

**OFFICE USE ONLY**

Gloucester Housing Authority  
 P.O. Box 1599  
 Gloucester, Ma. 01931-1599  
 (978) 281-4770, ext. 118

Date of Receipt: _____	Time: _____
Control #: _____	BR Size: _____
Race: <u>  A  </u> <u>  B  </u> <u>  H  </u> <u>  O  </u> <u>  W  </u>	Local Res. Pref: _____
Priority: _____	Verf./Doc. Received: _____
Moderate Income: YES _____	NO _____

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 to sign the last page.

**STANDARD APPLICATION FOR FEDERAL CONVENTIONAL HOUSING**

1. Name of Applicant: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_  
 Current Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

2. 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. American  
 Indian    Asian    Black    Hispanic    White    Other \_\_\_\_\_

2A. Are you a Board Member, employee, or a member of the immediate family of an employee of a board member of this housing authority?  yes    no  
 If so, this will not necessarily disqualify your application. If yes, please explain:

\_\_\_\_\_

3. Are you or is any member of your household disabled or handicapped?  
 Yes    No   If yes, specify: \_\_\_\_\_

4. Number of Bedrooms:    1BR    2BR    3BR    4BR

5. Member(s) of Household to Live in Unit, including Head:

First, middle initial & last name of everyone to live in the household	Relation to Head	Sex	Date of Birth	Social Security #	Member's Maiden Name
1.	Head				
2.					
3.					
4.					
5.					
6.					
7.					
8.					

6. Is a change in the household expected? (example: expecting baby)  Yes    No  
 If yes, what type of change? \_\_\_\_\_ When? \_\_\_\_\_

7. **INCOME BEFORE DEDUCTIONS:** Estimate the gross income anticipated for all household members from all sources for the next twelve (12) months. Specify all sources.

Household Member	Type of Income	Name & Address of Employer, Source of Income	Gross Income Amount & Frequency (wkly, bi-wkly, mo.)
	Salaries, Wages with Overtime/tips		
	Veteran's Disability		
	Net Income from Business/Profession		
	Trust Income Interest, Dividends		
	Pensions/Annuities		
	Social Security/SSI/SSDI		
	Regular Unemployment/ Disability Compensation		
	TANF or Public Assistance		
	Regular Alimony/ Child Support Payments		
	Gifts/Other Income		
		<b>TOTAL GROSS INCOME:</b>	

8. **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	Type/Description of Assets	Name of Bank	Current Amount/ Value of Equity
		<b>TOTAL ASSETS:</b>	

9. **EXPENSES & ALLOWANCE INFORMATION:**

A. Number of Dependents (include minors, full-time students and handicapped/disabled family member **BUT NEVER** the Head, Spouse, or Foster Children). \_\_\_\_\_

B. Is this a household in which the Head or Spouse is at least 62 years of age or handicapped/disabled?  
 Yes  No

C. Total Child Care Expenses:

1. Expense to enable family member to work,  
 Household Member Enabled: \_\_\_\_\_ \$ \_\_\_\_\_

2. Expense to enable family member to further education,  
 Household Member Enabled: \_\_\_\_\_ \$ \_\_\_\_\_

D. Total Handicap Assistance Expense. Name(s) of Household Members enabled to work:  
 \_\_\_\_\_ \$ \_\_\_\_\_

E. Total Medical Expenses Not Reimbursed by Others (Elderly, Handicapped/disabled households ONLY)  
 \$ \_\_\_\_\_

10. Have you sold or transferred property in the last two (2) years?  Yes  No  
 If yes, what was the date of sale? Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 Amount of sale? \$ \_\_\_\_\_ Value of Mortgage at time of Sale? \$ \_\_\_\_\_

11. Does anyone in your household own a car?  Yes  No  
 Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Registration #: \_\_\_\_\_  
 Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Registration #: \_\_\_\_\_

12. **PRIORITY STATUS:** Indicate which priority you feel you qualify for. Please briefly describe your current housing situation and why you feel you qualify for this priority. In addition, please note that you are required to submit with this application the necessary documentation. **Unless we receive the specified documentation, we will be unable to determine your eligibility for a priority status.** In all cases, proof of Primary Residency (i.e. principle home occupied not less than nine (9) months of the year) is required. **The applicant shall provide at least three of the following:** RENT RECEIPTS, UTILITY BILLS (excluding telephone), COPY OF LEASE OR LEASE AGREEMENT, and CANCELLED CHECKS.

