

NORTH ANDOVER HOUSING AUTHORITY
ONE MORKESKI MEADOWS
NORTH ANDOVER, MA 01845

Date of receipt:	_____
Time of receipt:	_____
Control Number:	_____
Bedrooms:	_____
Race:	_____
Ethnicity:	_____
Priority Category:	_____
Preference Category:	_____
Language:	_____

PRELIMINARY APPLICATION FOR STATE-AIDED
FAMILY HOUSING

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.

PLEASE PRINT

1. Head of Household

Name of Applicant: _____
Address of Current Residence: _____
City/Town: _____ State: _____ Zip Code: _____
Mailing Address: _____ Apt No: _____
City/Town: _____ State: _____ Zip Code: _____
Home Telephone: (____) _____ Work Telephone: (____) _____
Best Telephone # to reach applicant: _____

2. Type of Public Housing You are Applying for (Check One)

Family Elderly Non Elderly, Handicapped AHVP

Note: To be eligible for elderly/handicapped housing you must be at least 60 years or handicapped.

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

4. Number of bedrooms needed: (Check one) 1 2 3 4 5

5. Member of household to live in unit, including applicant:

First & Last Name	Relationship To Applicant	Racial Designation* (indicate a-e)	Ethnic Designation** (indicate by a or b)	Social Security Number***	Sex	Date of Birth	Source of & Annual Amt. of Income or Student Status or At Home

***Racial Designation:** (a) American Indian or Alaska Native; (b) Black or African American; (c) Native Hawaiian or Other Pacific Islander; (d) White; (e) Other (specify).

****Ethnic Designation:** (a) Hispanic/Latino or (b) 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.

6. (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, dependent parent or child, or divorced spouse with a dependent child of a wartime veteran.

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

7. (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 in this City/Town. Do you want to apply for Local Veteran’s Preference? (check one) YES NO

8. Are you employed in this City/Town? If so, where? _____

9. Are you currently living in non-permanent, transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? (check one)

YES NO

10. Do you want to apply for Emergency Housing? (check one) YES NO

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 of 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 or my application may be canceled. 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: _____