

LEXINGTON HOUSING AUTHORITY

One Countryside Village
Lexington, MA 02420
781-861-0900

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 FEDERAL-AIDED HOUSING

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

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 () _____

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

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

Because of my limitations, I request the following be done in order to permit me to participate fully in the Housing Authority's housing programs. _____

4. **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) _____

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

6. 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 information will be used to verify income, assets, and criminal record information.

7. Is a change in the household composition expected? (circle one) YES NO

If yes, what type of change? _____ When _____

8. **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		\$
	T. A. F. D. C. Or Public Assistance		\$
	Regular Alimony Support Payments, Gifts		\$
	Other Income		\$

TOTAL GROSS INCOME \$ _____

9. EXPENSES

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 \$ _____

10. 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.

(Office Only)

Household Member	Asset Type/Asset Value	Income	Imputed Income
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

11. Does anyone in your household own a car? (circle one) YES NO

Make of Car _____ Year _____ Reg. Number _____

Make of Car _____ Year _____ Reg. Number _____

12. 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: _____

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

(1) Address: _____ Apt. No. _____ to present

City/Town _____ State _____

Name of Landlord: _____ Telephone: () _____

(2) Address: _____ Apt. No. _____ Years _____

City/Town _____ State _____

Name of Landlord: _____ Telephone: () _____

(3) Address: _____ Years _____

City/Town _____ State _____

Name of Landlord: _____ Telephone: () _____

14. Have you lived in Lexington in the past? (circle one) Yes no If yes, when? _____
Where? _____

Have you, or any member or 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: _____

Relation 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: _____

15. Do you have a place of employment in this City or Town? (Circle One) YES NO

16. 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: _____

17. Do you have any Pets? (circle one) YES NO If yes, please describe: _____

18. **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: () _____

19. **Criminal Record:**

Have you or any member of your household who will live in the unit been convicted of a crime?
(circle one) 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?
(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 that was granted on the prior application for a 3 year period.

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 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.

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: _____

Co-applicant Signature: _____ Date: _____

Warning: 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any manner within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.