

Peabody

HOUSING AUTHORITY

Board Of Commissioners
KENNETH BRITT
BERTHA GERMANO
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GERALD GOLDBERG
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Executive Director
FRANK SPLAINE

THE FOLLOWING INFORMATION IS REQUIRED IN ORDER TO MOVE INTO A PEABODY HOUSING AUTHORITY UNIT:

1. INCOME VERIFICATION

- A. Award Letter from Social Security (SS #800-772-1213)
 - B. Pension – Letter from where you receive your pension stating gross monthly income and if there are any deductions.
 - C. Wages – Copies of four of your most recent paystubs or a letter from your employer stating how many hours you work a week and your hourly wage and if there are any deductions taken out.
 - D. AFDC Benefit (Welfare)
 - E. Child Support – Copies of two of your most recent checks.
 - F. Other Income.
2. Out of pocket medical expenses during the past year. (Ex. Copayments, medications, dental, eye examinations, computer printout from pharmacy, etc.)
 3. Verification of medical insurance premiums (Ex. Medex or Blue Cross)
 4. Verification of all bank accounts or any other assets. (Ex. IRA's or CD's)
 5. Out of pocket Day Care Expenses – Letter from Day Care provider stating how much you pay on a weekly basis. Must be on company letterhead, if you use private daycare must be notarized.
 6. Copies of Birth Certificate and Social Security Card.

Peabody Housing Authority
75 Central Street
Peabody, MA 01960
(978) 531-1938

THIS BOX IS FOR OFFICE USE ONLY	
Date of receipt:	
Time of receipt:	
Control Number:	
Bedrooms:	
Race:	
Priority Category:	
Preference Category:	
Language:	

**STANDARD APPLICATION FOR STATE-
AIDED PUBLIC HOUSING**

Incomplete applications will not be processed. Please complete all information on the application. If a question is not applicable, please write N/A. Make sure you sign the last page.

1. Name of Applicant _____
Address of Current Residence _____ Apt # _____
City/Town _____ State _____ Zip Code _____
Mailing Address _____ Apt # _____
City/Town _____ State _____ Zip Code _____
Home Telephone () _____ Work Telephone () _____

2. Type of Public Housing You Are Applying For: (Circle One)
a. Family b. Elderly/Handicapped c. Handicapped

Note: To be eligible for elderly/handicapped housing you must be at least 62 years old or handicapped. If handicapped, your handicap must be other than a history of alcohol or substance abuse.

3. (a) **Local Veteran's Preference:** (Only for Elderly/Handicapped Housing) You may apply for Veteran's Preference if you are a wartime Veteran who resides in this City or Town.

(b) **Veteran's Preference** (Only for Family Housing) You may apply for Veteran's Preference if you are a wartime Veteran, the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of a wartime Veteran.

(c) If you wish to apply for either 3(a) or 3 (b) above, list dates of U.S. Military service:
From _____, _____ to _____, _____

(d) For Family Housing applicants, check applicable Veteran category:
_____ Service connected disability _____ Family of a deceased veteran whose death was service connected _____ Other veteran

EQUAL HOUSING OPPORTUNITY

A copy of the Veteran's discharge or separation papers must be submitted with this application.

4. Do you have any special needs due to a disability? Specify: _____

Do you need a wheel chair accessible apartment? (circle one) Yes No

5. Do you want to apply for Emergency Housing? (circle one) Yes No

If you circled "Yes" then you **MUST** fill out an Emergency Application and submit it with this Standard Application.

6. Are you currently living in non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? (circle one) Yes No

If yes, you must attach documentation verifying AHVP participation.