**FIRST PRIORITY – Displacement by Natural Forces:** Displacement by Natural Forces such as fire, flood, earthquake or other natural causes that resulted in extensive damage or has destroyed the unit **within the past sixty (60) days.**

**Verification Requirements:** The cause for displacement shall be verified in writing by the Fire Department in the case of a fire, or by the government for other natural disasters. Applicants or GHA tenants are required to notify the GHA in writing within sixty (60) days from the natural displacement. This priority will not apply if the applicant affected is able to locate standard, permanent, replacement housing adequate for the family's size and income. Within this priority First preference shall be given to existing Public Housing residents who have been displaced from their Public Housing unit by a Federally-declared natural disaster. In the case of a fire, applicant shall provide the Official Fire Report. Report must list applicant as occupant of fire damaged property; if not, rent receipts, lease, or rental agreement showing residency at time of fire; the extent and dollar amount of damage suffered (unit is uninhabitable), the cause of the fire – not due to tenant negligence or tenant related, and the anticipated time required to make unit habitable. In the case of other natural disasters, such as flood/earthquake, Official Report from the Red Cross or Federal Disaster Agency (FEMA). Report must list applicant as occupant of damaged property; if not, rent receipts, lease, or rental agreement showing residency at time of fire; the extent and dollar amount of damage suffered (unit is uninhabitable), the cause of the disaster and the anticipated time required to make unit habitable.

**SECOND PRIORITY – Displacement by Public Action and/or GHA:** Displacement by Public Action by any state or local government body or agency in connection with a public improvement or development program **within no more than 6 months.** This includes those who have or will be displaced by urban renewal, school construction, highway construction, and other public improvements or who are being displaced from their housing unit because the City has determined their housing unit unfit for human habitation and has subsequently taken actions to condemn the unit. This also includes a current GHA tenant who is being required by the GHA to vacate their unit for any of the following reasons:

- The unit is uninhabitable and the GHA cannot make repairs within a reasonable time.
- The unit must be vacated in connection with a modernization or rehabilitation program.
- The family is under housed or over housed in its present unit.
- The GHA has determined, in its sole discretion, that a tenant family is a victim of threatened or actual physical violence or harassment and that GHA and/or local authorities cannot take effective remedial action within a reasonable time and the tenant is not living in standard replacement permanent housing.
- The GHA has determined, in its sole discretion, that a tenant of a GHA owned unit suffers a medical condition that cannot otherwise be alleviated except by transfer to another unit.

**Verification Requirements:** Displacement must be verified in writing by the governmental displacement agency. Applicants will be required to notify the GHA in writing within sixty (60) days of the actual displacement. This priority will not apply if the applicant affected is able to locate standard, permanent, replacement housing adequate for the family's size and income. Proof of residency as stated above.

**THIRD PRIORITY – Victims of Domestic Violence:** Program eligible applicants who are victims of domestic violence due to the actions of a spouse or other household member. The applicant must be living in the housing unit with an individual who engages in physical, sexual or emotional violence directed against the applicant or the applicant's family, or the applicant must have vacated (within the (180) days of application) the unit due to the violence. The violence may be actual or threatened. Such actual or threatened violence must have occurred recently or be of a continuing nature. If at initial priority certification or at the update the

applicant has moved into standard, permanent, replacement housing the applicant will not qualify for this priority. The named abuser cannot be on the lease to receive this priority.

Verification Requirements: Applicant must provide all that apply:

- Proof of primary tenancy at the unit in question.
- Verification that the abuse occurred recently (within the last 180 days) or is of a continued nature.
- Police or court reports, including but not limited to a Legal Restraining Order.
- A letter from a doctor or hospital or medical records.
- A letter from a licensed social worker, Psychologist or the Director of a social service agency where the victim of abuse has received counseling, verifying counseling as a result of the abusive situation. This letter should specify the last permanent address and the name of the family, why the family is homeless and the date and type of abuse.
- Applicant must provide letter from self detailing what happened and what he/she did to avoid or alleviate the situation.

- FOURTH PRIORITY – Working Families & Elderly/Disabled Households:** Program eligible applicants whose head or co-head is currently employed and **has been continuously employed for the previous twelve (12) month period, at a minimum of thirty (30) hours per week.** In its dedication to Fair Housing, without regard to age or handicap, the GHA will give working priority to applicant households who head, spouse, or sole member is age 62 or older, or is receiving social security disability, supplemental security income disability benefits, or any other payments based on the individual's (certifiable) inability to work. **A history of alcohol or substance use SHALL NOT constitute a qualifying impairment.** Eligibility for protection as a handicapped or disabled person under state or federal anti-discrimination laws does not constitute a guarantee of eligibility for housing as a handicapped or disabled person.

Verification Requirements: The applicant must provide the GHA with four (4) most recent consecutive pay stubs, bank books and statements, etc., copies of benefit checks (Social Security, SSI, etc.).

- NONE OF THE ABOVE APPLY TO MY CURRENT HOUSING SITUATION**

If you do not qualify for a priority at this time, if your housing situation changes you can reapply for a priority.

13. **LOCAL RESIDENT PREFERENCE:** A Local Resident is defined as a person who, at the time of application and at the time the GHA updates his/her application for final eligibility and tenant suitability, is living in Gloucester. Local Resident also includes a person who, at the time of application and at the time the GHA updates his/her application for final eligibility and tenant suitability, is employed or has been hired to work in the City of Gloucester. This does not include people who are living temporarily with friends/relatives.

