

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

TYPE E or D
 BEDROOM SIZE _____
 CONTROL _____

SECTION 8 PROJECT-BASED APPLICATION for JACLEN TOWERS

TYPE OF HOUSING: Section 8 Project Based Applicants (head of household or spouse) must be 62 years of age or disabled. Please circle whether Head of Household or Spouse is Elderly (62+) or Disabled:

ELDERLY (62+)

DISABLED

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 need? _____

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

3.) NUMBER OF BEDROOMS: (Only 1 Bedroom Available) 1

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 #
1.	HEAD			
2.				

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	Gross	
			Monthly	Weekly
	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
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7.) EXPENSES & ALLOWANCE INFORMATION:

A) Is this a household in which the head or spouse is at least 62 years of age or handicapped/disabled? YES NO

B) Total Medical Expenses Paid Out-of-Pocket (not reimbursed by others)
\$ _____

C) Total Handicap Assistance Expense. Name(s) of household members enabled to work: _____ \$ _____

8.) Have you sold or transferred any property in the last two years? YES NO

If yes, what was the date of sale? _____
Amount of sale? \$ _____ Fair Market Value of House at that time? \$ _____

9.) 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 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: _____

10.) 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 Systems Board for all applicants 18 years of age and older.

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

12.) 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. Based upon this application, I understand I should not make any plans to move or end my present tenancy until I have received written notice that I will be receiving a Section 8 Project-Based Voucher for Jaclen Towers from the Beverly 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

DATE

PRINT NAME