

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

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

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

**Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 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: At present, our only open waitlists 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 direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

**www.HousingWorks.net**



**HOUSINGWORKS**  
For Everyone

**DO NOT LEAVE ANY 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:
- |  |   |   |
|--|---|---|
| <input type="radio"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit            | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit             | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit for <b>Environmental Allergies</b> | <input type="radio"/> <b>Personal Care Attendant</b>  |

- ☐ 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 ADDRESS

- ☐ BEST 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 \_\_\_\_\_

**North Andover Housing Authority**  
**Joanne M. Comerford, Executive Director**

One Morkeski Meadows  
North Andover, MA 01845

TEL (978) 682-3932  
FAX (978) 794-1142  
TDD (978) 545-1833 Ext. 378  
[jcomerford@northandoverha.com](mailto:jcomerford@northandoverha.com)

**FEDERAL PUBLIC HOUSING APPLICATION**

**Please read carefully. Incomplete applications will not be processed.**

**For North Andover Housing Authority use only:**

**Date/Time of Application:** \_\_\_\_\_ **Application Control ID:** \_\_\_\_\_

1. Name of head of household: \_\_\_\_\_
2. Name of adult co-head of household: \_\_\_\_\_
3. Current address, street, apt. #: \_\_\_\_\_  
Current city, state, zip: \_\_\_\_\_  
Current area code, home & work phone #s: \_\_\_\_\_

☐ **Are you 62 years or older?**    ☐ **Are you disabled?**    ☐ **Do you need a wheelchair accessible unit?**

Definition of Elderly/Disabled can be found on last page of application.

**Local Preferences**

☐ **Are you a North Andover resident?**

Definition of North Andover resident can be found on last page of application.

**Optional: For Statistical Purposes Only**

**Race of Head:**

**Ethnicity of Head:**

**FAMILY INFORMATION**

Beginning with you, list all persons who will live in the North Andover Housing Authority's unit, including live-in aides (if needed for the care of a family member). Each box must be completed for each family member. No one except those listed on this form may live in the unit.

**NOTE: North Andover Housing Authority's Elderly/Disabled units are one-bedroom only.**

	First Name & Last Name (if different from Head)	Date of Birth	Sex	Social Security Number	Relation to Head	Disabled Person?	Birthplace Country	Full-Time Student
H								
2								
3								

## **FAMILY INCOME INFORMATION**

Please list the source and amount of all income expected for the coming 12 months for all family members, including you. Include all earnings and benefits received from AFDC/TANF, VA, Social Security, Pensions, SSI, SSDI, Unemployment, Worker's Compensation, Child Support, etc.

4. Is any adult family member employed? ☐ Yes ☐ No

If yes, name, address & phone # of employer(s): \_\_\_\_\_

\_\_\_\_\_

Family Member's Name	Income Source	Amount \$	Frequency
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
			<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

**List any additional income on a separate sheet of paper and attach to this application.**

5. Do you have a checking, savings or money market account, or own any certificates of deposit, stocks, bonds, etc.? ☐ Yes ☐ No If yes, list each account below:

Type of asset, account #, current balance: \_\_\_\_\_

Name & address of bank or institution where account is held: \_\_\_\_\_

\_\_\_\_\_

Type of asset, account #, current balance: \_\_\_\_\_

Name & address of bank or institution where account is held: \_\_\_\_\_

\_\_\_\_\_

Type of asset, account #, current balance: \_\_\_\_\_

Name & address of bank or institution where account is held: \_\_\_\_\_

\_\_\_\_\_

**List additional accounts on a separate sheet of paper and attach to this application.**

6. List life insurance policies for all household members:

Policy #: \_\_\_\_\_ Face value of policy \$: \_\_\_\_\_ Cash value of policy \$: \_\_\_\_\_

Insurance company name and address: \_\_\_\_\_

\_\_\_\_\_

Policy #: \_\_\_\_\_ Face value of policy \$: \_\_\_\_\_ Cash value of policy \$: \_\_\_\_\_

Insurance company name and address: \_\_\_\_\_

\_\_\_\_\_

7. Do you own any real estate? ☐ Yes ☐ No

If yes, what is the address: \_\_\_\_\_

8. Have you sold any real estate in the past two years? ☐ Yes ☐ No

If yes, what is the address: \_\_\_\_\_

**The North Andover Housing Authority will be contacting all former landlords for the period three years from the date of application. Please list all current and previous residences and landlords during that time period.**

9. Current landlord's name, address and phone #: \_\_\_\_\_

\_\_\_\_\_

Date family moved to this location \_\_\_\_\_

10. Most recent former address, street, apt. #: \_\_\_\_\_

Most recent former city, state & zip: \_\_\_\_\_

Landlord's name, address & phone #: \_\_\_\_\_

\_\_\_\_\_

Date moved in: \_\_\_\_\_ Date moved out: \_\_\_\_\_

11. Previous address, street, apt. #: \_\_\_\_\_

Previous city, state & zip: \_\_\_\_\_

Landlord's name, address & phone #: \_\_\_\_\_

\_\_\_\_\_

Date moved in: \_\_\_\_\_ Date moved out: \_\_\_\_\_

12. Have you ever been evicted from housing? ☐ Yes ☐ No

If yes, why? \_\_\_\_\_

13. Have you ever lived in public housing before? ☐ Yes ☐ No

If yes, where? \_\_\_\_\_

Dates: From \_\_\_\_\_ to \_\_\_\_\_ Name of lessee: \_\_\_\_\_

14. Do you owe any money to any Public Housing Authority? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

15. Are you a Board member, employee or a member of the immediate family of an employee or Board member of the North Andover Housing Authority? ☐ Yes ☐ No (If so, this will not

disqualify your application) If yes, explain: \_\_\_\_\_

16. Have you, or any member of the applicant household ever been arrested or convicted of a crime, other than a traffic violation? ☐ Yes ☐ No

If yes, explain the nature of the problem and who was involved: \_\_\_\_\_

\_\_\_\_\_

17. Is anyone in your household currently on parole or probation? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

18. Do you have any pets? ☐ Yes ☐ No If so, how many? \_\_\_\_\_

Please Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## QUALIFYING FOR DEDUCTIONS IN CALCULATING RENT

19. Does your household have any medical expenses (including insurance, Medicare deductions, doctor visits, hospital or clinic costs, prescriptions, therapy, supplies, medical transportation, etc.)?   ☐ Yes   ☐ No  
If yes, describe the type of expense (not your medical condition) and the unreimbursed amount you spend per month on all medical expenses. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Drivers license or state ID #: Applicant: \_\_\_\_\_ Co-applicant: \_\_\_\_\_  
Automobile: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

I/we certify that the information on this application are true to the best of my/our knowledge, and understand that they will be verified. I/we authorize the release of information to the North Andover Housing Authority by my/our employer(s), the Department of Public Assistance, the Social Security Administration, and/or other business or government agencies. I/we understand that any false statement made on this application will cause me/us to be disqualified for admission.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Warning:** 18 U.S. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of any department of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.