



EQUAL HOUSING OPPORTUNITY



This box is for Office Use Only	
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Time of Receipt:	_____
Control Number:	_____
Bedrooms:	_____
Language:	_____
Complex:	<u>Dawn Grove</u>

**APPLICATION FOR FEDERAL PUBLIC FAMILY HOUSING**

**MAYNARD HOUSING AUTHORITY**

**15 Powdermill Circle**

**Maynard, MA 01754**

**Phone: 978-897-8738 Fax: 978-897-3583**

**Incomplete applications will not be processed.** Please complete all information requested on the application. If a question is not applicable, please write N/A. **Please make sure you sign the last page.** **If you need additional space to provide an answer, please attach an additional sheet(s).** Please deliver completed form to the Maynard Housing Authority, 15 Powdermill Circle, Maynard, MA 01754

1. Applicant's Name: \_\_\_\_\_

Current Street Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ Apt. No. \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Type of Federal Public Housing You Are Applying For:  Family

3. Do you need a wheelchair accessible apartment?  yes  no

4. Number of Bedrooms needed:  2  3  4

5. **Preferences:** The Maynard Housing Authority will verify all claims of preference made by you prior to making an offer of housing.

Do you principally reside in Maynard? (Circle One) YES NO

Are you currently employed in Maynard? (Circle One) YES NO

**If YES:** Please provide the name of your Employer and their address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. No. \_\_\_\_\_

7. 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 (M/F)	Date of Birth and Birthplace (Country)	Occupation - Employed - At home - Handicapped - Student
	<b>HEAD</b>						

**\*Racial Designation:** Native American Indian or Alaskan Native; Black or African American; Asian or Pacific Islander, Caucasian/White; Other (Please specify).

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

**Responding to the two questions above 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".

**What language does the Head of Household:** Speak:      English **Other** \_\_\_\_\_  
Write:      English **Other** \_\_\_\_\_

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

8. Is a change in the household composition expected?  YES  NO

If yes, what type? \_\_\_\_\_ When? \_\_\_\_\_

9. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from ALL sources For the next 12 months. Please specify all sources.

Household Member Name	Sources of Income	Name & Address of Employer or Source of Income	Gross Income for Next 12 months
	Salaries, Wages, including Overtime/Tips, Income From Self-Employment		\$
	Salaries, Wages, including Overtime/Tips, Income From Self-Employment		\$
	Unemployment or Disability Compensation		\$
	Pensions & Annuities		\$
	Regular Social Security Benefits and/or SSI and or SSDI		\$
	VA Disability Income		\$
	TAFDC or Public Assistance or EAEDC		\$
	Regular Alimony Support Payments or Child Support Payments received		\$
	Other Income		\$
		<b>Total Gross Income:</b>	\$

10. **Assets:** Do you own any real estate?  YES  NO

If yes, please provide the complete address: \_\_\_\_\_

List below **ALL** assets for everyone who will reside in the unit. Include **ALL** bank accounts, stocks and bonds, trusts, real estate, life insurance policies, 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.
		\$		
		\$		
		\$		
		\$		
		\$		

11. Have you sold, transferred or given away any real estate, property or assets in the last two (2) years?  yes  no

**If yes:**

Date of sale/transfer: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Amount of sale/transfer: \$ \_\_\_\_\_

Value of sale/transfer: \$ \_\_\_\_\_

12. **References: Please list two references.** Please **DO NOT LIST** relatives or household members.

(1) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

13. **Please List All 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: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

(2) Name of Primary Leaseholder: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

(3) Name of Primary Leaseholder: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

14. Have you, or any Household Member ever received housing assistance from this or any other Housing Authority or Agency? (check one)  yes  no

**If yes:**

Name of Head of Household at that time: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_

Name of Housing Authority/Agency: \_\_\_\_\_

Reason for Moving Out: \_\_\_\_\_

When you moved out, were you in compliance with the Housing Authority/Agency lease and were all debts including all outstanding rent amounts paid in full? (check one)  yes  no

If no, please explain: \_\_\_\_\_

15. Are you a Board Member, employee, or immediate family member of any employee of a board member of the Malden Housing Authority? (check one)  yes  no

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

16. Do you have any pets? (check one)  yes  no

If yes, how many? \_\_\_\_\_

Please describe: \_\_\_\_\_

17. **Emergency Reference:** Name of a relative or friend **NOT** planning to live with you. MHA will contact this person if unable to reach you in the case of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

18. **Criminal Record:** Have you or any member of your household who will live in the unit ever been convicted of a crime? (check one)  yes  no

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

19. Do you or any household member 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 the Maynard 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. I understand that 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 the Maynard Housing Authority. **I understand that it is my responsibility to inform the Maynard Housing Authority in writing of any change of preference status, address, income, or household composition as soon after such change as possible.** 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 all adult household members will be required to sign a Declaration of U.S. Citizenship form, and that adults responsible for minor children under the age of 18 will also sign a Declaration of a U.S. Citizenship form for such children. The Maynard Housing Authority will verify that those not claiming U.S. citizenship are eligible non-citizens. I understand that the Maynard Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board, and perform credit checks and 3<sup>rd</sup> party verification of all income and assets reported for all adult members of the household. I understand each adult family member is required by HUD to sign an Authorization for the Release of Information/Privacy Act Notice (HUD form 9886).

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

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

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

**Warning:** 18 U.S.C. 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 a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.



**MAYNARD HOUSING AUTHORITY**

**15 POWDERMILL CIRCLE**

**MAYNARD, MA 01754**

PHONE: 978-897-8739 FAX: 978-897-3583

Maynard Housing has been certified by the Criminal History Systems Board of Access to conviction and pending criminal case data. As an applicant for Housing, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Name \_\_\_\_\_ Former Last Name \_\_\_\_\_

Date and Place of Birth \_\_\_\_\_ Last Six SSN \_\_\_\_\_

Applicant ID# \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's full Name \_\_\_\_\_

Mother's maiden name \_\_\_\_\_

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

**For MHA Use Only (Staff Conducting CORI and SORI Check)**

A Criminal Offender Record Check (CORI) was conducted on \_\_\_\_\_. Based on the information received, the following determination has been made regarding the household member referenced above:

Approved CORI                       Disapproved CORI

A Sex Offender Register Information (SORI) check was conducted on \_\_\_\_\_. Based on the information received, the following determination has been made regarding the household member referenced above:

Approved SORI                       Disapproved SORI

\*\*\*\*The above information was verified by reviewing the following form of government issued photographic ID\*\*\*\*

**To be signed by Maynard Housing Staff**

\_\_\_\_\_  
Maynard Housing Staff Name

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date