

* Must be 60 to apply
OR Disabled over 18

1 Bedroom



Universal STANDARD Application for
State-Aided Public Housing,
MRVP, & AHVP

| This box is for Office Use Only | |
|---------------------------------|-------|
| Date of Receipt: | _____ |
| Time of Receipt: | _____ |
| Control Number: | _____ |
| Barrier free: | _____ |
| First Floor: | _____ |
| Elderly Handicapped: | _____ |
| Race and/or Ethnicity: | _____ |
| Priority /Preference Category: | _____ |
| Language: | _____ |

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.** If you need additional space to provide an answer, please attach an additional sheet(s). Once completed please mail or hand carry to local housing authorities at which you want to apply. Please check the list of local housing authorities for availability of family or elderly/non-elderly handicapped housing.

1. Name of Applicant: _____

Current Residence Address: _____ Apt No: _____

City / Town: _____ State _____ Zip: _____

Home Telephone: _____ Cell Phone _____

Best # to Reach Applicant _____ Work Phone _____

Mailing Address: _____ Apt No: _____

City / Town: _____ State: _____ Zip: _____

2. Type of Public Housing You are Applying For: Elderly Non-Elderly, Handicapped

Congregate Elderly/Handicapped Family MRVP AHVP

Note: To be eligible for elderly/handicapped housing you must be at least 60 years old or a person with a handicap. If you have a handicap, the handicap must be other than a history of alcohol/drug abuse. If you have a handicap, you must provide certification by a doctor clearly stating that you have a handicap and it is expected to be of long and indefinite in duration lasting at least six months. In addition, the LHA will need to determine that certain special architectural features OR low rent housing is not available in the private market AND that the applicant is faced with living in an institution or decadent substandard housing OR the applicant is paying excessive rents.

3. If you want to apply for emergency Housing you must select one of the categories below:

Note: To be eligible for Emergency applicant status you must be "homeless," which is defined by state regulations as: an applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit, who has not caused or substantially contributed to the situation, who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing, and who is displaced from is/her primary residence for one of the following reasons. Please check the reason that applied to your situation.

- Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)
- Displaced by Public Action (i.e. Urban renewal, eminent domain)
- Displaced by Public Action (i.e. Condemnation of home, code violations)
- Displaced by No-fault of housing, Severe Medical emergency and/or Victim of Abuse (domestic violence) where the housing situation significantly contributes to or is direct threat to the life and safety of the applicant.

If you have selected one of the above emergency categories in this section, you must complete an EMERGENCY APPLICATION in addition to this Standard Application. All emergency applications must be accompanied by third party written documentation.



4. **Local Preference:** In addition to receiving local preference for the City or Town where you principally reside, you may receive local preference based on where you are employed.

Please answer the following:

- Provide the name of the City/Town in which you are employed: _____
- Provide the dates of employment: From: _____ To: _____
Home Telephone _____ - _____ - _____ Work Telephone _____ - _____ - _____

5. **Veteran Preference:** You may apply for Veteran Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a dependent child of a Veteran.

If you wish to apply for Veteran Preference, list the dates of U.S. military service. Include service dates for service in the U.S. Army, Marine Corps, Coast Guard, Air Force or National Guard.

Service Date: From: _____ To: _____

A Copy of the Veteran's Department of Defense Form DD214 must be submitted with this application.

6. Do you have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons? yes no

Please Specify: _____

7. Do you need a wheelchair accessible apartment? yes no

8. Number of Bedrooms needed: 1 2 3 4 5

Note: Most elderly / handicapped housing developments only have 1 bedroom units.

9. Are you currently living in a non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? yes no



10. Does anyone in your household own a car? yes no

Make of car: _____ Year: _____ Reg. Number: _____

Make of car: _____ Year: _____ Reg. Number: _____

11. Members of household to live in unit, including **Head** of Household:

| First & Last Name | Relationship To Head of Household | Racial Designation* | Ethnic Designation** | Social Security Number*** | Sex | Date of Birth | Occupation • Employed • At Home • Handicapped • Student |
|-------------------|-----------------------------------|---------------------|----------------------|---------------------------|-----|---------------|---|
| | Head | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

***Racial Designation:** American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander, White; Other (specify).

****Ethnic Designation:** Hispanic/Latino or Not Hispanic/Latino

Responding to these questions is optional. Your status with respect to tenant selection procedures may be affected by this information. "Minority" does not include "White" unless there is also a designation of another race or "Hispanic/Latino".

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

12. Is a change in the household composition expected? yes no

If yes, what type? _____

When? _____



13. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 month. Specify all sources.

| Household Member Name | | Name & Address of Employer or Source of Income | Gross Income for Next 12 Months |
|----------------------------|---|--|---------------------------------|
| | Salaries, Wages, including Overtime / Tips | | \$ |
| | Salaries, Wages, including Overtime / Tips | | \$ |
| | Net Income from Business or Profession | | \$ |
| | Trust Income, Interest & Dividends | | \$ |
| | Unemployment or Disability Compensation | | \$ |
| | Pensions & Annuities | | \$ |
| | Regular Social Security Benefits and / or SSI | | \$ |
| | VA Disability Income | | \$ |
| | TAFDC or Public Assistance | | \$ |
| | Regular Alimony Support Payments | | \$ |
| | Other Income | | \$ |
| Total Gross Income: | | | \$ |



14. **Expenses:**

| | |
|--|----|
| Un-reimbursed Medical Expenses: | \$ |
| Alimony of Child Support Payments: | \$ |
| Health Insurance: | \$ |
| Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment) | \$ |

