

Beverly Housing Authority  
 137 (Rear) Bridge Street  
 Beverly, MA 01915  
 (978)922-3100

THIS BOX IS FOR OFFICE USE ONLY

Date of receipt: \_\_\_\_\_  
 Time of Receipt: \_\_\_\_\_  
 Control Number: \_\_\_\_\_  
 Bedrooms: \_\_\_\_\_  
 Race: \_\_\_\_\_  
 Priority Category: \_\_\_\_\_  
 Preference Category: \_\_\_\_\_  
 Language: \_\_\_\_\_

**STANDARD APPLICATION FOR STATE-AIDED  
 ELDERLY/DISABLED HOUSING**

**Incomplete applications will NOT be processed and will be returned.** 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.

- Name of Applicant \_\_\_\_\_ Maiden \_\_\_\_\_  
 Address of Current Residence \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Telephone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_

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.

- Number of Bedrooms needed: (circle one) 1 2
- Members of household to live in Unit, including Head of Household: (Attach additional sheet if necessary).

First & Last Name	Relationship To Head of Household	Racial Designation*	Ethnic Designation**	Social Security Number***	Sex	Date of Birth	Occupation
	Head						<ul style="list-style-type: none"> <li>• Employed</li> <li>• At Home</li> <li>• Handicapped</li> <li>• Student</li> </ul>

\***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.

- Is a change in the household composition expected? (circle one) YES NO  
 If yes, what type of change? \_\_\_\_\_ When? \_\_\_\_\_

- 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 - - - - - Telephone - - - - -  
 Work Telephone - - - - -

- Veteran Preference:** You may apply for Veteran Preference if you are a Veteran, the spouse, surviving spouse, parent or other dependent 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.  
 Service Date: From: \_\_\_\_\_ To: \_\_\_\_\_

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

7. Are you or any household member disabled and would need an accommodation? (circle one): YES NO  
Specify: \_\_\_\_\_

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

8. Do you want to apply for Emergency Housing? (circle one) YES NO

If you circled "Yes", an Emergency Application will be mailed to you after this application has been processed.

9. Are you currently living in non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program (AHVP)? (circle one) YES NO  
If yes, you must attach documentation verifying AHVP participation.

**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 and Address of Employer or Source of Income	Gross Income For Next 12 Months
	Salaries, Wages, Including Overtime/Tips	\$
	Net Income From Business or Profession	\$
	Trust Income, Interest & Dividends	\$
	Pensions and Annuities	\$
	Regular Unemployment or Disability Compensation	\$
	Regular Social Security Benefits and/or SSI	\$
	T. A. F. D. C. Or Public Assistance	\$
	Regular Alimony Support Payments, Gifts	\$
	Other Income	\$

**TOTAL GROSS INCOME \$** \_\_\_\_\_

**11. 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 \$** \_\_\_\_\_

12. **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.

Household Member	Asset Type(Name & Address)	Value	Interest Rate
		\$	
		\$	
		\$	
		\$	

13. Have you sold, transferred or given any property or assets in the last three (3) years? YES NO

If Yes: Date of Transfer: \_\_\_\_\_ Amount of sale/transfer : \_\_\_\_\_ Amount of Value: \_\_\_\_\_

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 can 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 (5) Years in Reverse Order** :( attach additional sheets 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	

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. Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of this Housing Authority? (If yes, this will not necessarily disqualify your Application.)  
(circle one) YES NO

If YES, please explain: \_\_\_\_\_  
19. Do you have any Pets? (circle one) YES NO If yes, please describe: \_\_\_\_\_

**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.**

20. **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: ( ) \_\_\_\_\_

21. **Criminal Record:**  
Have you or any member of your household who will live in the unit ever 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: \_\_\_\_\_

Have you or any household member on this application ever live in another state/country? (Circle one) YES NO  
If Yes, please list where and time frame: \_\_\_\_\_

**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 and perform credit checks and internet searches for all adult members of the household.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**\*\* ELDERLY/HANDICAPPED/DISABLED APPLICANTS ONLY \*\***

Applicants are allowed to designate a preference for either a high-rise (over two floors) of a low rise type development. Please check your preference below:

\_\_\_\_\_ High-Rise (over two floors w/elevator) \_\_\_\_\_ Low-Rise \_\_\_\_\_ No Preference

**THIS IS AN IMPORTANT NOTICE. PLEASE HAVE IT TRANSLATED.**

Questa é una notizia molto importante. Per piacere falla tradurre.  
Este es un aviso importante. Sirvase mandarlo traducir.

C'est important. Veuillez faire traduire.

ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG.

XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO NÀY.

Este é um aviso importante. Por favor mande traduzi-lo.

Es é un avizo importantí. Di favor, mandia traduzil.

Se you anons ki enpòtan anpil. Sou Ple, fè tradwi li pou w.

Σημαντικὴ Πληροφορία. – Παρακαλῶ νὰ το μεταφραστὲς.

**重要文件，請翻譯成中文。**