

Applicant: Write your full name and address,
including your apartment # and zipcode.

Mail this application to the address you
see at left.

Fold here

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:



ATTN: WAITLIST ADMINISTRATOR



**Is this wait list closed? Anything else you want to tell the 900
Housing Advocates and the nearly 250,000 applicants using our system?**

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: Our only open waitlists at present are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

*If you advise applicants to use our free search to locate OTHER HOUSING OPTIONS,
you eliminate hundreds of phone calls and reduce frivolous applications.*

www.housingworks.net



DO NOT LEAVE A SINGLE QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ)

☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If “Yes” you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER
- ☐ HEAD OF HOUSEHOLD's DATE OF BIRTH
- ☐ GENDER

- ☐ ETHNICITY
- ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:

☐ **Fully Accessible Wheelchair** Unit

☐ **Blind Accessible** Unit

☐ Need an **Interpreter**

☐ **No-Steps unit** (elevator to any floor)

☐ **Deaf Accessible** Unit

☐ **Domestic Violence Victim**

☐ **First-Floor unit only**

☐ Unit for **Environmental Allergies**

☐ **Personal Care Attendant**

- ☐ HoH's CAREER STAGE

☐ ANY VETERANS in HH?

☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any

☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER

Head of Household:

Any **Felony/Conviction?** ☐ Yes ☐ No

Any **Misdemeanor Conviction?** ☐ Yes ☐ No

Other Members:

Any **Felony Convictions?** ☐ Yes ☐ No

Any **Misdemeanor Conviction?** ☐ Yes ☐ No

Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION

☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- _____ ← # Adults _____ ← # Children _____ ← Total # in Household \$

☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS

☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status

☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE

☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE (OR BACKUP MAILING ADDRESS)

- ☐ PREFERRED MAILING ADDRESS

- ☐ # BEDROOMS NEEDED?

☐ SPECIAL CIRCUMSTANCES? (some programs may grant you priority status)

- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened

Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

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 BLACKAMERICAN 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? (circle one) **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.				
2.				
3.				
4.				
5.				
6.				

4.) Is a change in family composition expected? (circle one) **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	Gross	
			Monthly	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? _____
- Amount of sale? \$ _____ Fair Market Value of House at that time? \$ _____

- 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 the Present Day

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?

YESNO

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?

YESNO

If no, please explain: _____

14.) Do you have pets?

YESNO

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#: _____

Email : _____

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?

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. understand that any false statement or misrepresentation may result in the cancellation of my application.

Applicant Signature

Date

Co-Applicant Signature

Date