15. **Assets:** Do you own any real estate? yes , no

If yes, please provide the address: _____

List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

| Household Member | Asset Type | Asset Value or Current Balance | Name of Financial Institution | Account No. |
|------------------|------------|--------------------------------|-------------------------------|-------------|
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |

16. Have you sold, transferred or given away any real property or assets in the last three (3) years? yes no

If yes: Date of sale / transfer: Month _____ Day _____ Year _____
 Amount of the sale / transfer: _____
 Value of the sale / transfer: _____



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

(1) Name _____ Telephone No. _____
Address: _____ City _____ State _____ Zip _____

(2) Name _____ Telephone No. _____
Address: _____ City _____ State _____ Zip _____

18. **List Addresses for each Adult Household Member** for the Last Five Years in Reverse Order. Please list primary lease holder (head of household) if someone other than yourself. (Use additional sheet if necessary)

| | | | | |
|---|------------------------------|-------|---------------|----------------------------|
| (1) | Name of Primary Leaseholder: | _____ | | |
| | Address: | _____ | Apt # _____ | Date From: _____ To: _____ |
| | City | _____ | State _____ | Zip _____ |
| | Landlord Name | _____ | Telephone No. | _____ |
| | Landlord Address: | _____ | City _____ | State _____ Zip _____ |
| Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no | | | | |
| Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | | | | |

| | | | | |
|---|------------------------------|-------|---------------|----------------------------|
| (2) | Name of Primary Leaseholder: | _____ | | |
| | Address: | _____ | Apt # _____ | Date From: _____ To: _____ |
| | City | _____ | State _____ | Zip _____ |
| | Landlord Name | _____ | Telephone No. | _____ |
| | Landlord Address: | _____ | City _____ | State _____ Zip _____ |
| Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no | | | | |
| Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | | | | |

| | | | | |
|---|------------------------------|-------|---------------|----------------------------|
| (3) | Name of Primary Leaseholder: | _____ | | |
| | Address: | _____ | Apt # _____ | Date From: _____ To: _____ |
| | City | _____ | State _____ | Zip _____ |
| | Landlord Name | _____ | Telephone No. | _____ |
| | Landlord Address: | _____ | City _____ | State _____ Zip _____ |
| Did this landlord bring any court action against the leaseholder or you? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no | | | | |
| Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a | | | | |



19. Have you, or any member of your household ever received housing assistance from this or any other housing agency? (check one) yes no

If yes, Name of Head of Household
at that time: _____

Relation to 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?
(check one) yes no

If No, Please
Explain: _____

20. Are you a Board Member, employee, or a member of the immediate family of an employee of a board member of this housing Authority? yes no If so, this will not necessarily disqualify your application.

If Yes, Please
Explain: _____

21. Do you have any pets? yes no If so, how many? _____

Please
describe: _____

22: 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 in the case of an emergency.

Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Telephone: _____ Business Phone: _____ Cell: _____

Email: _____



23. **Criminal Record:** Have you or any member of your household who will live in the unit ever been convicted of a felony? yes no

If Yes, Please

Explain: _____

24. Do you or any member of your household who will live in the unit have any criminal matters pending?

yes no

If Yes, Please

Explain: _____

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that a 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 three (3) year period.

Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written **Unit Offer** from a Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of addresses, 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 denial of my application. **I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches for all adult members of the household.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature as valid as the original.

Applicant's Signature: _____

Date: _____

Reviewer's Signature: _____

Date: _____



Verification of Handicapped Status for State-Aided Elderly/Handicapped Housing

Name of Physician or Other Professional: _____

Profession: _____

Address

Date _____

VERIFICATION OF HANDICAPPED STATUS FOR STATE-AIDED ELDERLY/HANDICAPPED HOUSING

Applicant's Name _____

Applicant Control Number _____

Applicant's Address _____

I hereby authorize release of the following information: _____ Applicant's Signature

The Housing Authority may request verification that an applicant has a qualifying physical or mental impairment in order to determine the applicant's eligibility for elderly/handicapped housing. The applicant has authorized above your release of the requested information. We would appreciate your prompt response to the questions on the reverse side of this letter. If you have questions, please contact our office. Thank you for your anticipated cooperation.

Sincerely,

Executive Director or Tenant Selection Coordinator

(continued on next page)

THE FOLLOWING TO BE COMPLETED BY PHYSICIAN (OR OTHER PROFESSIONAL)

Note: an applicant's eligibility for Elderly/Handicapped Housing is contingent on the Authority being able to identify and understand whether the applicant has a qualifying impairment and how it affects his or her housing needs. Please be sure to complete this form legibly and in a manner that allows the Authority to meaningfully evaluate the applicant's eligibility.

1. Does the applicant have one or more physical or mental impairments, other than a history of alcohol or substance abuse, which substantially impede(s) his or her ability to live independently? Circle the appropriate answer.*

Yes / No

Comment:

2. If Yes to question 1 above, would suitable housing conditions improve the applicant's ability to live independently and, if so, what sort? Be specific.

3. If Yes to question 1 above, is the anticipated duration of the applicant's impairment(s) more than six (6) months? Circle the appropriate answer.

Yes / No

If the anticipated duration is indefinite so specify, and estimate the approximate duration to the best of your ability:

4. Other comment:

CERTIFICATION

I certify that the information provided above represents my professional judgment and is true and accurate to the best of my knowledge and belief.

Signature

Date

Printed Name

Telephone

Street

City & State

Zip

*Note: an applicant that has a history of alcohol or substance abuse may still be eligible for Elderly/Handicapped Housing if the applicant has one or more qualifying physical or mental impairments in addition to the history of alcohol or substance abuse and is otherwise eligible and qualified for such housing.