



**Application for  
Alternative Housing  
Voucher Program (AHVP)**

This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Priority Category:	_____
Local Preference:	_____
Language:	_____
Voucher Size:	_____

**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). **Please check the *AHVP Issuing Administering Agencies* list at [mass.gov](http://mass.gov) for participating administering agencies and mail or hand carry this application to EACH administering agency to which you want to apply.**

1. Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2. Are you 59 years old or younger?  Yes  No  
 Are you a person with a disability?  Yes  No

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

First & Last Name	Relationship to Head of Household	Date of Birth	Sex	Social Security Number*	Racial Designation**	Ethnic Designation***
	<b>Head</b>					

\*Social security number will be used to verify income, assets, and criminal record information.

Responding to these questions is optional. Your status with respect to tenant selection procedures will NOT be affected by this information.

\*\*Racial Designation: American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other (Specify); Decline to Identify

\*\*\*Ethnic Designation: Hispanic/Latino; or Not Hispanic/Latino; Decline to Identify

4. Do you understand spoken or written English?  Yes  No  
 Your status with respect to tenant selection procedures will NOT be affected by this information.

Primary Spoken Language: \_\_\_\_\_

Primary Written Language: \_\_\_\_\_



5. **Homeless Priority:** If you want to apply for a Homeless Priority, you must first be considered homeless.  
**NOTE:** AHVP's definition of homeless is NOT the same as those used by homeless shelters or Section 8.  
 Residing in a homeless shelter will NOT automatically qualify you as a Homeless Priority applicant.

<p>"Homeless" is defined by state regulations as an applicant who is (you must be able to check <u>ALL</u> boxes):</p> <p><input type="checkbox"/> 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;</p> <p><input type="checkbox"/> Who has not caused or substantially contributed to the situation;</p> <p><input type="checkbox"/> Who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing; and</p> <p><input type="checkbox"/> Who is displaced or about to be displaced from his/her primary residence.</p>	
<p>If you think you meet the definition of homeless, please select the category below that best describes your situation. Homelessness <u>MUST</u> be due to one of the categories below to qualify for Homeless Priority.</p> <p><input type="checkbox"/> Displaced by No-fault of Applicant (i.e. No-fault eviction)</p> <p><input type="checkbox"/> Displaced by Severe Medical Emergency</p> <p><input type="checkbox"/> Displaced by Domestic Violence</p> <p><input type="checkbox"/> Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)</p> <p><input type="checkbox"/> Displaced by Public Action (i.e. Urban renewal, eminent domain)</p> <p><input type="checkbox"/> Displaced by Public Action (i.e. Condemnation of home)</p>	

6. **Local Preference:** In order to receive a local preference, you must live or work in the same city/town as an AHVP Issuing Administering Agency (see list at mass.gov) AND submit this application directly to EACH administering agency.

Do you currently <b>reside</b> in the same City/Town that the administering agency to which you are applying is located in?	Town:
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently <b>work</b> in the same City/Town that the administering agency to which you are applying is located in?	Town:
	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. **Veteran Preference:**
- Are you or a member of your household a Veteran of the U.S. Armed Forces?  Yes     No
- Are you or a member of your household a spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of a Veteran of the U.S. Armed Forces?  Yes     No
- Please enter the dates of service of the Veteran:  
 Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

8. Do you have any special needs due to a disability or need a reasonable accommodation?  Yes     No

If so, please specify: \_\_\_\_\_

---



9. **Emergency Contact:** Name of a relative or friend NOT planning to live with you. We will contact this person if we are unable to reach you in case of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Household Member Name		Name of Employer or Source of Income	Gross Income for Next 12 Months
	Salary & Wages, including Overtime & Tips		\$
	Salary & Wages, including Overtime & Tips		\$
	Net Income from Business or Profession		\$
	Unemployment or Disability Compensation		\$
	TAFDC, EAEDC, or Public Assistance		\$
	Regular Child Support & Alimony Payments		\$
	Social Security Benefits & SSI, including SSDI & SSP		\$
	VA Disability Income		\$
	Pensions, Annuities, Dividends, and Interest		\$
	Other Income:		\$

**Total Gross Income:** \$ \_\_\_\_\_



11. **Assets:** 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 daily use clothing, furniture or cars. Use additional paper if necessary.

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

Do you own any real estate?  Yes  No If yes, please provide the address: \_\_\_\_\_

Have you sold, transferred or given away any real property or assets in the last three (3) years?  Yes  No If yes, provide date of sale / transfer: \_\_\_\_\_

Amount of the sale / transfer: \$ \_\_\_\_\_ Value of the sale / transfer: \$ \_\_\_\_\_

12. **Expenses:** Estimate the amount you will spend, if any, on the following categories over the next 12 months.

Un-reimbursed Medical Expenses: \$ _____	Health Insurance: \$ _____	Child Care: \$ _____
Alimony or Child Support Payments: \$ _____	Other (i.e. care of disabled household member or homemaking and travel expenses for disabled household member) \$ _____	

13. Have you, or any member of your household, ever received housing assistance from any housing agency?  Yes  No

If yes, Name of Head of Household at that time: \_\_\_\_\_

Name of Housing Agency: \_\_\_\_\_

Date Moved Out: \_\_\_\_\_

Reason Moved Out: \_\_\_\_\_

Where you terminated for cause?  Yes  No Do you owe any money, back rent, or damages to the housing agency?  Yes  No

If Yes to either above, please explain: \_\_\_\_\_

14. Are you, any member of your household, or any member of your immediate family or your household member's immediate family an employee or board member of any housing agency? If so, this will not necessarily disqualify your application.  Yes  No

If yes, Name of the employee or board member: \_\_\_\_\_

If yes, Name of housing agency: \_\_\_\_\_



**15. Rental History**

Do you owe any previous property owner money for damages or unpaid rent?  Yes  No  
Have you ever been evicted from a rental unit for cause?  Yes  No

If Yes to either, please explain: \_\_\_\_\_

**16. Criminal Record**

Have you or any member of your household ever been convicted of a drug or violent crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No/No Record*
Do you or any member of your household have any criminal matters pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No/No Record*
Do you or any member of your household have a lifetime requirement to register as a sex offender in the state of Massachusetts?	<input type="checkbox"/> Yes <input type="checkbox"/> No/No Record*
If Yes to <u>ANY</u> , please explain:	

\*An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. An applicant for employment, housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests or criminal court appearances.

**APPLICANT'S CERTIFICATION:**

I understand that this application is not an offer of housing. Based on this application, I understand I should not make plans to move or end a present tenancy until I have been issued a voucher in writing under the Alternative Housing Voucher Program (AHVP) from an Administering Agency. Before an Administering Agency can offer me participation in the rental assistance program, I must provide them with written documentation that verifies my circumstances.

I understand that it is my responsibility to inform the Administering Agency in writing of any change of addresses, income, or household composition. I understand that if I do not respond to Administering Agency requests for information or updates, my name will be removed from the waiting list.

I authorize the Administering Agency 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 Administering Agency will request Criminal Offender Record Information from the Department of Criminal Justice Information Services and perform 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 is as valid as the original.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

