

**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 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.

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      d. MRVP

**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.(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

**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 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

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.

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

**TOTAL GROSS INCOME \$ \_\_\_\_\_**

**12. 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 \$ \_\_\_\_\_**

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.

*(Office Only)*

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

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. \_\_\_\_\_ 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: ( ) \_\_\_\_\_

17. 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:

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

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 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: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_