



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 fee: 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: City / Town: State: Zip: Home Telephone: Cell Phone: Best # to Reach Applicant: Work Phone: Mailing Address: 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 of 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 is/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
- a. dependent child of a Veteran.
- Only for Elderly / Handicapped Housing:** You may apply for Veteran Preference if
- b. 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 _____

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: _____ City _____ State _____ Zip _____

Telephone: _____ Business 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: _____



Request for Reasonable Accommodations/Modifications

To: Accommodation Coordinator _____

Housing Authority _____

Address _____

From: _____
Applicant or Resident Name (please print) Control Number

Address

Town/City, State, Zip

()
Area Code/Telephone Number

1. On account of my disability, I request the following be done in order to permit me to have equal opportunity to use and enjoy the housing or public or common use areas or to participate fully in the Housing Authority's programs, activities, or services: (Describe)

2. This request for a reasonable accommodation/modification is necessary so that I can:

3. Documentation needed to verify the existence of my disability and my disability-related need for the accommodation/modification is attached. (Attach appropriate documentation)

I attest that the foregoing information is true and correct.

Signature of Applicant or Resident (or authorized representative)

Date



Notice to All Applicants and Residents: Reasonable Accommodations and Modifications are available for Applicants and Residents with Mental and/or Physical Disabilities

Local Housing Authority (LHA) does not discriminate against applicants or residents on the basis of mental (including psychiatric) or physical disabilities. In addition, the LHA 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 LHA can make to its rules, policies, practices, or services, and a reasonable modification is a change an LHA 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 the LHA's programs, activities, or services. Such changes may not be reasonable if they are not financially and programmatically feasible for the housing authority.

An applicant or resident household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to The LHA, and to avoid disturbing neighbors), but an accommodation or modification may be the basis by which the household is able to meet those obligations of tenancy.

The LHA has an Accommodation Coordinator. If you need an accommodation or modification because of a disability, please complete the attached form and return it to the LHA. Upon reasonable request by the LHA, you must also submit documentation verifying the existence of a disability and the disability-related need for the accommodation or modification. Within thirty (30) calendar days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the LHA can reasonably do to provide you an accommodation or modification on account of your disability.

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.



Verification of Handicapped Status for State-Aided Elderly/Handicapped Housing

Name of Physician or Other Professional: _____

Profession: _____

Address

Date _____

VERIFICATION OF HANDICAPPED STATUS FOR STATE-AIDED ELDERLY/HANDICAPPED HOUSING

Applicant's Name _____

Applicant Control Number _____

Applicant's Address _____

I hereby authorize release of the following information: _____ Applicant's Signature

The Housing Authority may request verification that an applicant has a qualifying physical or mental impairment in order to determine the applicant's eligibility for elderly/handicapped housing. The applicant has authorized above your release of the requested information. We would appreciate your prompt response to the questions on the reverse side of this letter. If you have questions, please contact our office. Thank you for your anticipated cooperation.

Sincerely,

Executive Director or Tenant Selection Coordinator

(continued on next page)

THE FOLLOWING TO BE COMPLETED BY PHYSICIAN (OR OTHER PROFESSIONAL)

Note: an applicant's eligibility for Elderly/Handicapped Housing is contingent on the Authority being able to identify and understand whether the applicant has a qualifying impairment and how it affects his or her housing needs. Please be sure to complete this form legibly and in a manner that allows the Authority to meaningfully evaluate the applicant's eligibility.

1. Does the applicant have one or more physical or mental impairments, other than a history of alcohol or substance abuse, which substantially impede(s) his or her ability to live independently? Circle the appropriate answer.*

Yes / No

Comment:

2. If Yes to question 1 above, would suitable housing conditions improve the applicant's ability to live independently and, if so, what sort? Be specific.

3. If Yes to question 1 above, is the anticipated duration of the applicant's impairment(s) more than six (6) months? Circle the appropriate answer.

Yes / No

If the anticipated duration is indefinite so specify, and estimate the approximate duration to the best of your ability:

4. Other comment:

CERTIFICATION

I certify that the information provided above represents my professional judgment and is true and accurate to the best of my knowledge and belief.

Signature

Date

Printed Name

Telephone

Street

City & State

Zip

* Note: an applicant that has a history of alcohol or substance abuse may still be eligible for Elderly/Handicapped Housing if the applicant has one or more qualifying physical or mental impairments in addition to the history of alcohol or substance abuse and is otherwise eligible and qualified for such housing.



Fair information Act; Statement of Rights

Local Housing Authorities collect information about applicants and tenants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest, and to verify the accuracy of information submitted. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by the housing authority to provide information. However, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regards to the information collected about you.

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference. This form must be signed, dated and mailed with your application to each authority where you apply for housing.

Date _____ Signature _____

Department of Housing and Community Development

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Request for Accommodations

To: Accommodation Coordinator _____ Housing Authority
Authority Address: _____

From: _____

Applicant Name (please print) Control Number

Address

Town/City, State, Zip

____(____)

Area Code/Telephone Number

1. I have a disability which limits me in the following ways (describe):

2. On account of these limitations, I request the following be done in order to permit me to participate fully in the Housing Authority's housing programs. (Describe)

3. Documentation verifying the existence of my disability, my limitations on account of it, and my need for accommodation is attached. (Attach appropriate documentation).

4. I attest that the foregoing information is true and correct.

Signature of Applicant

Date

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North Andover Housing Authority
Cathy Hoog, Executive Director



One Morkeski Meadows
North Andover, MA 01845

(978) 682-3932
(978) 794-1142 FAX
(800) 545-1833 Ext. 100 TDD

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

I, the above named individual have authorized the North Andover Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources:

- | | |
|---|--------------------------------------|
| Previous Landlords | Court & Post Offices |
| Schools & Colleges | Support & Alimony Providers |
| Past & Present Employers | Welfare Agencies |
| State Unemployment Agencies | Social Security Administration |
| Medical & Child Care Agencies | Veterans Administration |
| Retirement Systems | Banks & Other Financial Institutions |
| Credit Providers & Cred Bureau | CORI (Criminal Offender Record |
| Utility Companies | Information |
| Massachusetts Wage Reporting and
Bank Match System | |

I hereby give you my permission to release this information to the North Andover Housing Authority subject to the condition that it is kept confidential. I would appreciate your prompt attention in supplying the information on the attached page to the North Andover Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signature: _____ Date: _____

THIS AUTHORIZATION IS VALID FOR A PERIOD ONE YEAR
FROM THE DATE NOTED ABOVE.

North Andover Housing Authority
Cathy Hoog, Executive Director



One Morkeski Meadows
North Andover, MA 01845

(978) 682-3932
(978) 794-1142 FAX
(800) 545-1833 Ext. 100 TDD
choog@northandoverha.com

Required Documentation

Prior to receiving a Local Preference, you must submit three forms of documentation verifying that you live in the town of North Andover.

Listed below are examples of the documentation you can provide:

- Driver's License
- Bank Statements
- Income Verification
- Utility Bills

If you are employed in North Andover, please provide a copy of the following:

- Pay stub from your current employer

If you do not provide documentation verifying that you are eligible for a local preference, you will be placed on the waiting list as a standard applicant.

If you own any real estate, please provide the following:

- A copy of your current real estate tax bill

When completing the CORI Request form, the following is required:

- A government issued photographic identification such as a driver's license

Please submit a copy of your Social Security Card at the time of application

