

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

**STANDARD APPLICATION FOR STATE-AIDED
 FAMILY HOUSING**

THIS BOX IS FOR OFFICE USE ONLY

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

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.

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

2. Number of Bedrooms needed: (circle one) 1 2 3

3. Members of household to live in Unit, including Head of Household: (Attach additional sheet if necessary).

Name: First, Middle, Last	Relationship	Social Security Number	Sex	Date of Birth	Occupation or Student Status
	HEAD				

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

4. Is a change in the household composition expected? (circle one) YES NO
 If yes, what type of change? _____ When? _____
5. (a). **Veteran's Preference** (Only for Family Housing) You may apply for Veteran's Preference if you are a wartime Veteran, the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of a wartime Veteran.
 List dates of U.S. Military service:
 From _____ to _____
 (b) For Family Housing applicants, check applicable Veteran category: _____ Service connected disability _____ Family of a deceased veteran whose death was service connected _____ Other veteran _____
A copy of the Veteran's discharge or separation papers must be submitted with this application.

6. 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

7. 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.
8. Are you currently living in non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? (circle one) YES NO

If yes, you must attach documentation verifying AHVP participation.

9. **Racial Designation:** (Responding to this question is optional.) Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority Category. (circle one)
 American-Indian Asian Black Hispanic White Other (specify) _____

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		\$

11. EXPENSES: TOTAL GROSS INCOME \$ _____

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)	Rate	Value	Interest
		\$		
		\$		
		\$		
		\$		

13. Does anyone in your household own a car? (circle one) YES NO

Make of Car _____ Year _____ Reg. Number _____

Make of Car _____ Year _____ Reg. Number _____

14. 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: _____

15. List Addresses for the Last Five (5) Years in Reverse Order : (attach additional sheets if necessary)

(1) Address: _____ Apt. No. _____ to present
City/Town _____ State _____ Zip: _____
Name of Landlord: _____ Telephone: () _____

Address: _____ City: _____ State: _____ Zip: _____
(2) Address: _____ Apt. No. _____ Dates _____ to _____
City/Town _____ State _____ Zip: _____

Name of Landlord: _____ Telephone: () _____
Address: _____ City: _____ State: _____ Zip: _____
(3) Address: _____ Dates _____ to _____
City/Town _____ State _____ Zip: _____

Name of Landlord: _____ Telephone: () _____
Address: _____ City: _____ State: _____ Zip: _____

(3) Address: _____ Dates _____ to _____
City/Town _____ State _____ Zip: _____
Name of Landlord: _____ Telephone: () _____

Address: _____ City: _____ State: _____ Zip: _____
Name of Landlord: _____ Telephone: () _____

Address: _____ City: _____ State: _____ Zip: _____

16. 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: _____

17. Do you have a place of employment in Beverly? (Circle One) YES NO
Employer: _____

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 so, 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.

8/28/2014

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 been convicted of a crime?
YES NO
(circle one)

If YES, please explain: _____

Do you or any member of your household who will live in the unit have any criminal matters pending?
YES NO
(circle one)

If YES, please explain: _____

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 for all adult members of the household.

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult members of the household.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

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 aviztu importanti. Di favor, manda traduzil.
Se you anons ki enpótan anpli. Sou Ple, fé tradwi li pou w.
Σημαντικé ITΛ-ηποφóρσεια - Παρακαλέω να το μεταφóρεσει.

重要文件，請翻譯成中文。