

OFFICE USE ONLY
Control # _____
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Quincy Housing Authority
80 Clay Street
Quincy, Mass. 02170
617-847-4350

Date
and
Time Stamp

Application for Housing

Incomplete or Unsigned 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. Applicant Name: _____

2. Current Address: _____

City: _____ State: _____ Zip Code: _____

3. Current Mailing Address: _____

4. Home Phone: () _____ Work Phone: () _____

5. Please provide the full name, including Maiden Names, and Middle Initial of all Household Members who **will be living in the unit.**

First Name	.Middle Initial	Last Name	. Maiden Name	.Date of Birth	Place of Birth	.Sex.	Relation to Head	. Social* Security Number
You							Head	

*The Social Security Number will be used to verify income, assets, and criminal record information.

6. 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 White Hispanic

Do you have a limited ability to speak, read, write, or understand English? Yes _____ No _____
If you answered yes, please state your primary language. _____

7. Veteran's Preference: 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.

Veteran Status: Circle One Veteran Non-Veteran
Dates of Military Service: From: _____ To: _____

8. Is there a member of your household who requires a wheelchair accessible unit?
Circle One Yes No

9. Do any of the Situations listed below apply to you? (Circle one) YES NO

If Yes, Please indicate which one:

- Homeless due to Displacement by Natural Forces.(Fire, Flood or Earthquake)
- Homeless due to Displacement by Public Action (Urban Renewal).
- Homeless due to Displacement by Public Action (Sanitary Code Violations).
- Emergency Case – Acute Medical Emergencies or Abusive Situations in accordance with the Emergency Case Plan
- Referral from the DAs office.

NOTE: If any of these situations apply, you must submit verification/documentation.

10. Income Data:

Employment: Household Member who is working: (Name) _____

Place of Employment: _____

Salary: \$_____ circle one weekly, bi-weekly, monthly

Employment: If there is a 2nd Household member working, please complete:

Name of Worker: _____

Place of Employment: _____

Salary: \$_____ circle one weekly, bi-weekly monthly

Other Sources of Income: Please show monthly income from all sources, If zero, indicate -0-.

TAFDC	\$_____	V.A. Pension	\$_____
Social Security	\$_____	Pension	\$_____
Soc. Sec. Disability	\$_____	Child Support	\$_____
Alimony	\$_____	Any Other Income	\$_____

11. List below all assets of all household members:

Household Member	Type of Asset	Bank	Value
-			
-			
-			
-			

Have you or any household member sold or transferred any property in the last four years:

Circle One: Yes No If yes, date of sale: _____

Amount of Sale: \$_____ Mortgage Owed at the time of the sale: \$_____

Do you own a home or other real estate property now: (Circle one) YES NO

If YES, please describe, including location: _____

12. Have you or any household member ever received housing assistance from this or any other housing agency or group, including Public Housing, MRVP, DHP AHVP, 707 or Section 8. (Circle one) Yes No

If yes: Name of household head at that time: _____

Address: _____

Landlord Name: _____ Phone number: _____

Landlord Address: _____

Agency Subsidy was through: _____

Dates you received subsidy: FROM: _____ TO: _____

Reason you moved out: _____

13. Are you a board member, employee, or a member of the immediate family of any employee or board member of this housing Authority

Yes No If yes, please explain: _____

14. **Please list the addresses of all residential settings (Apartments, houses, shelters, group homes, etc) in which you lived during the last five years.** You must either list the landlord (owner) or Program Director. Please be sure you list dates of occupancy.

Current Address: _____

Landlord Name: _____ Phone Number _____

Landlord Address: _____

Dates of Occupancy: Moved in _____ to Present

Please state why you wish to moved from this address: _____

Previous Address: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

Dates of Occupancy: Moved in: _____ to Moved Out _____

Please state why you moved from this address: _____

Previous Address: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

Dates of Occupancy: _____ Moved in: _____ to Moved-out : _____

Please state why you moved from this address: _____

Previous Address: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

Dates of Occupancy: _____ Moved in: _____ to Moved out: _____

Please state why you moved from this address: _____

15. Have you or any household member ever lived outside Massachusetts.

Circle One Yes No

If yes, please list that member's name, and the states resided.

Name	State
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IMPORTANT NOTICE: Please read carefully

The Quincy Housing Authority has been granted CORI access. All household members are therefore advised that a copy of their criminal history will be obtained from the Criminal History Systems Board before they are offered housing through the Quincy Housing Authority.

16. The following question is for applicants who are applying for elderly/disabled housing where eligibility is based upon a household member having a disability.

Do you or a household member have an impairment that is expected to be of long-continued and indefinite duration which substantially impedes the ability to live independently and is of such a nature that the ability to live independently could be improved by more suitable housing conditions? Circle One: Yes No

Note: Disability will be verified by the QHA in accordance with applicable regulations

APPLICANT CERTIFICATION:

I understand this application is not a unit offer, until such time as the Authority informs me that I have been offered a unit pursuant to my application. Based on this application, I understand that I should not make any plans to move or terminate my present tenancy until I have received an offer from the Authority. I certify that the information I have given in the application is true and correct and that any false statements or misrepresentation may result in the denial of my application. I understand that it is my responsibility to inform the Quincy Housing Authority, in writing, of any change in address, income or household composition.

I hereby grant permission to the Quincy Housing Authority to inquire and obtain information about me and my family that is pertinent to eligibility for or participation in assisted housing programs, including credit investigation reports and criminal record information.

Applicant Signature

Date