

BEVERLY HOUSING AUTHORITY
 137 (REAR) BRIDGE STREET
 BEVERLY MA 01915
 (978) 922-3100

TYPE F or E
 BEDROOM SIZE _____
 CONTROL _____
 VERF./DOC REC'D _____

FEDERAL PUBLIC HOUSING ELDERLY APPLICATION

HEAD OF HOUSEHOLD: _____
 MAIDEN NAME: _____
 ADDRESS: _____
 CITY/TOWN: _____ STATE: _____ ZIP CODE: _____
 TELEPHONE # _____ WORK# _____

1.) RACE DESIGNATION: Responding to this question is optional. If anyone in your household is a Minority, you may classify your household in that category.

WHITE BLACK AMERICAN INDIAN/ALASKAN NATIVE ASIAN/PACIFIC ISLANDER

ETHNICITY DESIGNATION: HISPANIC NON-HISPANIC

2.) Are you or any member of your household disabled and need an accommodation? YES NO
 If yes, please specify any special needs: _____

Do you need a wheelchair accessible apartment? (circle one) YES NO

3.) FAMILY COMPOSITION: LIST ALL MEMBERS WHO WILL LIVE IN HOUSEHOLD (INCLUDING HEAD)

PRINT CLEARLY

Name: First, Middle, Last

Relationship
to Head

Sex

Date
of Birth

Social Security #

1.		HEAD			
2.					
3.					
4.					
5.					
6.					

4.) Is a change in family composition expected? YES NO
 If yes, what type of change? _____ When? _____

5.) INCOME BEFORE DEDUCTIONS: Estimate the gross income anticipated for all household members from all sources for the next twelve (12) months. Specify all sources.

Member #	Source of Income	Name & Address of Employer or Agency Providing Income	Monthly	Gross Weekly
	Wages, O.T., Tips			
	Wages, O.T. Tips			
	Self-Employed Business Income			
	Social Security SSI & SSDI			
	Pension/ Annuity			
	Veterans Benefits			
	Retirement			
	Unemployment /Disability Compensation			
	Child support/ Alimony			
	AFDC, Public Assistance			
	Interest Dividends			
	Inheritance, Gifts			
	Trust Income/ Other			

6.) **ASSETS:** List below the assets of everyone who will live in the unit. Include all (no matter how small) savings, checking, stocks, bonds, savings certificates, money markets, real estate, trusts, IRAs, Keoghs, Inheritances, capital gains, lottery winnings, insurance settlements, life insurance, policies, etc....

Member #	Type of Asset	Financial Institution (name and address)	Current Value	Interest Rate

7.) **EXPENSES & ALLOWANCE INFORMATION:**

- A) Number of Dependents (this includes minors, full time students and handicapped/disabled family members BUT NEVER the Head, Spouse, or Foster Children)? _____
- B) Is this a household in which the head or spouse is at least 62 years of age or handicapped/disabled? YES NO
- C) Total Child Care Expenses:
 - 1) Expense to enable Family Member to work. Member name _____ \$ _____
 - 2) Expense to enable Family member to further education. Member name _____ \$ _____
- D) Total Handicap Assistance Expense. Name(s) of household members enabled to work: _____ \$ _____
- E) Total Medical Expenses Not Reimbursed by others (Elderly, Handicapped/Disabled Households Only) \$ _____

8.) Have you sold or transferred any property in the last two years? YES NO
 If yes, what was the date of sale? _____ Fair Market Value of House at that time? \$ _____
 Amount of sale? \$ _____

9.) Does anyone in your household own a car? YES NO
 Make of Car _____ Year _____ Plate # _____
 Make of Car _____ Year _____ Plate # _____

10.) **LOCAL RESIDENT:** Household at time of application and at time of update for final eligibility, is living in Beverly. Local resident also includes a person who, at time of application and at the time of final eligibility, is employed or has been hired to work in the city of Beverly. This DOES NOT include people living temporarily with friends/relatives, or in a local homeless shelter unless their last primary residence was in Beverly.

