

**VILLA AT MEADOWVIEW**  
HOUSING 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 \_\_\_\_\_ 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 <ul style="list-style-type: none"><li>• Employed</li><li>• At Home</li><li>• Handicapped</li></ul> |
|-------------------|-----------------------------------|---------------------|----------------------|---------------------------|-----|---------------|---------------------------------------------------------------------------------------------------------------|
|                   | <b>Head</b>                       |                     |                      |                           |     |               |                                                                                                               |
|                   |                                   |                     |                      |                           |     |               |                                                                                                               |
|                   |                                   |                     |                      |                           |     |               |                                                                                                               |

**\*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: \_\_\_\_\_