**New Bedford Housing Authority**

**128 Union Street 4th Floor**

**New Bedford, MA 02740**

**TEL: 508-997-4800**

**TDD: 508-997-4874**

Office Use Only

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 BASE PROGRAMS.**

***Household Information:*** Complete the following information for each household members that will occupy the unit at the time of move-in:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name*****(Last, First, MI)*** | **Relationship to the Head of Household** | **Sex****(M/F)** | **Birth Date*****(mm, dd, yyyy)*** | **Income****(Y/N)** | **Social Security Number** |
|  | Head of Household |  |  |  |  |
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***Current Address:***

***Primary Phone:*** ( ) **Alternate Phone:**  ( )

**Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Public Housing you are Applying for: (CHECK)***.*

❑ Federal Public Housing.

❑ State Public Housing.

❑ Mass Rental Voucher.

❑ Section 8 Housing Choice Voucher.

❑ Alternative Housing Voucher (must be under 60 yrs. Old and disabled, SINGLE OR COUPLE ONLY).

❑ Project Base Rental Voucher (studio apt. – Single Use Occupancy).

**Note: to be eligible for elderly / disabled housing you must be at least 60 years or disabled.**

 ***Type:***

Bedrooms: ❑ 0 BR ❑ 1 BR ❑ 2 BR ❑ 3 BR ❑ 4 BR ❑ 5 BR ❑ Other \_\_\_\_\_\_

Are you homeless now or in imminent danger of becoming homeless? ❑ Yes ❑ No

Would you or anyone in your household benefit from a special need’s unit?

 (Mobility, vision, or hearing impairment) ❑ Yes ❑ No

Will you or anyone in your household require a live-in care attendant?🞎 Yes 🞎 No

 Name of Live-In Care Attendant:

Relationship *(If any)*:

**Expenses:**

**Child Care $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Support $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical / Health $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alimony $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**Assets:**

List the assets of everyone to live in the unit. All bank accounts, stocks, bonds, trust funds or Real Estate.

**Household Member** ***Asset Type*** ***Asset Value***  ***Income***

 \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Income Information:***

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit from State or Federal Agency is counted for all household members, including minors. Please list below all sources of income:

Household Member Gross Annual Income Source of Income

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Zero Income Verification:***

**Are YOU or is ANY OTHER ADULT member of your household claiming zero income?**

**🞎 Yes 🞎 No If YES, who?**

***Household Information Continued:***

1. **What is your current living situation? Please circle below:**
2. **Homeless due to :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Share Expenses $ \_\_\_\_\_\_\_\_\_\_\_ per month.**
4. **Renting $ \_\_\_\_\_\_\_\_\_\_\_\_ per month.**
5. Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? **🞎 Yes 🞎 No**

 If YES, provide the nature of the crime(s):

 Date: State: City

 Are any of the above convictions a felony? **🞎 Yes 🞎 No If YES, Please explain** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? **🞎 Yes 🞎 No If YES, please explain**  .

 Are there any criminal charges pending now? **🞎 Yes 🞎 No If YES, please explain**

1. Racial Designation: (Responding to this is optional) Please circle which applies:

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

1. Veteran Status:
2. Are you a veteran? Yes or No
3. If yes, do you have a service-connected disability? Yes or No
4. Is your household the family of a deceased veteran

 whose death was service connected? Yes or No

1. Are you employed in this city / town? If so, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. Are you currently living in a non-permanent, transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? Yes or No
3. Do you want to apply for emergency housing? Yes or No
4. **Do you have any pets? Yes or No**

**If yes, please list the type of pet:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility.

**Signature Clause:**

I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so.

**All household members 18 and over must sign below:**

Signature Date

Signature Date

Signature Date