Do you currently rent in Beverly? YES NO If yes, rent amount \$ _____ a month.
 • VERIFICATION REQUIREMENT: Copy of Lease or Utility bill.
 Are you currently employed in Beverly? YES NO If yes, where? _____

• VERIFICATION REQUIREMENT: Pay Stub with company address or written proof of a job offer.

11.) **REFERENCES:** You must list two (2) personal references who are not related or household members.

1. Name: _____
 Address: _____
 City, State, Zip: _____
 Phone #: _____
2. Name: _____
 Address: _____
 City, State, Zip: _____
 Phone #: _____

12.) ADDRESS HISTORY: List addresses for the last five (5) years starting with your current address.

1. Street: _____ City: _____ Zip _____
Lived there from: _____ to present
Name of Landlord: _____
Address of Landlord: Street: _____ City: _____
State: _____ Zip Code: _____ Phone: _____
2. Street: _____ City: _____ Zip _____
Lived there from: _____ to _____
Name of Landlord: _____
Address of Landlord: Street: _____ City: _____
State: _____ Zip Code: _____ Phone: _____
3. Street: _____ City: _____ Zip _____
Lived there from: _____ to _____
Name of Landlord: _____
Address of Landlord: Street: _____ City: _____
State: _____ Zip Code: _____ Phone: _____
4. Street: _____ City: _____ Zip _____
Lived there from: _____ to _____
Name of Landlord: _____
Address of Landlord: Street: _____ City: _____
State: _____ Zip Code: _____ Phone: _____

13.) Have you or any member of your household, ever received housing assistance from this or any other housing agency or group?
YES **NO**

If yes: Name of Head of Household at the time: _____
Name of Housing Agency: _____
Type of Housing: _____
Date Moved Out: _____
Did you leave as a tenant in good standing? **YES** **NO**
If no, please explain: _____

14.) Do you have pets? **YES** **NO** If yes, specify: _____

This question is informational only and in no way constitutes permission to have a pet in Public Housing. Please refer to our Pet Policy posted in the main office for more information regarding the types of pets allowed.

15.) EMERGENCY REFERENCE: List below the name of a relative or friend not planning to live with you. We will attempt to contact this person if we are unable to reach you or in case of an emergency.

Name: _____ Relationship: _____
Full Address: _____
Phone#: _____

16.) **CRIMINAL RECORD:** Have you or any member of your household who will live in the unit ever been convicted of a misdemeanor or a felony? YES NO

If yes, please explain: _____

PLEASE NOTE: The Beverly Housing Authority will request criminal history from the Criminal History System Board for all applicants 17 years of age and older.

17.) Please list all states outside of Massachusetts that you or any household member have lived. List the member, States and time frames: _____

18.) Are you or any household member registered or required to register with any State or Federal Sex Offender Registry?
Circle One: YES NO

If yes, list member, state and date: _____

ALL QUESTIONS MUST BE ANSWERED IN ORDER TO PROCESS YOUR APPLICATION PROPERLY. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND WILL BE RETURNED.

I understand that this application is not a unit offer. I understand that the Housing Authority will make no more than one offer of an appropriate unit. If I do not accept the offer, I will lose any preference status for three (3) years and my application will be removed from the waiting list. Based upon 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 hereby warrant and represent that I shall use the housing for which I am applying as my Primary Residence. As used herein, the term "Primary Residence" means a principal home (domicile) occupied not less than nine months of the year. **I understand it is my responsibility to inform the BHA in writing of any change of address, income, or household size.** I authorize the BHA to make inquiries to verify the information I have provided in this application. I certify that the information I have given is true and correct. I understand that any false statement or misrepresentation may result in the cancellation of my application.

Applicant Signature _____

Date _____

Co-Applicant Signature _____

Date _____



EQUAL HOUSING
OPPORTUNITY