

DATE AND TIME STAMP

Brockton Housing Authority
45 Goddard Road
P.O. Box 7070
Brockton, Massachusetts 02303

Application for Housing
Equal Housing Opportunity

The information which you are being asked to provide as the Head of Household is used to determine if your household is both eligible and qualified for admission to the programs indicated below. This information is subject to verification, and you will be required to sign releases that will permit the Authority to document verification of all information provided below. By signing this application, you are certifying that the information you have provided is correct. **Misrepresentation of information is grounds for immediate removal from the waiting list or eviction from housing.** Title 18, Section 1001 of the U.S. Code states that it is a felony to intentionally make false or fraudulent statements to any federal department or agency. As the information provided below will be shared with the U.S. Department of Housing and Urban Development, if you are applying for a federal housing program, misrepresentation of information is a felony. Misrepresentation of information for state-assisted programs is also grounds for removal from the waiting list or eviction from housing.

Incomplete applications will not be processed. You will be notified by letter that your application is incomplete. It is the responsibility of the applicant to provide all required information. Your household will be added to the waiting list for the programs specified on this application only at the time that the application is complete.

PLEASE PRINT ALL ANSWERS IN A LEGIBLE FASHION

Name of Applicant:		
Current Residence Address:		
City/Town:	State:	Zip:
Home Telephone:		Cell Phone:
Best # to Reach Applicant		Work Phone:
Mailing Address:		
City/Town:	State:	Zip:

Members of household to live in unit, including Head of Household:

If any of this information is not provided, the application will be considered incomplete and will not be processed.

First and Last Name	Date of Birth	Place of Birth	Sex	Relationship to Head of Household	Occupation or School Level	Social Security Number
HEAD						

***Racial Designation:** American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander, White; Other (specify)

****Ethnic Designation:** Hispanic/Latino or Not Hispanic/Latino

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

Is a change in the household composition expected? Yes No

If yes, what type? _____

When? _____

Number of Bedrooms requested. (The Authority will determine final eligibility for the bedroom size requested.) (Circle One)

1 2 3 4 5

SUMMARY OF GROSS INCOME

Income Before Deductions: Estimate the Gross Income for **ALL** household members.

Specify all sources.

Household Member Name	Type of Income	Name & Address of Employer or Source of Income	Gross Monthly Income
	Salaries, Wages, including Overtime/Tips		\$
	Salaries, Wages, including Overtime/Tips		\$
	Net Income from Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Unemployment or Disability Compensation		\$
	Pensions & Annuities		\$
	Regular Social Security Benefits and/or SSI		\$
	VA Disability Income		\$
	TFADC or Public Assistance		\$
	Regular Alimony Support Payments, or Gifts		\$
	Other Income		\$

ASSETS

List the assets of everyone to live in the unit. Include **all** bank accounts, stocks, and bonds, trusts, etc.

Household Member	Type of Account	Account Number or Location	Amount or Value	Rate of Interest or Return Investment
	Checking			
	Savings			
	CDs or IRAs			
	Stocks			
	Bonds			
	Other			

Do you own any real estate? (Please Circle) Yes No

If yes, please provide the address: _____

Value: _____

Have you sold, given, loaned any money, real estate or other assets in the past two years? (Please Circle) Yes No

If yes: Date of sale/transfer: _____

Amount of the sale/ transfer: _____

Value of the sale/transfer: _____

SUMMARY OF ADJUSTMENTS TO GROSS INCOME

Expenses:

Expenses	Description or Cause of Expense	Verified	Gross Annual Expenses
Extraordinary Work Expense			
Child Care or Home Care Expense			
Health Insurance Cost			
Unreimbursed Medical Expenses			
Alimony Payments			
Disability Related Expenses			
Other			

Does anyone in your Household own a car?

Make of Car: _____ Year _____ Registration Number _____

Have you, or any member of your household ever received housing assistance from this or any other housing agency? (Please Circle) Yes No

If yes, Name of Head of Household at that time: _____
Relationship to Applicant: _____
Name of Housing Agency: _____
Date Tenancy: _____
Reason Moved Out: _____
When you moved out, were you in compliance with the lease and other program requirements? (Please Circle) Yes No
If No, Please Explain: _____

Have you ever been evicted from housing or removed from a residential program? (Please Circle) Yes No
If yes, please explain: _____

Has your household had to move in the last six months prior to making this application for circumstances beyond your control? If yes, please explain. _____

Does anyone in your Household own a pet? If yes, please describe _____

CRIMINAL RECORD:

Have you or any member of your household who will reside in the unit been convicted of a misdemeanor in the last five years? (Please Circle) Yes No If yes, please explain____

Have you or any member of your Household who will reside in the unit been convicted of a felony in the last five years? (Please Circle) Yes No If yes, please explain_____

Do you or any members of your household who will live in the unit have any criminal matters pending? (Please Circle) Yes No If yes, please explain_____

Are you or a family member currently or ever have been in a court-ordered substance abuse treatment program? (Please Circle) Yes No

Have you or a family member ever been convicted of a drug related felony or a crime of violence (e.g., Assault and battery)? (Please Circle) Yes No

If you are applying for conventional public housing, please list the addresses of all residential settings (Apartments, houses, group homes etc.) in which you (Head of Household) lived during the past five years. You should either list the landlord (Owner) or the Program Director. The Authority will contact all individuals listed for conventional program applicants. Incomplete response to this section will prevent the household from being added to the conventional program waiting list.

