



SOMERVILLE HOUSING AUTHORITY
 30 Memorial Road, Somerville, Massachusetts 02145
 Telephone (617) 625-1152 TDD (617) 628-8889

STANDARD APPLICATION FOR FEDERALLY SUBSIDIZED HOUSING

PART I

Standard Control No. _____

A. Name of Applicant: _____
 Current Address: _____ Apt. No.: _____
 City/Town: _____ State: _____ Zip: _____
 Mailing Address: _____ Apt. No. _____
 City/Town: _____ State: _____ Zip: _____
 Home Telephone: (____) _____ Work Telephone: (____) _____

B. Type of housing you are applying for: (circle all that apply)
 a. Family public housing b. Elderly/handicapped public housing

C. Do you need a wheelchair accessible unit? (circle one) YES NO

PART II HOUSEHOLD COMPOSITION

LIST THE HEAD OF HOUSEHOLD AND ALL OTHER PERSONS WHO WILL BE LIVING IN THE UNIT SHOULD WE BE ABLE TO FIND YOU ELIGIBLE. LIST NAME, THE RELATIONSHIP OF EACH PERSON TO THE HEAD OF HOUSEHOLD (SON, DAUGHTER, HUSBAND), BIRTH DATE, SEX, AND SOCIAL SECURITY NUMBER OF ALL PERSONS LISTED.

First name, middle initial, and last name of everyone to live in the household.	Relation to head of household	Sex	Date of Birth	Social Security Number
_____	Head of Household	<u> M </u> <u> F </u>	____/____/____	- - -

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PART II HOUSEHOLD COMPOSITION, continued

First name, middle initial, and last name of everyone to live in the household.	Relation to head of household	Sex	Date of Birth	Social Security Number
1.		M F	/ /	- -
2.		M F	/ /	- -
3.		M F	/ /	- -
4.		M F	/ /	- -
5.		M F	/ /	- -
6.		M F	/ /	- -
7.		M F	/ /	- -
8.		M F	/ /	- -

Please circle and/or fill in the appropriate answer.

1. Does anyone live with you now who is not listed on this application?

YES NO If yes, please explain: _____

2. Do you plan to have anyone live with you in the future who is not listed on this application?

YES NO If yes, please explain: _____

3. How many people live with you now? _____

4. How many bedrooms are in your current apartment? _____

5. Are you being displaced or evicted from your current housing unit?

YES NO If yes, please explain: _____

6. Were you, or a member of your household, a former participant of an SHA public housing or rental assistance program whose participation was terminated in bad standing or who currently owes back rent, fees or costs to SHA?

YES NO If yes, please explain: _____

7. Were you or a member of your household ever a participant in a Federal Housing Program?

YES NO If yes, please explain: _____

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PART III HOUSEHOLD INCOME

Please circle the appropriate answer for each of the following questions. Provide the details of your income in the charts in paragraphs 23 and 24 below.

- | | | | |
|-----|--|-----|----|
| 1. | Is any member of your household employed, part time, full-time or seasonal? | YES | NO |
| 2. | Does any member of your household expect to work during the next twelve months? | YES | NO |
| 3. | Does anyone in your household work for someone who pays them in cash? | YES | NO |
| 4. | Is any member of your household on leave of absence from work due to layoff, medical or maternity leave? | YES | NO |
| 5. | Does any member of your household receive or expect to receive child support? | YES | NO |
| 6. | Does any member of your household receive or expect to receive alimony payments? | YES | NO |
| 7. | Is any member of your household entitled to child support payments that he/she is not receiving? | YES | NO |
| 8. | Is any member of your household not receiving alimony payments that he/she is entitled to receive? | YES | NO |
| 9. | Does any member of your household receive or expect to receive unemployment benefits? | YES | NO |
| 10. | Does any member of your household receive or expect to receive welfare payments (AFDC, SSI or EAEDC)? | YES | NO |
| 11. | Does any member of your household receive or expect to receive Social Security benefits? | YES | NO |
| 12. | Does any member of your household receive or expect to receive an income from a pension or annuity? | YES | NO |
| 13. | Does any member of your household receive regular cash contributions from anyone not living in the household or from any agency? | YES | NO |

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- | | | | |
|-------|---|-----|----|
| 14. | Does any member of your household receive income from assets including, interest on checking or saving accounts, interest or dividends from certificates of deposits, stocks, bonds, or income from the rental of property? | YES | NO |
| 15. | Does any member of your household receive or expect to receive an earned income tax credit? | YES | NO |
| 16. | Do you own a home or any other real estate? | YES | NO |
| 17. | Have you sold or given away any real property or any other assets in the past two years? | YES | NO |
| | If yes, please provide a description and value of the disposed of asset(s). | | |
| <hr/> | | | |
| 18. | Do you pay for child care which enables you or another household member to work, attend school or post high school job training? | YES | NO |
| | If yes, give the name and address of the childcare provider, weekly cost and weekly wage of the household member enabled to work. | | |
| <hr/> | | | |
| 19. | Do you pay for a care attendant or any equipment for a handicapped member of your household, that is necessary to permit the person or spouse or someone else in the household to work? | YES | NO |
| | If yes, give the name and address of the care provider, weekly cost and weekly wages of the household member enabled to work. | | |
| <hr/> | | | |
| 20. | Do you pay for Medicare? | YES | NO |
| 21. | Do you pay for any other kind of medical insurance? | YES | NO |
| | If yes, please list insurance company and monthly premium. | | |
| <hr/> | | | |
| 22. | Do you have any medical bills not covered by insurance that you expect to pay during the next 12 months? | YES | NO |
| | If yes, please list the amount and description of the bills. | | |
| <hr/> | | | |

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23. FOR EACH TYPE OF INCOME, PLEASE LIST THE TYPE (WAGES, TAFDC, SSI, ETC.), THE AMOUNT OF THE INCOME, AND HOW OFTEN RECEIVED (WEEKLY, MONTHLY, BI-MONTHLY, BI-WEEKLY, ETC.).

Household Member First Name	Income Type	Income Amount	Frequency Received
1.			
2.			
3.			
4.			

24. ASSETS

LIST ALL ASSETS (CHECKING ACCOUNTS, SAVINGS ACCOUNTS, STOCKS, BONDS, REAL PROPERTY) CURRENTLY OWNED BY THE HOUSEHOLD.

Household Member First Name	Asset Type	Asset Current Value	Interest/ Income	Asset-Imputed Value (SHA Office Only)
1.				
2.				
3.				
4.				
5.				

PART IV APPLICANT STATUS

Please circle and/or fill in the appropriate answer.

1. Is your current housing subsidized? YES NO
2. What is the head of household's race?
- | | |
|--------------------|---------------------------|
| 1. White | 4. Hispanic |
| 2. Black | 5. Asian/Pacific Islander |
| 3. American Indian | 6. Other _____ |

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9. My current rent is \$ _____ a month, and has been this amount since _____, _____

10. Please circle the type of building you live in now.

- a. Single family
- b. Row house
- c. Two family
- d. Garden apartment
- e. Three family
- f. High rise
- g. Other, specify: _____

11. Please circle the utilities and utility type you pay for, and state the average monthly amount that you pay.

	UTILITY	TYPE			AMOUNT
a.	Heat	Electric	Oil	Gas	_____
b.	Cooking fuel	Electric		Gas	_____
c.	Lights	Electric			_____
d.	Hot Water	Electric	Oil	Gas	_____

(SHA use only) a. over 50% b. 50% or less

12. Have you received any money from an energy assistance program to help pay your utilities?

YES NO

If yes, how much? _____

13. Please circle the answer that best describes your current housing.

- a. Substandard b. Homeless c. Standard or not known

If you circled a or b, please describe the circumstances below.

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14. Do any of the following circumstances apply to your current housing situation?

If so, please circle where appropriate.

- | | | | |
|----|-----------------------|----|-------------------------------------|
| a. | Dilapidated | e. | Without electricity |
| b. | Without plumbing | f. | Without heat |
| c. | Without toilet | g. | Without kitchen |
| d. | Without tub or shower | h. | Declared unfit for human habitation |

If you circled one of the above letters, please describe the condition of your housing unit below.

15. List the following information for the last five years in reverse order:

(a) Address: _____ from _____ to present

Name of Landlord: _____ Telephone _____

Address of Landlord: _____

(b) Address: _____ from _____ to _____

Name of Landlord: _____ Telephone _____

Address of Landlord: _____

(c) Address: _____ from _____ to _____

Name of Landlord: _____

Address of Landlord: _____

16. References: List two people who know you well. These should not be relatives or household members. They may be employers, neighbors, clergy or social workers.

(a) Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip code _____

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(b) Name: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip code: _____

17. Emergency Contact: 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 or in case of an emergency.

Name: _____ Relationship: _____
Address: _____ Telephone: _____

18. Do you have any pets?: (circle one) YES NO

If yes, please describe: _____

Criminal Record: Pursuant to 803 CMR 5.05(1) the SHA will obtain Criminal Offender Record Information for all applicants and household members 17 years and older.

19. Have you or any members of your household who will live in the unit been convicted of a misdemeanor in the last five years?

(circle one) YES NO DON'T KNOW

20. Have you or any member of your household who will live in the unit been convicted of a felony in the last ten years?

(circle one) YES NO DON'T KNOW

21. Are you or any member of your household registered or required to register as a sex offender?

(circle one) YES NO DON'T KNOW

If you answered yes to #19, #20, or #21 above, please explain:

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Applicant's Certification:

I understand that this application is not an offer of housing. I understand that eligible Applicants for family housing will be offered one suitable unit at Mystic View Apartments. If the applicant refuses the offer, the application will be dropped to the bottom of the waiting list. I understand that eligible applicants for elderly/handicapped housing will be offered a suitable unit in another building if the first unit offer is refused. If the applicant refuses the second offer, the application will be dropped to the bottom of the waiting list. Applications which are dropped to the bottom of the waiting list will lose the benefit of any priority or preference for a period of two years.

Based on this application, I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from the Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have given in this application. I/We certify that the information given to the Somerville Housing Authority in this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for rejection of this application or termination of tenancy.

Signed under pains and penalties of perjury.

Signature of head: _____ Date: _____

Signature of spouse: _____ Date: _____

SHA Representative: _____ Date: _____

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