ATE ISSUED_____ APPLICATION #_____

INITIAL_____
RE-EXAM_____
INTERIM_____
UPDATE _____

PUBLIC HOUSING _____
SECTION 8 HOUSING ____

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

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

[ ] YES [ ] NO 1. Work full-time, part time or seasonally?
[ ] YES [ ] NO 2. Expect to work for any period during the next year?
[ ] YES [ ] NO 3. Work for someone who pays them cash?
[ ] YES [ ] NO 4. Expect a leave of absence from work due to lay off, medical, maternity of military leave?
[ ] YES [ ] NO 5. Now receive or expect to receive unemployment benefits?
[ ] YES [ ] NO 6. Now receive or expect to receive child support?
[ ] YES [ ] NO 7. Entitled to child support that he/she is not now receiving?
[ ] YES [ ] NO 8. Now receive or expect to receive alimony?
[ ] YES [ ] NO 9. Have an entitlement to receive alimony that is not currently being received?
[ ] YES [ ] NO 10. Now receive or expect to receive public assistance (welfare)?
[ ] YES [ ] NO 11. Now receive or expect to receive Social Security benefits?
[ ] YES [ ] NO 12. Now receive or expect to receive income from a pension or annuity?
[ ] YES [ ] NO 13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
[ ] YES [ ] NO 14. ***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?***
[ ] YES [ ] NO 15. Own real estate or any assets for which you receive no income (checking account, cash)?
[ ] YES [ ] 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:

_____
_____
_____

XPENSES

[ ] 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 Do you have Medicare? If yes, what is your monthly premium? _____

[ ] YES [ ] NO 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
   2) Natural Disaster
   3) Government Action
   4) Owners Action
   5) Physical Violence
   6) Reprisal
   7) Hate Crimes
   8) Inaccessible
   9) HUD Disposition

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

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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.

OFFICE USE ONLY: Applicant Certification

_____ Involuntarily Displaced

_____ Paying more than 50%

_____ Living in Substandard Housing

_____ Optional Owner Preference(s)

REVIEWED BY: _____ **DATE:** _____