Current Address

Name of Primary Leaseholder: _____
 Date Moved In: _____
 Landlord Name _____ Telephone No. _____
 Landlord Address _____ City _____ State _____ Zip _____
 Did this landlord bring any court actions against the leaseholder or you? (Please Circle) Yes No
 Did this landlord return your security deposit? (Please circle) Yes No

Name of Primary Leaseholder: _____
 Address: _____ Date From: _____ To: _____
 City _____ State _____ Zip _____
 Landlord Name _____ Telephone No. _____
 Landlord Address _____ City _____ State _____ Zip _____
 Did this landlord bring any court actions against the leaseholder or you? (Please Circle) Yes No
 Did this landlord return your security deposit? (Please circle) Yes No

Name of Primary Leaseholder: _____
 Address: _____ Date From: _____ To: _____
 City _____ State _____ Zip _____
 Landlord Name _____ Telephone No. _____
 Landlord Address _____ City _____ State _____ Zip _____
 Did this landlord bring any court actions against the leaseholder or you? (Please Circle) Yes No
 Did this landlord return your security deposit? (Please circle) Yes No

Name of Primary Leaseholder: _____
 Address: _____ Date From: _____ To: _____
 City _____ State _____ Zip _____
 Landlord Name _____ Telephone No. _____
 Landlord Address _____ City _____ State _____ Zip _____
 Did this landlord bring any court actions against the leaseholder or you? (Please Circle) Yes No
 Did this landlord return your security deposit? (Please circle) Yes No

Name of Primary Leaseholder: _____
 Address: _____ Date From: _____ To: _____
 City _____ State _____ Zip _____
 Landlord Name _____ Telephone No. _____
 Landlord Address _____ City _____ State _____ Zip _____
 Did this landlord bring any court actions against the leaseholder or you? (Please Circle) Yes No
 Did this landlord return your security deposit? (Please circle) Yes No

Are you living in a residence in which you contribute rent? Yes No
 Your share of the rent \$ _____ Total rent at the location \$ _____

Are you responsible for any of the following? (Please circle all that apply).
 HEAT HOT WATER ELECTRICITY GAS

Total amount of utility payments \$ _____

For applicants applying for conventional public housing programs, the Authority will need to evaluate your ability and willingness to meet the lease requirements of the Authority. Please circle all responses. Unanswered questions will require that this application be treated as incomplete.

Are you able and willing to pay your rent in full when it is due? Yes No

Are you able and willing to comply with the requirements of the Authority's lease? Yes No

Is there a disabled household member whose participation in the Authority's Programs will require the Authority to consider making a "reasonable accommodation? Yes No

Please indicate the programs for which you believe you are eligible. Once the information you provide on this application has been verified, the BHA Tenant Selection Staff will make the final determination as to which programs you are eligible for and will place you on the appropriate waiting list(s).

Federal Elderly/ Disabled Housing	
Federal Family Housing	
State Elderly/Disabled Housing	
State Family Housing	
Mass. Rental Voucher Program	
Alternative Housing Voucher Program	
Congregate Housing	
88 North Main Street	

Is there a member of your household who requires a physically modified unit to address a disability?

No Unit Modification Required	
A Mobility – Impaired Accessible Unit	
A Sensory – Impaired Accessible Unit	
Other Physical Adaptations	

Do any of the Point Categories listed below pertain to your current status for Federal Housing?

Resident of Brockton	7 Points	
Currently Employed (At least 30 hours) Or is 62, or head of Household is Receiving Social Security	5 Points	

Local Preference: In addition to receiving local preference for the City or Town where you principally reside, you may receive local preference based on where you are employed.

Please answer the following:

Provide the name of the City/Town in which you are employed: _____

Preferences

Veteran Preference:

Only for Family Housing: You may apply for Veteran Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a
a. dependent child of a Veteran.

Only for Elderly/Handicapped Housing: You may apply for Veteran Preference if
b. you are a Veteran who resides in the City or Town.

If you wish to apply for Veteran Preference, list the dates of U.S. military service. Include service dates for service in the U.S. Army, Marine Corps, Coast Guard, Air Force, or National Guard.

Service Date: From: _____ To: _____

A copy of the Veteran’s Department of Defense Form DD214 must be submitted with this application.

EMERGENCY CASE PRIORITY

If you want to apply for emergency Housing you must select one of the categories below:

Note: To be eligible for Emergency applicant must be “homeless,” which is defined by state regulations as: an applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit, who has not caused or substantially contributed to the situation who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing, and who is displaced from his/her primary residence for one of the following reasons. Please check the reason that applied to your situation.

- Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)
- Displaced by Public Action (i.e. Urban renewal, eminent domain)
- Displaced by Public Action (i.e. Condemnation of home, code violations)
- Displaced by No-fault of housing, Severe Medical emergency and/or Victim of Abuse (domestic violence) where the housing situation significantly contributes to or is direct threat to life and safety of the applicant.

If you have selected one of the above emergency categories in this section, you must complete an EMERGENCY APPLICATION in addition to this Standard Application. All emergency applications must be accompanied by third party written documentation

Are you currently living in a non-permanent transitional housing which is being subsidized under the Massachusetts Alternative Housing Voucher Program? (Please Circle) Yes No

Emergency Contact Person: 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 in case of an emergency.

Name: _____ Relationship: _____

Address: _____

Telephone: _____ Business Phone: _____

Cell Phone: _____

APPLICANT’S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that a 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 a priority or preference that was granted on the prior application for a three (3) year period.

Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written **Unit Offer** from a 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 denial of my application. **I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches for all adult members of the household.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature as valid as the original.

Applicants Signature:

Date: