

THIS BOX IS FOR OFFICE USE ONLY

ANDOVER HOUSING AUTHORITY  
100 MORTON STREET  
ANDOVER, MA 01810  
(978) 475-2365

**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.

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

(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     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



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<br>Public Housing Agencies) | Past & Present Employers       |
| Courts & Post Offices                                     | Veterans Administration        |
| Retirement Systems  | Welfare Agencies               |
| State Unemployment Agency                                 | Schools and Colleges           |
| Law Enforcement Agency                                    | Banks and other                |
| Financial Institutions                                    | Social Security Administration |
| Utility Companies   | 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.  
**(To be signed by all household members 18 yrs. of age or older.)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

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

English Important! Please have this notice translated immediately.

Armenian Այսընդհանուր է. — Խնդրովսմք է պարզապես թարգմանելը

Chinese 务请注意！请立即翻译本通知。

Cambodian សំខាន់ណាស់! សូមរកអ្នកណាម្នាក់ ឲ្យបកប្រែទឹកប៉ុណ្ណោះ ជាមួយពេញ

French Important! Faites traduire cette notice immédiatement.

Greek Προσοχη! Παρακαλω μεταφραστε αυτο το μνημια αυτου.

Haitian Enpòtan! Tanpri fè tradwi anons sa a imedyatman.

Italian Important! Far tradurre immediatamente questo avviso.

Laotian “ສຳຄັນທີ່ສຸດ! ກະລຸນາແປຄຳເຕືອນອັນນີ້ທັນທີກັນໃດ”

Polish Wazne! Proszę przetłumaczyć tę uwagę natychmiast.

Portuguese Important! Favor mandar traduzir este folheto imediatamente.

Russian Крайне важно! Пожалуйста переведите это объявление немедленно.

Spanish ¡Importante! Por favor traduzca este folleto inmediatamente.

Vietnamese Quan trọng! Xin vui lòng cho dịch tờ thông báo này ngay.