

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

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

☐ **First-Floor unit only**

☐ **Blind Accessible** Unit

☐ **Deaf Accessible** Unit

☐ Unit for **Environmental Allergies**

☐ Need an **Interpreter**

☐ **Domestic Violence Victim**

☐ **Personal Care Attendant**

- ☐ HoH's CAREER STAGE

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

☐ ANY VETERANS in HH?

☐ Yes☐ No
- ☐ 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

_____ ← # Adults

_____ ← # Children

_____ ← Total # in Household

\$

☐ ANNUAL INCOME

☐ DOCUMENTED DISABILITY?

☐ 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 _____

Warning! Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make any willful false statement or misrepresentation to any Department/Agency of the U.S. as to any state within its jurisdiction.

App. Control # _____
L.R.PH.
ONE BEDROOM ONLY

FEDERAL PUBLIC HOUSING APPLICATION

MILFORD HOUSING AUTHORITY
45 Birmingham Milford, MA 01757

Applicants Name (Last, First, MI.) _____
Address: _____
City/Town: _____ Zip _____
Telephone # _____ Alternate Telephone _____
Do you live or work in the Town of Milford? _____ Yes _____ No

Household Composition									
Mbr. #	Name	Date of Birth	Place of Birth	Social Security	Age	Sex	Citizen of U.S.	Income Source	Current Income
1							Yes/No		
2							Yes/No		
3							Yes/No		
4							Yes/No		
If anyone is not a citizen, please provide immigration documentation								Tl. Income	\$

Please check the boxes which best describe your family: (Optional)

- 1) Race Code:
- 2) Ethnicity Code:

Previous Participation

1. Have you disposed of any assets for less than fair market value in the past 2 years?

Yes/No
2. Do you owe money to any PHA as a result of a Public Housing Programs?

Yes/No
3. Have you ever committed fraud in connection with any federal programs

Yes/No
4. Have you become homeless due to a natural disaster (ie fire, flood, etc) in the last 6 months?

Yes/No

Deductions & Allowances
Medical Deductions

Member #	Description	Amount/Value
		Total \$ _____

Net Assets			Asset Income: (Interest)		
Member #	Description	Amount/Value	Member #	Description	Amount/Value
Total: \$			Total: \$		

Do you require the design features of an accessible unit (ex: handicapped) and do you want to be placed on the waiting list for such a unit? _____ Yes _____ No

(If so, do you also want to be placed on the waiting list for a non-accessible Unit?) _____ Yes _____ No

Accommodations for people with disabilities may be requested. (over)

Please read the statement below and sign and date where indicated:

I understand that this is **NOT A CONTRACT** and does not bind either party. The above information is ALL TRUE and COMPLETE to the best of my knowledge. I have no objections of inquiries being made for the purpose of verifying the statements made herein.

I authorize the Milford Housing Authority to obtain Criminal Offense Record Information (CORI) from the Criminal History Systems Board (CHSB) on myself as applicant, including household members 18 years of age and older, at time of final screening process.

Signature of Applicant_____

DO NOT WRITE BELOW THIS LINE: FOR OFFICE USE ONLY

Eligibility Data:

1. Family composition - Eligible? ☐ Yes ☐ No
2. Annual Gross Income - Eligible? ☐ Yes ☐ No
- 3, Unit size: _____ Bedrooms.
4. Income Limit: ☐ Lower Income ☐ Very Low Income
- ☐ Lower Income ☐ Very Low Income

Calculations

- _____ 1. Annual Gross Income

_____ 2. Medical

_____ a. expenses

_____ b. 3% of gross

_____ c. Total Medical Allowance
- _____ 3. Dependent Allowance

_____ 4. Elderly Allowance

_____ 5. Child Care Allowance

_____ 6. Total Allowances

_____ 7. Adjusted Income

FAMILY INFORMATION

1. Family Status:

a. ☐ Head/Spouse over 62

b. ☐ Head/Spouse Disabled

c. ☐ Head/Spouse Handicapped

d. ☐ None of the above
2. Number in Family _____

3. Number of minors _____

4. Number of bedrooms _____

5. Age of head _____

6. # of recipients _____
7. Income form: _____ Wages _____ Benefits _____ AFDC _____ Other

8. Sex of Head of Household _____ Male _____ Female

9. Husband or wife present? _____ Yes _____ No

10. Milford Residents? _____ Yes _____ No

11. Income Eligible” _____ Yes _____ No

CERTIFICATION:

On the basis of the determination set forth above, the applicant family named herein has been found to be

_____ Eligible _____ Ineligible for Admission/Participation

Signed: _____ Interviewed by: _____

Date: _____ Date: _____