

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

TYPE F or E  
 BEDROOM SIZE \_\_\_\_\_  
 CONTROL \_\_\_\_\_  
 LOCAL: Y or N

**FEDERAL PUBLIC HOUSING FAMILY APPLICATION**  
**NOTE: INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

HEAD OF HOUSEHOLD: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/TOWN: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

MAILNG ADDRESS: \_\_\_\_\_

1.) **RACIAL DESIGNATION**: Responding to this question is optional. If anyone in your household is a Minority, circle one.  
 WHITE      BLACK      AMERICAN INDIAN      HISPANIC      ASAIN      OTHER (Specify) \_\_\_\_\_

2.) Are you or any member of your household disabled or handicapped?      YES      NO  
 If yes, please specify any special features needs: \_\_\_\_\_  
 Do you need a wheelchair accessible apartment?      YES      NO

3.) **NUMBER OF BEDROOMS**: (CIRCLE ONE)      2      3

4.) **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 #

Name: First, Middle, Last	Relationship to Head	Sex	Date of Birth	Social Security #
1.	HEAD			
2.				
3.				
4.				
5.				
6.				

5.) Is a change in family composition expected?      YES      NO  
 If yes, what type of change? \_\_\_\_\_ When? \_\_\_\_\_

6.) **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	Gross	
			Monthly	Weekly
	Wages, O.T., Tips			
	Wages, O.T. Tips			
	Self-Employed Business Income			
	Social Security SSI & SSDI			
	Pension/ Annuity			

7.) **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

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

9.) Does anyone in your household have a car?    YES        NO  
  
 Make of Car \_\_\_\_\_    Year \_\_\_\_\_    Plate # \_\_\_\_\_  
  
 Make of Car \_\_\_\_\_    Year \_\_\_\_\_    Plate # \_\_\_\_\_

10.) **LOCAL PREFERENCES:** Household at time of application and at time of update for final eligibility, is living in Beverly. Local preference 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, landlord's name/address \_\_\_\_\_ rent amount \$ \_\_\_\_\_ a month.

- **VERIFICATION REQUIREMENT: Copy of Current Lease or Utility bill.**
- Are you currently employed in Beverly?    YES        NO    If yes, where? \_\_\_\_\_
- **VERIFICATION REQUIREMENT: Current Pay stub with company address or written proof of a job offer.**

**You are required to submit the necessary documentation. If we DO NOT RECEIVE the SPECIFIC DOCUMENTATION, we will be UNABLE TO DETERMINE YOU ELIGIBLE FOR A LOCAL PREFERENCE**

11.) **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: \_\_\_\_\_

12.) Have you or any member of your household, ever received housing assistance from this or any other housing agency or group? Circle one: YES NO

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

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

Type of Housing: \_\_\_\_\_ Move Out Date: \_\_\_\_\_

Reason: \_\_\_\_\_

When you moved out, were you in compliance with the Housing Authority/Agency's lease and were all debts including all outstanding rent/damage amounts paid in full? YES NO

If no, please explain: \_\_\_\_\_

13.) Are you a Beverly Housing Authority Board Member, employee or immediate family member of a Board member? YES NO If yes, 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.) **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, list member, state and date: \_\_\_\_\_

Are there any matters Pending/Open? YES NO If yes, specify; \_\_\_\_\_

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

17.) 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 BE INELIGIBLE.**

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 understand that all adult household members will be required to sign a Declaration of U.S. Citizenship form and those adults responsible for minor children under the age of 18 will also sign a Declaration of a U.S. Citizenship form for such children. The BHA will verify that those not claiming U.S. citizenship are eligible non-citizens. I understand that the BHA will request Criminal Offender Record Information from the Criminal History Systems Board, and perform credit checks and 3rd party verification of all income and assets reported for all adult members of the household. I understand each adult family member is required by HUD to sign an Authorization for the Release of Information/Privacy Act Notice (HUD form 9886). **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.**

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY:**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date