

**OFFICE USE ONLY**

Gloucester Housing Authority  
 P.O. Box 1599  
 Gloucester, Ma. 01931-1599  
 (978) 281-4770, ext. 118

Date of Receipt: _____	Time: _____
Control #: _____	BR Size: _____
Race: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> H <input type="checkbox"/> O <input type="checkbox"/> W	Local Res. Pref: _____
Priority: _____	Verf./Doc. Received: _____
Moderate Income: YES _____	NO _____

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 to sign the last page.

**STANDARD APPLICATION FOR FEDERAL CONVENTIONAL HOUSING**

1. Name of Applicant: \_\_\_\_\_  
 Maiden Name: \_\_\_\_\_  
 Current Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

2. 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. American  
 Indian  Asian  Black  Hispanic  White  Other \_\_\_\_\_

2A. Are you a Board Member, employee, or a member of the immediate family of an employee of a board member of this housing authority?  yes  no  
 If so, this will not necessarily disqualify your application. If yes, please explain:  
 \_\_\_\_\_

3. Are you or is any member of your household disabled or handicapped?  
 Yes  No If yes, specify: \_\_\_\_\_

4. Number of Bedrooms:  1BR  2BR  3BR  4BR

5. Member(s) of Household to Live in Unit, including Head:

First, middle initial & last name of everyone to live in the household	Relation to Head	Sex	Date of Birth	Social Security #	Member's Maiden Name
1.	Head				
2.					
3.					
4.					
5.					
6.					
7.					
8.					

6. Is a change in the household expected? (example: expecting baby)  Yes  No  
 If yes, what type of change? \_\_\_\_\_ When? \_\_\_\_\_

7. **INCOME BEFORE DEDUCTIONS:** Estimate the gross income anticipated for all household members from all sources for the next twelve (12) months. Specify all sources.

Household Member	Type of Income	Name & Address of Employer, Source of Income	Gross Income Amount & Frequency (wkly, bi-wkly, mo.)
	Salaries, Wages with Overtime/tips		
	Veteran's Disability		
	Net Income from Business/Profession		
	Trust Income Interest, Dividends		
	Pensions/Annuities		
	Social Security/SSI/SSDI		
	Regular Unemployment/ Disability Compensation		
	TANF or Public Assistance		
	Regular Alimony/ Child Support Payments		
	Gifts/Other Income		
		<b>TOTAL GROSS INCOME:</b>	

8. **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.

Household Member	Type/Description of Assets	Name of Bank	Current Amount/ Value of Equity
		<b>TOTAL ASSETS:</b>	

9. **EXPENSES & ALLOWANCE INFORMATION:**

A. Number of Dependents (include minors, full-time students and handicapped/disabled family member **BUT NEVER** the Head, Spouse, or Foster Children). \_\_\_\_\_

B. Is this a household in which the Head or Spouse is at least 62 years of age or handicapped/disabled?  
 Yes  No

C. Total Child Care Expenses:

1. Expense to enable family member to work,  
 Household Member Enabled: \_\_\_\_\_ \$ \_\_\_\_\_

2. Expense to enable family member to further education,  
 Household Member Enabled: \_\_\_\_\_ \$ \_\_\_\_\_

D. Total Handicap Assistance Expense. Name(s) of Household Members enabled to work:  
 \_\_\_\_\_ \$ \_\_\_\_\_

E. Total Medical Expenses Not Reimbursed by Others (Elderly, Handicapped/disabled households ONLY)  
 \$ \_\_\_\_\_

10. Have you sold or transferred property in the last two (2) years?  Yes  No  
 If yes, what was the date of sale? Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_  
 Amount of sale? \$ \_\_\_\_\_ Value of Mortgage at time of Sale? \$ \_\_\_\_\_

11. Does anyone in your household own a car?  Yes  No  
Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Registration #: \_\_\_\_\_  
Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Registration #: \_\_\_\_\_

12. **PRIORITY STATUS:** Indicate which priority you feel you qualify for. Please briefly describe your current housing situation and why you feel you qualify for this priority. In addition, please note that you are required to submit with this application the necessary documentation. **Unless we receive the specified documentation, we will be unable to determine your eligibility for a priority status.** In all cases, proof of Primary Residency (i.e. principle home occupied not less than nine (9) months of the year) is required. **The applicant shall provide at least three of the following:** RENT RECEIPTS, UTILITY BILLS (excluding telephone), COPY OF LEASE OR LEASE AGREEMENT, and CANCELLED CHECKS.

