

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

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

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- _____
- _____
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: _____
- Name of Waitlist Administrator *optional* _____
- Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Date Time Received. Application will be stamped to show when it was received:

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"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> 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 ADDRESS

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

DOMUS INCORPORATED 4 School Street, 2nd Floor Westfield, MA 01085

413.568.4494 office

413.564.0197 fax

To Applicant: To qualify for a unit, applicants must have an annual household income less than or equal to \$17,500 for a one person household (30% AMI as of June 2016) and be eligible for the Massachusetts Rental Voucher Program. Preference will be given to households that are:

- 1) Eligible for and have a need for the services to be offered at the Project due to their high risk of long-term or frequent episodes of homelessness. Homeless, unaccompanied individuals of transitional age (18-24) are eligible for the services.
- 2) Applicants who live, work, or are enrolled in school in the City of Westfield, MA will be eligible for the residency preference, which will only apply to selection for initial occupancy of the project and only to 7 units.
- 3) Applicants who need the accessibility features in the project's accessible unit will receive the first preference in filling that unit.

Suggestions for filling out an application

1. Please know that incomplete and /or false information on your application are grounds for rejection.
2. **A copy of your birth certificates, photo ID and social security card are required.**
3. You must fill out every question even if the answer is no or not applicable(N/A)
4. You need to document your present address, and telephone number.
5. The complete name, address and telephone number of your landlord is required.
6. We need your prior addresses, including the name of your landlord.
7. If you have a past criminal record, please state so. Domus looks at mitigating circumstances and where you are presently in your life.
8. Please put in the full address of your employer and telephone number.
9. Please know that all sources of income are subject to verification. **Two (2) months of paystubs are required. If receiving Social Security benefits please provide a copy of the award letters.**
10. Please accurately list the bank where your funds are secured.
11. On personal references please list **three non-family references**, with their full addresses and telephone numbers.
12. Domus checks all applicants through Dashe-Intel, this includes a credit check, any criminal records and arrests and evictions.
13. Please sign the Authorization for the Release of Information.
14. Please be aware that **NO PETS** of any kind are allowed in any of Domus' Complexes

If the application is not fully completed and documentation is not provided with the application it will NOT be processed.



4 School Street, Westfield, MA 01085

413.568.4494 Office

413.564.0197 Fax

OUR HOUSE APPLICATION FOR RENTAL HOUSING

Return Completed Application in person or by mail to:

Domus, Inc.
4 School Street
Westfield, MA 01085
413-568-4494 (phone)

All applications must be postmarked or received by September 8, 2016 to be included in the lottery.

Please Fill Out Completely

Incomplete applications will not be processed. When completing the application please do not leave any areas blank. If you are not receiving income, or do not have assets please put not applicable (N/A). Any areas left blank will result in a letter requesting that you provide the necessary information before your application will be processed. **If you have any question please do not hesitate to contact us at the number above.**

Applicant Name: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

Day time Phone: _____ Evening time Phone: _____

Do you have a history of illegal drug use or alcohol abuse that has led to behavior that could, if repeated, interfere with the rights of other residents or staff? YES _____ NO _____

If so, please indicate if you would like us to take any mitigating factors into account, such as the period you have sober/drug free. YES _____ NO _____

How did you hear about Domus Inc.? _____

Equal Housing Opportunity

Domus Incorporated is an equal housing opportunity provider. Persons applying for housing at any Domus Property will not be refused housing based on their race, color, national origin, disability, ancestry, genetic information, marital



status, familial status, receipt of public assistance, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.

Pease fully complete the remainder of the application. If an area does not pertain to you, please put N/A that area.