7. **Racial Designation:** (Responding to this question is optional.) Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority Category. (circle one)

American-Indian Asian Black Hispanic White Other(specify)_____

8. **Number of Bedrooms needed:** (circle one) 1 2 3 4

9. Members of household to live in Unit, including Head of Household: (Attach additional sheet if Necessary).

Name: First, Middle, Last	Relationship	Social Security Number	Sex	Date of Birth	Occupation or Student Status
	HEAD				

**This will be used only for verifying income, assets, deductions and CORI.*

10. Is a change in the household composition expected? (circle one) Yes No

If yes, what type of change? _____ When? _____

11. INCOME BEFORE DEDUCTIONS

Estimate the Gross Income anticipated for ALL Household Members from all sources for the next 12 months. Specify all sources.

Household Member Name		Name and Address of Employer or Source of Income	Gross Income For Next 12 Months
	Salaries, Wages, Including Overtime/Tips		\$
	Net Income From Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Pensions and Annuities		\$
	Regular Unemployment or Disability Compensation		\$
	Regular Social Security Benefits and/or SSI		\$
	TAFDC, EAFDC, or Public Assistance		\$
	Regular Alimony Support Payments, Gifts		\$
	Other Income		\$

TOTAL GROSS INCOME \$ _____

12. EXPENSES

Extraordinary Expenses Required by Employer	
Expense for Care Of Children Or Sick/Incapacitated Person If Necessary For Employment	
Unreimbursed Medical Expenses	

Alimony or Child Support Payments	
Health Insurance	
Other	

Total Expenses: \$ _____

13. **ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. **DO NOT** include clothing, furniture or cars.

Household Member	Asset Type/Asset Value	Income	Imputed Income (Office Only)
	/ \$	\$	
	/ \$	\$	
	/ \$	\$	
	/ \$	\$	

14. Does anyone in your household own a car? (circle one) YES NO
 Make of Car _____ Year _____ Reg. Number _____
 Make of Car _____ Year _____ Reg. Number _____

15. **References:** List two references. These should not be relatives or household members.

(1) Name: _____ Telephone # () _____
 Address: _____ City: _____ State: _____ Zip: _____
 (2) Name: _____ Telephone # () _____
 Address: _____ City: _____ State: _____ Zip: _____

16. **List Addresses for the Last Five Years in Reverse Order:**

(1) Address _____ Apt No. _____ 19 _____ to present
 City/Town _____ State _____
 Name of Landlord: _____ Telephone: () _____

(2) Address _____ Apt No. _____ from _____ to _____
 City/Town _____ State _____
 Name of Landlord: _____ Telephone: () _____

(3) Address _____ Apt No. _____ from _____ to _____
 City/Town _____ State _____
 Name of Landlord: _____ Telephone: () _____

(4) Address _____ Apt No. _____ from _____ to _____
City/Town _____ State _____
Name of Landlord: _____ Telephone: () _____

(5) Address _____ Apt No. _____ from _____ to _____
City/Town _____ State _____
Name of Landlord: _____ Telephone: () _____

17. Have you, or any member of your household, ever received housing assistance from this or any other housing agency? (circle one) **YES** **NO**

If yes: Name of Head of Household at that time: _____

Relationship to Present 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? (circle one) **YES** **NO**

If **NO**, please explain: _____

18. Do you have a place of employment in this City? (circle one) **YES** **NO**

If **YES** name and address of employer: _____

19. Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of this Housing Authority? (If so, this will not necessarily disqualify your application.) (circle one) **YES** **NO**

If **YES**, please explain: _____

20. Do you have any Pets? (circle one) **YES** **NO**

If **YES**, please describe: _____

21. **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 or in cases of an emergency.

Name: _____ Relationship: _____
Address: _____
City/Town: _____ State: _____ Telephone: () _____

22. **Criminal Record:** Have you or any member of your household who will live in the unit been convicted of a misdemeanor? (circle one) **YES** **NO**

Have you or any member of your household who will live in the unit been convicted of a felony? (circle one) **YES** **NO**

If yes, please explain: _____

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that the 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 priority or preference received on the prior application for a period of three (3) years.

Based on this application I understand I should not make any 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 address, 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 this application is true and correct. I understand that any false statement or misrepresentation may result in the cancellation 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.

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult members of the household.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's signature: _____ Date: _____

Reviewer's signature: _____ Date: _____