

ANDOVER HOUSING AUTHORITY
100 MORTON STREET
ANDOVER, MA 01810
TEL:978-475-2365 TDD: 1-800-545-1833 X372

THIS BOX IS FOR OFFICE USE ONLY

Date of receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Bedrooms:	_____
Race:	_____
Ethnicity:	_____
Priority Category:	_____
Preference Category:	_____
Language:	_____

PRELIMINARY APPLICATION FOR STATE-AIDED HOUSING

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.

(PLEASE PRINT)

1. Name of Applicant: _____
Address of Current Residence: _____ Apt. No. _____
City/Town: _____ State: _____ Zip Code: _____
Mailing Address: _____ Apt. No. _____
City/Town _____ State _____ Zip Code _____
Home Telephone () _____ Work Telephone () _____
Best Telephone # to reach applicant: _____

2. Type of Public Housing You are Applying For: (Check One)

- Family Elderly Non Elderly, Handicapped Congregate Elderly/Handicapped
 MRVP AHVP

**Note: To be eligible for elderly/handicapped housing you must be at least 60 years old or handicapped.
If handicapped, your handicap must be other than a history of alcohol or substance abuse**

3. Do you need a wheel chair accessible unit? (Check one) YES NO
4. Number of bedrooms needed: (check one) 1 2 3 4

5. Members of household to live in unit, including applicant:

First & Last Name	Relationship To Applicant	Racial Designation* (Indicate by a-e)	Ethnic Designation** (Indicate by a or b)	Social Security Number***	Sex	Date of Birth	Source of & Annual Amt. Of Income or Student Status or At Home
	Applicant						

***Racial Designation:** (a) American Indian or Alaska Native; (b) Black or African American; (c) Native Hawaiian or Other Pacific Islander, (d) White; (e) Other (specify).

****Ethnic Designation:** (a) Hispanic/Latino or (b) 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.

6. **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)	\$

7. Assets: List the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust funds, real estate, etc. Do not include clothing, furniture or motor vehicles.

Household Member	Asset Type	Asset Value	Interest or Income

(Office Only) _____ (Asset Imputed Value and Income)

8. (a) 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.

(1) Do you want to apply for Veteran's Preference? (check one) YES NO

(2) If you are a Veteran, do you have a service connected disability? (check one) YES NO

(3) Is your household the family of a deceased veteran whose death was service connected? (check one) YES NO

- (b) Local Veteran's Preference (Only for elderly/handicapped housing): You may apply for Local Veteran's Preference if you are a wartime veteran who resides in this City/Town. Do you want to apply for Local Veteran's Preference? (check one) YES NO

9. Are you employed in this City/Town? If so, where? _____

10. Are you currently living in non-permanent, transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? (check one) YES NO

11. Do you want to apply for Emergency Housing? (check one) YES NO
If Yes, you must fill out an **Emergency Application**.
(Office Use Only: Sent ___/___/___)

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that I will have to fill out a Standard Application and provide proof of all facts before a final decision of my eligibility can be made by the Housing Authority. Based on this application, I understand I should not make any plans to move. **I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition.** I understand that I must respond promptly to all Housing Authority inquiries or my application may be canceled. 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 cancellation of my application.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

I, the above named individual, have authorized the Andover Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources (specify):

Previous Landlords (including
Public Housing Agencies)
Courts & Post Offices
Retirement Systems
State Unemployment Agency
Law Enforcement Agency
Financial Institutions
Utility Companies

Past & Present Employers
Veterans Administration
Welfare Agencies
Schools and Colleges
Banks and other
Social Security Administration
Medical and Child Care
Support & Alimony Providers

I hereby give you my permission to release this information to the Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Housing Authority within (5) five days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your cooperation in this matter.

Signature

Date Signed

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.