Current living situation (check one)

Homeless Shelter ____ Staying with Family or Friends ____ Recovery Program ____
Renting apartment ____ Hospital ____ Own your own home ____ Street/car/tent ____

Present address: _____
Street Apt. # City State Zip Code

Landlord's name: _____

Address: _____

Phone number: _____

Length of time at present address: _____

Reason for leaving: _____

Monthly rent, if applicable: _____

Utilities included? YES NO

Previous address: _____
Street Apt# City State Zip Code

Landlord's Name _____

Address:

Phone number:

Length of at previous address From To

Reason for leaving:

Previous address: _____
Street Apt # City State Zip Code

Landlord's name:

Address:

Phone Number:

Length of time at previous address – From To

Reason for Leaving



Present employer: _____

Address: _____

Street Apt # City State Zip Code

Phone number: _____

Length of time at job: _____ Position: _____

Gross salary: Weekly _____ Monthly _____

Other sources of income:

| | | |
|----------------------------------|----------|-----------|
| A. Salary (in addition to above) | \$ _____ | /wk/mo/yr |
| B. Social Security | \$ _____ | /wk/mo/yr |
| C. Supplemental Security | \$ _____ | /wk/mo/yr |
| D. V. A. Pension | \$ _____ | /wk/mo/yr |
| E. V. A. Disability | \$ _____ | /wk/mo/yr |
| F. Other Pension | \$ _____ | /wk/mo/yr |
| H. General Assistance | \$ _____ | /wk/mo/yr |
| I. Unemployment/Disability | \$ _____ | /wk/mo/yr |
| J. Trust or interest/dividends | \$ _____ | /wk/mo/yr |
| K. Other (Please specify) | \$ _____ | /wk/mo/yr |

Do you have a savings account: YES NO

Bank Name: _____

Account number: _____ Balance \$ _____

Do you have a checking account: YES NO

Bank Name: _____

Account number: _____ Balance \$ _____

Do you have stocks: YES NO

Name: _____

Number of Shares: Dividends Paid \$ Value: \$

Do you have Bonds: YES NO

Account #: Maturity Date Value: \$

Do you have Certificates of Deposits: YES NO

Bank Name: _____

Account Number: Balance \$

Do you expect any changes in your income or assets during the next twelve months?

YES NO If yes, explain _____

Do you own a car: YES NO

Make of car _____ Year _____ Registration #

Have you been convicted of a felony in the past 10 years: YES NO



If yes, explain

If a sex crime are you are registered offender: YES NO

If yes, where?

Parole officer

Parole Office Location

Phone number:

Who should we notify in case of an emergency:

Name _____ Phone # _____
Address: _____ Relationship _____

Preferences: PREFERENCES: Preference will be given to households that are:

1. **Eligible for and have a need for the services to be offered at the Project due to their high risk of long-term or frequent episodes of homelessness.**
Homeless, unaccompanied individuals of transitional age (18-24) are eligible for the services. Homeless as defined by the McKinney Vento Homeless Assistance Act, as amended by S. 896 The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and 2012. The service needs determination will be made based on the information gathered using the Young Adult Screening Questions (assessment tool). There are five factors within the evaluation and individuals eligible for services who have a score of two or above will receive a preference under the program and individuals eligible for services who have a score of six or above will receive a first preference under the program.
2. **Residency Preference:** Applicants who live, work (or have an offer to work), or are enrolled in school in the City of Westfield, MA will be eligible for the residency preference, which will only apply to selection for initial occupancy of the project and only to 7 units.

The impetus for developing Our House was to respond to the problem of homelessness among high school students enrolled in Westfield High School. In the last several years, the school's guidance department has identified a growing number of students who are trying to stay in or finish high school despite not having a safe or consistent place to sleep every night. Domus, Inc. responded to the need to support these students – and others who may give up finishing their education because of the challenges of homelessness – by working with the City of Westfield, Westfield public school officials, local service providers, non-profits and church groups, to provide an affordable supportive permanent housing project for these youth. There are no

affordable housing opportunities with supportive services in the City of Westfield for this population. Therefore, up to seventy per cent of the units in the project (seven units) will be designated for applicants who are eligible for a residency preference. The remaining units (three) are open to any eligible applicant.

Provide the name of the city /town in which you are employed: _____

Provide the name of the school in which you are enrolled: _____

3. **Disability Preference:** Applicants who need the accessibility features in the project's accessible unit will receive the first preference in filling that unit.



_____Do you need a wheelchair accessible apartment? _____YES _____NO

Domus has an obligation to provide "reasonable accommodations" and "reasonable modifications" on account of a disability if an applicant or resident or a household member is limited by the disability and for this reason needs such an accommodation or modification. A reasonable accommodation is a change that the Domus can make to its rules, policies, practices, or services, and a reasonable modification is a change Domus can make to its facilities (including physical alterations to the housing unit or public or common use areas) that will assist an otherwise eligible person with a disability to have equal opportunity to use and enjoy the housing or common or public use areas or to participate fully in Domus's programs, activities, or services. Such changes may not be reasonable if they are not financially and programmatically feasible for Domus.

If you or a member of your household has a mental and/or physical disability, and as a result needs an accommodation or modification, you, the household member, or authorized representative, may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.

Do you have any special needs due to a disability or need a reasonable accommodation?
_____YES _____NO

Please specify: _____

Please list three (3) non-family personal references (include complete addresses and phone numbers)

Please attach the following documents:

- ☐ Birth certificate
- ☐ Photo ID
- ☐ Social Security Card
- ☐ Verification of income, such as pay stubs or benefit letters
- ☐ Proof of homelessness (if applicable), such as a letter from a shelter provider, guidance counselor, or other verification
- ☐ Proof of local preference (if applicable), such as proof of address (bill, photo id, etc.), pay stub, offer of employment or school transcript
- ☐ Proof of DCF care (if applicable), such as a letter from DCF

Once an application has been reviewed, the applicant interviewed and all reference checks completed, the applicant will be informed of the decision to accept or reject their application. If an applicant is rejected, the applicant will be so informed. The applicant is entitled to an informal review of the decision. If the applicant is accepted, she/he will be offered a vacant apartment.



I understand that the forgoing information will be used to determine my eligibility for an apartment owned or managed by Domus Inc. Therefore, I grant consent for Domus Inc staff to verify information on this application and I acknowledge that any false information will make me ineligible for a housing unit at any Domus Inc property. I certify that the housing I may occupy will be my permanent residence and I will not/do not maintain a separate subsidized unit in a different location.

Applicant's Signature: _____ **Date:** _____

Voluntary information regarding race/national origin:

What race/national origin are you a member of? Please circle one.

White

African American

Native American

Hispanic

Asian/Pacific Islander

Other: _____

Are you: Female Male

The information regarding race, national origin and sex solicited on this application is requested in order to assure the Federal Government, acting through the Department of Housing and Urban Development that Federal laws prohibiting discrimination against Tenant applicant on the basis of race, color, national origin, religion, fax, familial status, age and handicap are complied with. This information will not be used in evaluating your application or to discriminate against you in any way.

Applicant's Signature

Date

Print Applicant's Name



Release Form

I, _____, do hereby authorize DO MUS Incorporated, and its staff to contact agencies, offices, groups, or organizations to obtain any information or materials deemed necessary to complete my application for housing at 48 Broad St, Westfield, MA.

Further, I release DOMUS Incorporated and their staffs to discuss with these agencies, offices, groups, or organizations, matters directly related to my participation in the OUR HOUSE project, when and if they feel it's pertinent to determine my eligibility for the apartment.

This would include but not be limited to the following: amount and sources of income; amount, location, and value of assets; amount of medical or other unusual expenses; history regarding credit; landlord references; shelter or program references; eviction and arrest records. It is my understanding that DO MUS Incorporated is requesting this release to assist them only for the processing of my application and the monitoring of my status as a resident or applicant for its properties.

Signed: _____
Applicant Date

Please Print Name:

Credit and Criminal Release Form

By signing this form, I understand that Dashe-Intel will perform credit, criminal and reference checks to determine my rental, criminal history and ability to pay rent. With my signature below, I request all present and previous landlords, credit reporting services, employers, lien holders, and credit and personal references to disclose any and all pertinent information concerning me to Dashe-Intel.

Signature

Date

Steve Dickinson & Kate Ashe-Dickinson

Tel: 413-579-1754

Fax: 866-714-1754

Email: Dashe-intel@comcast.net



Addendum to Rental Application

Have you or ANYONE (regardless of age) who will be residing with you EVER:

Been arrested, cited, prosecuted, plead guilty to or been convicted of any crime? ☐ Yes ☐ No

Been placed on probation, paroled, or required to register on a

Sexual Offender Registry?

☐ Yes ☐ No

Been in a gang, or are you currently a member of a gang?

☐ Yes ☐ No

Been involved in, or are you currently are involved in any illegal activity?

☐ Yes ☐ No

Been evicted or had a forcible detainer filed against you?

☐ Yes ☐ No

Been a petitioner in a case at bankruptcy court?

☐ Yes ☐ No

Had a warrant, or do you currently have a warrant for your arrest?

☐ Yes ☐ No

Moved to avoid eviction or because of problems with a tenant or landlord?

☐ Yes ☐ No

Please explain all “YES” answers in detail. (What happened, when, where, and the results.)

[illegible]

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need:

A change in the rules or policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site,

A change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in the programs on site, or

A change in the way we communicate with you or give you information,

You can ask for this kind of change, which is called a **Reasonable Accommodation**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer within fifteen business days following our review of your information unless there is a problem getting the information we need or unless you agree to a longer time frame. We will let you know if we need more information or verification from you or if we would like to talk with you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out the reasonable accommodation request form, or if you want to give us your request some other way, we will assist you.

You can get a reasonable accommodation request form from your property manager or contact:





**Universal STANDARD Application for
State-Aided Public Housing,
MRVP & AHVP**

| This box is for Office Use Only | |
|---------------------------------|-------|
| Date of Receipt: | _____ |
| Time of Receipt: | _____ |
| Control Number: | _____ |
| Barrier free: | _____ |
| First Floor: | _____ |
| Elderly Handicapped: | _____ |
| Race and/or Ethnicity: Priority | _____ |
| /Preference Category: | _____ |
| Language: | _____ |

Incomplete applications will not be processed. ~~Please complete all information requested on the application.~~
If a question is not applicable, please write N/A. Make sure you sign the last page. If you need additional
space to provide an answer, please attach an additional sheet(s). Once completed please mail or hand carry
to local housing authorities at which you want to apply. Please check the list of local housing authorities for
availability of family or elderly/non-elderly handicapped housing.

1. Name of Applicant: _____
- Current Residence Address: _____ Apt No: _____
- City / Town: _____ State _____ Zip: _____
- Home Telephone: _____ Cell Phone _____
- Best # to Reach Applicant _____ Work Phone _____
- Mailing Address: _____ Apt No: _____
- City / Town: _____ State: _____ Zip: _____
2. Type of Public Housing You are Applying For: ☐ Elderly ☐ Non-Elderly, Handicapped
- ☐ Congregate Elderly/Handicapped ☐ Family ☐ MRVP ☐ AHVP

Note: To be eligible for elderly/handicapped housing you must be at least 60 years old or a person with a handicap. If
you have a handicap, the handicap must be other than a history of alcohol/drug abuse. If you have a handicap, you must
provide certification by a doctor clearly stating that you have a handicap and it is expected to be of long and indefinite in
duration lasting at least six months. In addition, the LHA will need to determine that certain special architectural features
OR low rent housing is not available in the private market AND that the applicant is faced with living in an institution or
decadent substandard housing OR the applicant is paying excessive rents.

~~3. If you want to apply for emergency Housing you must select one of the categories below:~~

~~Note: To be eligible for Emergency applicant status you must be "homeless," which is defined by state regulations as: an
applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct
threat of life or safety that would be alleviated by placement in an appropriate unit, who has not caused or substantially
contributed to the situation, who has made reasonable efforts to prevent or avoid the situation and to locate alternative
housing, and who is displaced from his/her primary residence for one of the following reasons. Please check the reason
that applied to your situation:~~

- ~~☐ Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)
☐ Displaced by Public Action (i.e. Urban renewal, eminent domain)
☐ Displaced by Public Action (i.e. Condemnation of home, code violations)
☐ Displaced by No fault of housing, Severe Medical emergency and/or Victim of Abuse (domestic violence)
where the housing situation significantly contributes to or is direct threat to the life and safety of the applicant.~~

~~If you have selected one of the above emergency categories in this section, you must complete an EMERGENCY
APPLICATION in addition to this Standard Application. All emergency applications must be accompanied by
third party written documentation.~~



4. ~~Local Preference:~~ In addition to receiving local preference for the City or Town where you principally reside, you may receive local preference based on where you are employed.

~~Please answer the following:~~

• ~~Provide the name of the City/Town in which you are employed:~~ _____

• ~~Provide the dates of employment:~~ From: _____ To: _____

~~Home Telephone~~ _____ ~~Work Telephone~~ _____

5. ~~Veteran Preference:~~

~~Only for Family Housing:~~ You may apply for Veteran Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a dependent child of a Veteran.

~~Only for Elderly / Handicapped Housing:~~ You may apply for Veteran Preference if you are a Veteran who resides in the City or Town.

~~If you wish to apply for Veteran Preference, list the dates of U.S. military service. Include service dates for service in the U.S. Army, Marine Corps, Coast Guard, Air Force or National Guard.~~

~~Service Date:~~ From: _____ To: _____

~~A Copy of the Veteran's Department of Defense Form DD214 must be submitted with this application.~~

6. Do you have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons? ☐ yes ☐ no

Please Specify: _____

7. Do you need a wheelchair accessible apartment? ☐ yes ☐ no

8. ~~Number of Bedrooms needed:~~ ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

~~Note: Most elderly / handicapped housing developments only have 1 bedroom units.~~

9. Are you currently living in a non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? ☐ yes ☐ no



10. Does anyone in your household own a car? ☐ yes ☐ no

Make of car: _____ Year: _____ Reg. Number: _____

Make of car: _____ Year: _____ Reg. Number: _____

11. Members of household to live in unit, including **Head** of Household:

| First & Last Name | Relationship To Head of Household | Racial Designation* | Ethnic Designation** | Social Security Number*** | Sex | Date of Birth | Occupation • Employed • At Home • Handicapped • Student |
|-------------------|-----------------------------------|---------------------|----------------------|---------------------------|-----|---------------|---|
| | Head | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

***Racial Designation:** American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander, White; Other (specify).

****Ethnic Designation:** Hispanic/Latino or Not Hispanic/Latino

Responding to these questions is optional. Your status with respect to tenant selection procedures may be affected by this information. "Minority" does not include "White" unless there is also a designation of another race or "Hispanic/Latino".

***This information will be used to verify income, assets, and criminal record information.

12. Is a change in the household composition expected? ☐ yes ☐ no

If yes, what type? _____

When? _____



13. **Income before Deductions:** Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 month. Specify all sources.

| Household Member Name | | Name & Address of Employer or Source of Income | Gross Income for Next 12 Months |
|-----------------------|---|--|---------------------------------|
| | Salaries, Wages, including Overtime / Tips | | \$ |
| | Salaries, Wages, including Overtime / Tips | | \$ |
| | Net Income from Business or Profession | | \$ |
| | Trust Income, Interest & Dividends | | \$ |
| | Unemployment or Disability Compensation | | \$ |
| | Pensions & Annuities | | \$ |
| | Regular Social Security Benefits and / or SSI | | \$ |
| | VA Disability Income | | \$ |
| | TAFDC or Public Assistance | | \$ |
| | Regular Alimony Support Payments | | \$ |
| | Other Income | | \$ |
| Total Gross Income: | | | \$ |



14. **Expenses:**

| | |
|--|----|
| Un-reimbursed Medical Expenses: | \$ |
| Alimony of Child Support Payments: | \$ |
| Health Insurance: | \$ |
| Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment) | \$ |

15. **Assets:** Do you own any real estate? ☐ yes ☐ no

If yes, please provide the address: _____

List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

| Household Member | Asset Type | Asset Value or Current Balance | Name of Financial Institution | Account No. |
|------------------|------------|--------------------------------|-------------------------------|-------------|
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |
| | | \$ | | |

16. Have you sold, transferred or given away any real property or assets in the last three (3) years? ☐ yes ☐ no

If yes:

Date of sale / transfer:

Month _____ Day _____ Year _____

Amount of the sale / transfer: _____

Value of the sale / transfer: _____



~~17. References: List two references. These should not be relatives or household members.~~

~~(1) Name _____ Telephone No. _____~~

~~Address: _____ City _____ State _____ Zip _____~~

~~(2) Name _____ Telephone No. _____~~

~~Address: _____ City _____ State _____ Zip _____~~

~~18. List Addresses for each Adult Household Member for the Last Five Years in Reverse Order. Please list primary lease holder (head of household) if someone other than yourself. (Use additional sheet if necessary)~~

~~(1) Name of Primary Leaseholder: _____~~

~~Address: _____ Apt # _____ Date From: _____ To: _____~~

~~City _____ State _____ Zip _____~~

~~Landlord Name _____ Telephone No. _____~~

~~Landlord Address: _____ City _____ State _____ Zip _____~~

~~Did this landlord bring any court action against the leaseholder or you? (check one) ☐ yes ☒ no~~

~~Did this landlord return your security deposit? (check one) ☐ yes ☒ no ☐ n/a~~

~~(2) Name of Primary Leaseholder: _____~~

~~Address: _____ Apt # _____ Date From: _____ To: _____~~

~~City _____ State _____ Zip _____~~

~~Landlord Name _____ Telephone No. _____~~

~~Landlord Address: _____ City _____ State _____ Zip _____~~

~~Did this landlord bring any court action against the leaseholder or you? (check one) ☐ yes ☒ no~~

~~Did this landlord return your security deposit? (check one) ☐ yes ☒ no ☐ n/a~~

~~(3) Name of Primary Leaseholder: _____~~

~~Address: _____ Apt # _____ Date From: _____ To: _____~~

~~City _____ State _____ Zip _____~~

~~Landlord Name _____ Telephone No. _____~~

~~Landlord Address: _____ City _____ State _____ Zip _____~~

~~Did this landlord bring any court action against the leaseholder or you? (check one) ☐ yes ☒ no~~

~~Did this landlord return your security deposit? (check one) ☐ yes ☒ no ☐ n/a~~



~~19. Have you, or any member of your household ever received housing assistance from this or any other housing agency? (check one) ☐ yes ☐ no~~

~~If yes, Name of Head of Household
at that time: _____~~

~~Relation to Applicant: _____~~

~~Name of Housing Agency: _____~~

~~Date Moved Out: _____~~

~~Reason Moved Out: _____~~

~~When you moved out, were you in compliance with the lease and other program requirements? (Check one)
☐ Yes ☐ no~~

~~If No, Please Explain: _____~~

~~20. Are you a Board Member, employee, or a member of the immediate family of an employee of a board member of this housing Authority? ☐ yes ☐ no If so, this will not necessarily disqualify your application.~~

~~If Yes, Please Explain: _____~~

~~21. Do you have any pets? ☐ yes ☐ no If so, how many? _____
Please describe: _____~~

22. Emergency Reference: Name of a relative or friend NOT planning to live with you. We will contact this person if we are not able to reach you in the case of an emergency.

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Phone: _____ Cell: _____

Email: _____



23. **Criminal Record:** Have you or any member of your household who will live in the unit ever been convicted of a felony? ☐ Yes ☐ no

If Yes, Please Explain: _____

24. Do you or any member of your household who will live in the unit have any criminal matters pending?
☐ yes ☐ no

If Yes, Please Explain: _____

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that a Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list; and, if I reapply, my application will not receive any priority or preference that was granted on the prior application for a three (3) year period.

Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written **Unit Offer** from a Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of addresses, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application. I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches for all adult members of the household.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature as valid as the original.

Applicant's Signature: _____

Date: _____

Reviewer's Signature: _____

Date: _____

