

DATE ISSUED _____

APPLICATION # _____

INITIAL _____
RE-EXAM _____
INTERIM _____
UPDATE _____

TEWKSBURY HOUSING AUTHORITY
SAUNDERS CIRCLE
TEWKSBURY, MA 01876
Office: (978) 851-7392
Fax: (978) 640-7986

PUBLIC HOUSING _____
SECTION 8 HOUSING _____

FEDERAL TENANT APPLICATION

PLEASE PRINT

APPLICANT NAME _____

CURRENT ADDRESS _____ APT. NO: _____

CITY, STATE, ZIP CODE _____

MAILING ADDRESS (if different from above) _____

HOME PHONE _____ HEAD CELL PHONE: _____ SPOUSE CELL PHONE: _____

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.

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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 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 | 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

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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: _____.

Signature of Other Adult: _____ 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.

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OFFICE USE ONLY: Applicant Certification

_____ Involuntarily Displaced
_____ Paying more than 50%

_____ Living in Substandard Housing
_____ Optional Owner Preference(s)

REVIEWED BY: _____

DATE: _____