

**VILLA AT MEADOWVIEW
DISPLACEMENT PREFERENCE
APPLICATION**

MAIL COMPLETED APPLICATION TO:

MANAGEMENT OFFICE
100 CORINNE WAY
TEWKSBURY, MA 01876

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 help in completing this application, please contact the housing office. Once completed, please send application to the Villa at Meadowview Management Office. If necessary, persons with disabilities may ask for this application in large print type or other alternate formats.**

1. Name of Applicant: _____

Current Residence Address: _____ Apt No: _____

City / Town: _____ State _____ Zip: _____

Home Telephone: _____ - _____

Best # to Reach Applicant _____ Telephone _____ Work Telephone _____ - _____

Mailing Address: _____ Apt No: _____

City / Town: _____ State: _____ Zip: _____

2. Type of Public Housing You are Applying For: Elderly Elderly/ Handicapped

Note: To be eligible for elderly, elderly/handicapped housing you must be at least 62 years old. If you have a handicap, the handicap must be other than a history of alcohol/drug abuse. If you have a handicap, and are requesting an adapted or modified unit 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.

This application must include written verification by a third party as to the preference status that you are claiming. Homeless verification includes letters from social workers, social service agencies, etc. that confirm that you meet the definition of "homeless applicant". Your application will not be processed for the preference you are requesting until you have provided the documentation required.



3. **Displacement Preference:**

Are you displaced by a natural disaster declared by the President of the United States, displaced through no fault of their own, by governmental action, or displaced by domestic violence? yes no

Are you institutionalized, in a skilled nursing facility, long term rehabilitation center or hospital and will be homeless if released from the facility in which you reside? yes no

If yes to any of the above, please provide supporting documentation.

4. Do you need a Wheelchair Modified apartment? yes no

Do you need a Hearing/Visual Adapted apartment? yes no

Please Specify: _____

5. Number of Bedrooms needed: 1

Note: Most elderly, elderly / handicapped housing developments only have 1 bedroom units.

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

Make of car: _____ Year: _____ Reg. Number: _____

Make of car: _____ Year: _____ Reg. Number: _____

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	Date of Birth	Occupation • Employed • At Home • Handicapped
	Head						

***Racial Designation:** American Indian or Alaska Native; 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.



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 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:			\$ _____

10. **Expenses:**

Un-reimbursed Medical Expenses:	\$
Alimony or Child Support Payments:	\$
Health Insurance:	\$
Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment)	\$

11. **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.
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

12. 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: _____



13. **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 _____

14. **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



15. 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: _____

16. Do you have any pets? yes no If so, how many? _____

Please
describe: _____

17: 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: _____



18. **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: _____

19. 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 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 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 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: _____



Control No. _____

**APPLICANT'S DECLARATION OF RESIDENCY
AND AUTHORIZATION TO RELEASE INFORMATION**

I hereby declare that I am "displaced" as outlined in the Displacement Preference Checklist document, and that I am a resident of _____ the City/Town:

(check one)

_____ from which I was displaced through no fault of my own.

_____ in which I am temporarily housed.

I certify that I have not declared myself a resident in any other city or town for the purpose of obtaining local resident preference, and I hereby authorize other local housing authorities and nonprofit agencies to release information to the Housing Authority to verify this certification. If my temporary address changes, and I need to change my declaration of local residency, I will immediately notify the Housing Authority, and I authorize other local housing authorities and nonprofit agencies to immediately notify the Housing Authority of the change.

Signed under the pains and penalties of perjury.

Dated: _____

Signature of Applicant

Declaration of Residency

07/2014