Do you currently rent in Gloucester?  Yes  No If yes, rent amount \$ \_\_\_\_\_

Are you currently employed in Gloucester?  Yes  No

If yes, place of employment? \_\_\_\_\_

14. Do you have any pets?  Yes  No If yes, specify: \_\_\_\_\_

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

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

16. List Addresses for the last five (5) years in reverse order beginning with your current address:

1. Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ From: 19 \_\_\_\_\_ to present  
Name of Landlord: \_\_\_\_\_  
Address of Landlord: Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Landlord's Telephone #: \_\_\_\_\_

2. Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ From: 19 \_\_\_\_\_ to \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_  
Address of Landlord: Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Landlord's Telephone #: \_\_\_\_\_

3. Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ From: 19 \_\_\_\_\_ to \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_  
Address of Landlord: Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Landlord's Telephone #: \_\_\_\_\_

17. Have you, or any member of your household, ever received housing assistance from this or any housing agency or group? This includes Rental Assistance Programs.  Yes  No

If yes, Name of Housing Authority/Agency: \_\_\_\_\_

Name of Head of Household at that time: \_\_\_\_\_

Relation to present applicant: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_

Reason: \_\_\_\_\_

When you moved out were you in compliance with the lease and other program requirements?  Yes  No

If No, explain: \_\_\_\_\_

18. Criminal Record: Have you, or any member of your household who will live in the unit been convicted of any crime?  Yes  No

If yes, please explain: \_\_\_\_\_

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: \_\_\_\_\_

19. Have you ever lived in another State?  Yes  No If yes, address where you previously lived:

Address	City/Town	State	Zip Code
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20. 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 case of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

I understand that this application is NOT an offer of housing and that the Housing Authority is not obliged to offer me a unit until such time as they inform me in writing that I have been offered a unit pursuant to my application. I understand that the Housing Authority will make no more than one offer of an appropriate conventional housing unit. If I do not accept that offer, my application will be removed from the waiting list. I understand that at the time assistance is offered, all family members, irrespective of age, will be required to submit evidence of U.S. Citizenship or Eligible Immigration Status, or state that they do not claim U.S. Citizenship or Eligible Immigration Status.

Based on this application, I understand that I should not make any plans to move or end my present tenancy until I have received a written unit offer from the GHA. I understand that it is MY RESPONSIBILITY to inform the GHA in writing of any change of address, income or household composition. I authorized the GHA 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 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.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY**

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Other Adult Household Member Signature Date

\_\_\_\_\_  
Interviewer/Reviewer's Signature Date

Equal Opportunity Housing

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b>	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**Notice to All Applicants and Residents: Reasonable Accommodations and Modifications are Available for applicants and Residents with Mental and/or Physical Disabilities**

Gloucester Housing Authority (GHA) does not discriminate against applicants or residents on the basis of mental (including psychiatric) or physical disabilities. In addition, the GHA has an obligation to provide “reasonable accommodations” and “reasonable modifications” on account of a disability if an applicant or resident or a household member is limited by the disability and for this reason needs such an accommodation or modification. A reasonable accommodation is a change that the GHA can make to its rules, policies, practices, or services, and a reasonable modification is a change the GHA can make to its facilities (including physical alterations to the housing unit or public or common use areas) that will assist an otherwise eligible person with a disability to have equal opportunity to use and enjoy the housing or common or public use areas or to participate fully in the GHA’s programs, activities, or services. Such changes may not be reasonable if they are not financially and programmatically feasible for the housing authority.

An applicant or resident household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to the GHA, and to avoid disturbing neighbors), but an accommodation or modification may be the basis by which the household is able to meet those obligations of tenancy.

The GHA has an Accommodation Coordinator. If you need an accommodation or modification because of a disability, please complete the attached form and return it to the GHA. Upon reasonable request by the GHA, you must also submit documentation verifying the existence of a disability and the disability-related need for the accommodations or modification. Within thirty (30) calendar days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the GHA can reasonably do to provide you an accommodation or modification on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result needs an accommodation or modification you, the household member, or authorized representative, may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that it is your right.

**Request for Reasonable Accommodations/Modifications**

To: Accommodation Coordinator  
Gloucester Housing Authority  
259 Washington Street  
P.O. Box 1599  
Gloucester, MA 01931-1599

From: \_\_\_\_\_  
Applicant or Resident Name (please print)

\_\_\_\_\_  
Control Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Town/City, State, Zip

(\_\_\_\_\_) \_\_\_\_\_  
Area Code/Telephone Number

1. On account of my disability, I request the following be done in order to permit me to have equal opportunity to use and enjoy the housing or public or common use areas or to participate fully in the Housing Authority's programs, activities, or services: (Describe)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. This request for a reasonable accommodation/modification is necessary so that I can:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Documentation needed to verify the existence of my disability and my disability-related need for the accommodation/modification is attached. (Attach appropriate documentation)

I attest that the foregoing information is true and correct.

\_\_\_\_\_  
Signature of applicant or Resident (or authorized representative)

\_\_\_\_\_  
Date