts</td>
<td>$</td>
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<tr>
<td>Other Income</td>
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</tbody>
</table>

**TOTAL GROSS INCOME $________________________**

12. **EXPENSES**

| Expense for Care Of Children Or Sick/Incapacitated Person If necessary For Employment | |
| Unreimbursed Medical Expenses | |
| Alimony Or Child Support Payments | |
| Health Insurance | |
| Other | |

**TOTAL EXPENSES $____________________**
13. **ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. **DO NOT** include clothing, furniture or cars. (Office Only)

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Asset Type/Asset Value</th>
<th>Income</th>
<th>Imputed Income</th>
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14. Does anyone in your household own a car? (Circle one) YES NO

Make of Car ___________________________ Year _____________ Reg. Number ______________________

Make of Car ___________________________ Year _____________ Reg. Number ______________________

15. **References:** List two references. These should not be relatives or household members.

(1) Name: ___________________________________ Telephone # ( )
Address: ___________________________________ City: _______ State: _____ Zip: _______

(2) Name: ___________________________________ Telephone # ( )
Address: ___________________________________ City: _______ State: _____ Zip: _______

16. **List Addresses for the Last Five Years in Reverse Order:**

(1) Address: __________________________ Apt. No. ________ to present
City/Town________________________________ State______________
Name of Landlord: _______________________ Telephone: ( ) __________

(2) Address: __________________________ Apt. No. ________ Years ________
City/Town________________________________ State______________
Name of Landlord: _______________________ Telephone: ( ) __________

(3) Address: __________________________ Years ____________
City/Town________________________________ State______________
Name of Landlord: _______________________ Telephone: ( ) __________

17. Have you, or any member of your household, ever received housing assistance from this or any other housing agency? (Circle one) YES NO
If yes: Name of Head of Household at that time: _____________________________________________
Relation to Present Applicant: _________________________________________________________
Name of Housing Agency: _________________________________________________________
Date Moved Out: ________________________________________________________________
Reason Moved Out: ______________________________________________________________

When you moved out were you in compliance with the lease and other program requirements?
(Circle one) YES NO
If NO, please explain:

18. Do you have a place of employment in this City or Town? (Circle One) YES NO

19. Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of this Housing Authority? (If so, this will not necessarily disqualify your Application.)
(Circle one) YES NO
If YES, please explain:

20. Do you have any Pets? (Circle one) YES NO If yes, please describe: ____________________
____________________________________________________________________________________________

21. **Emergency Reference:** Name of a relative or friend not planning to live with you. We will contact this person if we are not able to reach you or in cases of an emergency.
Name: __________________________________________________ Relationship: ______________________
Address: ______________________________________________________________________________
City/Town: __________________________________ State: ________ Telephone: (    ) ____________

22. **Criminal Record:**

Have you or any member of your household who will live in the unit been convicted of a crime?
(Circle one) YES NO
If YES, please explain: ____________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Do you or any member of your household who will live in the unit have any criminal matters pending?
(Circle one) YES NO
If YES, please explain:______________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

APPLICANT’S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list, and, if I reapply, my application will not receive any priority or preference that was granted on the prior application for a 3 year period.

Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from the Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the cancellation of my application. I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board for all adult members of the household.

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult members of the household.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant’s signature: _______________________________ Date: ______________

Reviewer’s Signature: _______________________________ Date: ______________