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 fee:	
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 of 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 of 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.

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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:**

   a. **Only for Family Housing**: 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.

   b. **Only for Elderly / Handicapped Housing**: You may apply for Veteran Preference if you are a Veteran who resides in the City or Town.

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

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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 Desig-nation*	Ethnic Desig-nation**	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?

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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: _____

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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) ☐ yes ☐ no

Did this landlord return your security deposit? (check one) ☐ yes ☐ no ☐ 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) ☐ yes ☐ no

Did this landlord return your security deposit? (check one) ☐ yes ☐ no ☐ 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) ☐ yes ☐ no

Did this landlord return your security deposit? (check one) ☐ yes ☐ no ☐ n/a

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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: _____

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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: _____

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