

DATE ISSUED \_\_\_\_\_

APPLICATION # \_\_\_\_\_

INITIAL \_\_\_\_\_  
RE-EXAM \_\_\_\_\_  
INTERIM \_\_\_\_\_  
UPDATE \_\_\_\_\_

TEWKSBURY HOUSING AUTHORITY  
SAUNDERS CIRCLE  
TEWKSBURY, MA 01876  
(978) 851-7392

PUBLIC HOUSING \_\_\_\_\_  
SECTION 8 HOUSING \_\_\_\_\_

**FEDERAL TENANT APPLICATION**

PLEASE PRINT

APPLICANT NAME \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_ APT. NO: \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ HEAD WORK NO: \_\_\_\_\_ SPOUSE WORK NO: \_\_\_\_\_

List names, addresses and phone numbers of two relatives or friends who generally know how to contact you.

- 1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOUSEHOLD COMPOSITION AND CHARACTERISTICS**

1. LIST THE HEAD OF HOUSEHOLD AND ALL OTHER MEMBERS WHO WILL BE LIVING IN THE UNIT. GIVE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD.

MEMBER NO.	MEMBER'S FULL NAME	RELATIONSHIP	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.
1		HEAD				
2						
3						
4						
5						
6						
7						

2. **RACE OF HEAD OF HOUSEHOLD:** (Check One - USED FOR STATISTICAL PURPOSES ONLY)  
[ ] WHITE [ ] BLACK [ ] AMERICAN INDIAN/ALASKAN NATIVE [ ] ASIAN/PACIFIC ISLANDER

3. **ETHNICITY OF HEAD OF HOUSEHOLD** (Check One)  
[ ] HISPANIC [ ] NON-HISPANIC

4. Does anyone live with you now who is not listed above: [ ] YES [ ] NO

5. Does anyone plan to live with you in the future who is not listed above? [ ] YES [ ] NO

Explain if you answered yes to either questions: \_\_\_\_\_

6. Is head of household or spouse handicapped or disabled? [ ] YES [ ] NO

7. Are any other household members handicapped or disabled? [ ] YES [ ] NO

8. Please identify any special housing needs your household has.

9. How many people live in your unit now? \_\_\_\_\_ How many bedrooms do you have? \_\_\_\_\_

10. Do you wish to move? [ ] YES [ ] NO If yes, why? \_\_\_\_\_

11. Are you being displace or evicted from your present unit? [ ] YES [ ] NO If yes, explain circumstances.

12. What is the current rent? \_\_\_\_\_ What utilities do you pay? \_\_\_\_\_

13. Are you now living in a federally subsidized housing unit? [ ] YES [ ] NO If yes, where? \_\_\_\_\_

14. Have you ever lived in Public Housing? [ ] YES [ ] NO If yes, where? \_\_\_\_\_

15. Have you ever participated in the Section 8 Existing or Voucher Program?  YES  NO If yes, enter the date(s) of occupancy: \_\_\_\_\_

**INCOME AND ASSET INFORMATION**

Please answer each of the following questions. (For each "yes", provide details in charts below).

**DOES ANY MEMBER OF YOUR HOUSEHOLD**

- |  |   |
|--|---|
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 1. Work full-time, part time or seasonally?   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 2. Expect to work for any period during the next year?  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 3. Work for someone who pays them cash?   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 4. Expect a leave of absence from work due to lay off, medical, maternity or military leave?  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 5. Now receive or expect to receive unemployment benefits?  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 6. Now receive or expect to receive child support?  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 7. Entitled to child support that he/she is not now receiving?  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 8. Now receive or expect to receive alimony?  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 9. Have an entitlement to receive alimony that is not currently being received?   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 10. Now receive or expect to receive public assistance (welfare)?   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 11. Now receive or expect to receive Social Security benefits?  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 12. Now receive or expect to receive income from a pension or annuity?  |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 14. <i>Receive income from assets including interest on checking or savings accounts, interest on dividends from certificates of deposit, stocks or bonds or income from rental property?</i> |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 15. Own real estate or any assets for which you receive no income (checking account, cash)?   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | 16. Have you sold or given away real property or other assets (including cash) in the past 2 years?   |

**INCOME CHART**

MEMBER NO.	SOURCE OF INCOME/TYPE OF INCOME	ANNUAL INCOME

**ASSETS CHART**

1. LIST ALL CHECKING AND SAVINGS ACCOUNTS (INCLUDING IRAs, KEOGH ACCOUNTS, AND CERTIFICATES OF DEPOSIT, REAL ESTATE, ECT.) OF ALL HOUSEHOLD MEMBERS.

MEMBER NO.	BANK NAME	ACCOUNT NO.	TYPE OF ASSETS	ASSETS VALUES
1.		#		
		#		
		#		
		#		
		#		
		#		
		#		

2. List the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
3. List the value of any assets disposed of for less than fair market value during the past two (2) years:
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**EXPENSES**

YES  NO

Do you have expenses for child care of a child aged 12 or younger?  
If yes, provide the name, address and telephone number of the care provider:

WHAT IS THE WEEKLY COST TO YOU OF THE CHILD CARE? \_\_\_\_\_

YES  NO

Do you pay a care attendant or for any equipment for any handicapped or disabled household member(s) necessary to permit that person or someone else in the household to work?  
If you pay a care attendant, provide the name, address and telephone number:

WHAT IS THE COST TO YOU FOR THE CARE ATTENDANT AND/OR THE EQUIPMENT? \_\_\_\_\_

**ELDERLY FAMILIES ONLY**

YES  NO  
 YES  NO

Do you have Medicare? If yes, what is your monthly premium? \_\_\_\_\_  
Do you have any other kind of **medical insurance**? If yes, provide name and address of carrier, policy number, premium amount and agent's name.

YES  NO

Do you have outstanding medical bills which you are paying? If yes, list them below.

What medical expenses do you expect to incur in the next twelve months?

If you use the same pharmacy regularly, please provide the name and address.

**HOUSING CHARACTERISTICS**

1. **PRESENT HOUSING** \_\_\_\_\_

- 1) Subsidized
- 2) Non-Subsidized

2. **PRESENT HOUSING COSTS** \$ \_\_\_\_\_

a) Exceeds 50% of your family income  YES  NO  
(Rent and Utilities)

3. **EXISTING HOUSING** \_\_\_\_\_

(1) Substandard, (2) W/O or About (HOMELESS), (3) Standard or Not Known

4. **DISPLACEMENT STATUS** \_\_\_\_\_

- |                      |                      |                    |
|----------------------|----------------------|--------------------|
| 1) Not Displaced     | 4) Owners Action     | 7) Hate Crimes     |
| 2) Natural Disaster  | 5) Physical Violence | 8) Inaccessible    |
| 3) Government Action | 6) Reprisal          | 9) HUD Disposition |

**NOTE: Third party verification must be provided before applicant can be granted a Federal Preference**

**PUBLIC HOUSING APPLICANTS ONLY**

List addresses for the last five years in reverse order:

1. **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **2002** to Present

**Name of Landlord:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

2. **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **YEARS:** \_\_\_\_\_

**Name of Landlord:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

3. **Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **YEARS:** \_\_\_\_\_

**Name of Landlord:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

ELIGIBLE APPLICANTS MUST MEET HUD'S REQUIREMENTS RELATION TO INCOME, CITIZENSHIP OR ELIGIBLE IMMIGRANT STATUS, SOCIAL SECURITY NUMBERS AND MUST PASS THE THA'S CRIMINAL HISTORY SCREENING.

### APPLICANT CERTIFICATION

I/we certify that the information given the TEWKSBURY HOUSING AUTHORITY on household composition, income, net family assets, and allowances and deductions 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 termination of housing assistance and termination of tenancy.*

Signature of Head: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_

PHA Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE TO APPLICANTS:** If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at (800) 424-8590.

<b>OFFICE USE ONLY:</b> Applicant Certification	
_____ Involuntarily Displaced _____ Paying more than 50%	_____ Living in Substandard Housing _____ Optional Owner Preference(s)
<b>REVIEWED BY:</b> _____	<b>DATE:</b> _____