

**NEEDHAM HOUSING AUTHORITY**

28 Captain Robert Cook Drive  
Needham, MA 02492

**APPLICATION FOR STATE ASSISTED HOUSING**

NAME \_\_\_\_\_ Phone # \_\_\_\_\_

Present Address \_\_\_\_\_ Date Moved In \_\_\_\_\_  
zipcode

Type of Housing Needed: (Circle) Family Elderly Handicapped  
Veteran's Disabled Priority

Is any person listed on this application a former/current tenant of a local authority? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a Board Member, employee, or a member of the immediate family (children, sisters, brothers, parent(s) of a Board Member of this Housing Authority? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If so, this will not necessarily disqualify your application)

**CURRENT OCCUPANCY STATUS**

Address _____	Landlord _____
Renter _____	_____
Homeowner _____	_____
Other _____	_____
(Please explain) _____	_____
Monthly Rent _____	Number of rooms _____

**FAMILY COMPOSITION**

Please give the following information for yourself, and, if your are applying for housing with any other person or persons, referred to as "co-applicant" or "co-applicants" give the following information for this person or persons:

NAME	Sex	Relationship to Applicant	Social Security Number	Birth Date	Birth Place
Applicant					
Co-Applicant					
Co-Applicant					

Are you a U.S. citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a Resident Alien? \_\_\_\_\_ Yes \_\_\_\_\_ No

Race of Household: (check one) (This information is optional, however you 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 as such.

\_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian/Pacific Islander  
Ethnicity \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic

Are you or co-applicant handicapped or disabled? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you own a pet? \_\_\_\_\_ Yes \_\_\_\_\_ No

Cat \_\_\_\_\_ Dog \_\_\_\_\_ Other \_\_\_\_\_  
Is this an assistance animal? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you or your co-applicant a veteran? _____ Yes _____ No	Will you be displaced by a low rent housing project or by government or private action? _____ Yes _____ No
If yes, What branch a dates of service _____	
Are you living in unsafe, unsanitary or overcrowded housing? If yes, please explain. _____ Yes _____ No	Are any other family members handicapped or disabled? _____ Yes _____ No
Are you currently Homeless? _____ Yes _____ No	Are you and/or co-applicant able to care for your own needs independent of others? _____ Yes _____ No
Explain: _____	

**EMPLOYMENT AND INCOME DATA**

Name of household member	Source of income or Name of employer	Social Security #	Average hours worked per wk		Gross Annual Earnings
			Reg.	Ot.	
			Reg.	Ot.	
			Reg.	Ot.	
			Reg.	Ot.	

**ADDITIONAL FAMILY MEMBERS**

Name of household member	Relationship to Head	Social Security #	Date of Birth	Occupation/School

**GROSS ANNUAL INCOME**

List gross pre-tax annual income of yourself and co-applicant. This may include, but is not limited to the following:

Type of Income	Applicant	Co-Applicant	Co-Applicant
Wages salaries tips, bonuses, fees commissions			
Net pre-tax income from operation of a business or profession			
Social Security			
Pensions, retirement funds, Severance pay			
Workers compensation, unemployment benefits, disability or death benefits			
Income from annuities, insurance policies, trusts			
Interest from savings accounts checking accounts, CDs			
Dividends from stocks, bonds			
S.S.I			
Public Assistance			
Alimony, assistance from children			
Net income from real or personal property			
Other income (Give Source)			

**ASSETS- List the value of assets of yourself and co-applicant(s). This may include but is not limited to the following:**

Type of Asset	Applicant	Co-Applicant	Co-Applicant
Savings accounts, checking accounts.			
Stocks, bonds			
CDs,			
IRAs			
Credit union shares			
Real Estate (give address)			
Other Assets (explain)			

Within the past two years, have you disposed of any real estate or other asset? If yes, please explain. Yes \_\_\_\_\_ No \_\_\_\_\_

Within the past two years, have you disposed of any real estate at less than the fair market value? . If yes, please explain. Yes \_\_\_\_\_ No \_\_\_\_\_

Do you require a live-in aide? \_\_\_\_\_ Yes \_\_\_\_\_ No

How much do you expect to pay in the next year on medical expenses not covered by insurance?

Does anyone in your household own a car? (Circle One) \_\_\_\_\_ Yes \_\_\_\_\_ No

Make of Car \_\_\_\_\_ Year of Car \_\_\_\_\_

Make of Car \_\_\_\_\_ Year of Car \_\_\_\_\_

Have you or anyone named to live with you been convicted of a crime other than parking violations?

\_\_\_\_\_ Yes If Yes, Please Explain: \_\_\_\_\_

\_\_\_\_\_ No \_\_\_\_\_

**EMERGENCY REFERENCE: Name of relative or friend not planning to live with you that we may contact if we are not able to reach you.** **NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE #** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_

I understand that this application is not a unit offer and 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 I should not make any plans to move or terminate my present tenancy based on this application. I certify that the information I have given in this application is true and correct and that any false statements or misrepresentations may result in the cancellation of my application. 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 from any parties to verify the truth of the information I have provided in this application. I UNDERSTAND THAT TO OBTAIN HOUSING BY COMMITTING FRAUD IS A CRIMINAL OFFENSE UNDER FEDERAL AND STATE LAWS AND IF I FALSIFY INFORMATION ON THIS APPLICATION, I WILL BE FOUND INELIGIBLE FOR HOUSING ASSISTANCE.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

Warning: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.

**Needham Housing Authority  
28 Captain Robert Cook Drive  
Needham, MA 02494**

**AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I am an applicant for housing with the Needham Housing Authority. In connection with my application, the Needham Housing Authority is required to verify statements made by me in the application. Therefore, I authorize the Needham Housing Authority to make inquiry of any person, company, or agency, including, but not limited to, employers, banks, landlords, tax assessors, to discuss any statement I have made in the application. I authorize the release of any information requested by the Needham Housing Authority, and I release any such person, company, agency, from any liability in furnishing such information to the Needham Housing Authority. A photographic copy of this signed authorization shall be equally valid as the original.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant