

NEW BEDFORD HOUSING AUTHORITY  
 134 SO SECOND STREET  
 NEW BEDFORD, MA. 02740  
 TEL:508-997-4800  
 FAX:508-997-4808  
 TDD:508-9974874

<i>Office Use Only</i>	
DATE/TIME OF RECEIPT:	_____
CONTROL #:	_____
BEDROOMS:	_____
PRIORITY:	_____
PREFERENCE:	_____
LANGUAGE:	_____

**PRELIMINARY APPLICATION FOR STATE-AIDED HOUSING & MRVP  
 FEDERAL PUBLIC HOUSING, HOUSING CHOICE VOUCHER PROGRAM,  
 ALTERNATIVE HOUSING VOUCHER PROGRAM, AND PROJECT-BASED  
 PROGRAMS**

(PLEASE PRINT)

1. NAME OF APPLICANT \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ APT # \_\_\_\_\_

CITY/TOWN \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME TELEPHONE( \_\_\_\_\_ ) \_\_\_\_\_ ALTERNATE( \_\_\_\_\_ ) \_\_\_\_\_

2. Type of Public Housing you are Applying for: (CHECK)
- ( ) Federal Public Housing ( ) State Public Housing ( ) Mass Rental Voucher
- ( ) Section 8 Housing Choice Voucher Program
- ( ) Alternative Housing Voucher (must be under 60 yrs. old and disabled, SINGLE OR COUPLE ONLY)
- ( ) Project-Based Rental Voucher (studio apt. – Single use occupancy)

**Note:** To be eligible for elderly/handicapped housing you must be at least 60 years or handicap. If handicapped, your handicap must be other than a history of alcohol or substance abuse.

3. Do you need a wheel chair accessible unit? (circle one) YES NO

4. Members of household to live in unit, INCLUDING APPLICANT:

First name, Middle initial & last name of everyone to live with you	Social Security Number	Relation to Applicant	Sex	Date of Birth	Amount of Annual Income	Source of Income

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TOTAL HOUSEHOLD INCOME: \$ \_\_\_\_\_

5. Expenses:

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*Extraordinary expenses required by employer*

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*Expense for care or children or sick/incapacitated person if necessary for employment*

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*Non-Reimbursed medical expenses and/or Health Insurance premiums*

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*Alimony or Child Support payments*

TOTAL EXPENSES: \$ \_\_\_\_\_

6. Assets: List the assets of everyone to live in the unit. **Include** ALL bank accounts, stocks and bonds, trust funds, real estate, etc. **DO NOT INCLUDE** clothing, furniture, or motor vehicles.

<u>Household Member</u>	<u>Asset Type</u>	<u>Asset Value</u>	<u>Interest or Income</u>	<u>(OFFICE ONLY) Asset Imputed Value and Income</u>

7. Racial Designation: (Responding to this question IS OPTIONAL.) Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a minority, you may classify your household in that minority category.

(circle one)

American Indian      Asian      Black      Hispanic      White      Other (specify): \_\_\_\_\_

8. a) Veteran's Preference (ONLY FOR FAMILY HOUSING):

You may apply for Veteran's Preference if you are a wartime veteran, the spouse, surviving spouse, dependant parent or child, or divorced spouse with a dependent child of a wartime veteran.

- (1) Do you want to apply for Veteran's Preference (circle one) :                    YES                    NO  
(2) If you are a veteran, do you have a service connected disability?                    YES                    NO  
(3) Is your household the family of a deceased veteran whose death was service connected?                    YES                    NO

b) Local Veteran's Preference (ONLY FOR ELDERLY/HANDICAPPED HOUSING) : You may apply for Local Veteran's Preference if you are a wartime veteran who resides or works in this city/town.

Do you want to apply for Local Veteran's Preference? (circle one)                    YES                    NO

9. Number of bedrooms needed (circle one) :                    1                    2                    3                    4                    5                    Studio

10. Are you employed in this city/town? If so, where? \_\_\_\_\_

11. Are you currently living in a non-permanent, transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? (circle one)                    YES                    NO

12. Do you want to apply for Emergency Housing? (circle one)                    YES                    NO

13. Are you or anyone in your household subject to a life-time Sex Offender Registry? YES                    NO

(OFFICE ONLY)  
(SENT: \_\_\_/\_\_\_/\_\_\_)

**APPLICANT'S CERTIFICATION:**

I understand that this application is not an offer of housing. I understand that I will have to fill out a Standard Application and provide proof of all facts before a final decision on my eligibility can be made by The Housing Authority. Based on this application, I understand I should not make any plans to move. I understand that it is my responsibility to inform The Housing Authority in writing of any change of address, income, or household composition. I understand that I must respond promptly to all Housing Authority inquiries in my application may be cancelled. 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 cancellation of my application.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY:**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_