**FIRST PRIORITY – Displacement by Natural Forces:** Displacement by Natural Forces such as fire, flood, earthquake or other natural causes that resulted in extensive damage or has destroyed the unit **within the past sixty (60) days.**

**Verification Requirements:** The cause for displacement shall be verified in writing by the Fire Department in the case of a fire, or by the government for other natural disasters. Applicants or GHA tenants are required to notify the GHA in writing within sixty (60) days from the natural displacement. This priority will not apply if the applicant affected is able to locate standard, permanent, replacement housing adequate for the family's size and income. Within this priority First preference shall be given to existing Public Housing residents who have been displaced from their Public Housing unit by a Federally-declared natural disaster. In the case of a fire, applicant shall provide the Official Fire Report. Report must list applicant as occupant of fire damaged property; if not, rent receipts, lease, or rental agreement showing residency at time of fire; the extent and dollar amount of damage suffered (unit is uninhabitable), the cause of the fire – not due to tenant negligence or tenant related, and the anticipated time required to make unit habitable. In the case of other natural disasters, such as flood/earthquake, Official Report from the Red Cross or Federal Disaster Agency (FEMA). Report must list applicant as occupant of damaged property; if not, rent receipts, lease, or rental agreement showing residency at time of fire; the extent and dollar amount of damage suffered (unit is uninhabitable), the cause of the disaster and the anticipated time required to make unit habitable.

**SECOND PRIORITY – Displacement by Public Action and/or GHA:** Displacement by Public Action by any state or local government body or agency in connection with a public improvement or development program **within no more than 6 months.** This includes those who have or will be displaced by urban renewal, school construction, highway construction, and other public improvements or who are being displaced from their housing unit because the City has determined their housing unit unfit for human habitation and has subsequently taken actions to condemn the unit. This also includes a current GHA tenant who is being required by the GHA to vacate their unit for any of the following reasons:

- The unit is uninhabitable and the GHA cannot make repairs within a reasonable time.
- The unit must be vacated in connection with a modernization or rehabilitation program.
- The family is under housed or over housed in its present unit.
- The GHA has determined, in its sole discretion, that a tenant family is a victim of threatened or actual physical violence or harassment and that GHA and/or local authorities cannot take effective remedial action within a reasonable time and the tenant is not living in standard replacement permanent housing.
- The GHA has determined, in its sole discretion, that a tenant of a GHA owned unit suffers a medical condition that cannot otherwise be alleviated except by transfer to another unit.

**Verification Requirements:** Displacement must be verified in writing by the governmental displacement agency. Applicants will be required to notify the GHA in writing within sixty (60) days of the actual displacement. This priority will not apply if the applicant affected is able to locate standard, permanent, replacement housing adequate for the family's size and income. Proof of residency as stated above.

**THIRD PRIORITY – Victims of Domestic Violence:** Program eligible applicants who are victims of domestic violence due to the actions of a spouse or other household member. The applicant must be living in the housing unit with an individual who engages in physical, sexual or emotional violence directed against the applicant or the applicant's family, or the applicant must have vacated (within the (180) days of application) the unit due to the violence. The violence may be actual or threatened. Such actual or threatened violence must have occurred recently or be of a continuing nature. If at initial priority certification or at the update the

applicant has moved into standard, permanent, replacement housing the applicant will not qualify for this priority. The named abuser cannot be on the lease to receive this priority.

Verification Requirements: Applicant must provide all that apply:

- Proof of primary tenancy at the unit in question.
- Verification that the abuse occurred recently (within the last 180 days) or is of a continued nature.
- Police or court reports, including but not limited to a Legal Restraining Order.
- A letter from a doctor or hospital or medical records.
- A letter from a licensed social worker, Psychologist or the Director of a social service agency where the victim of abuse has received counseling, verifying counseling as a result of the abusive situation. This letter should specify the last permanent address and the name of the family, why the family is homeless and the date and type of abuse.
- Applicant must provide letter from self detailing what happened and what he/she did to avoid or alleviate the situation.

- FOURTH PRIORITY – Working Families & Elderly/Disabled Households:** Program eligible applicants whose head or co-head is currently employed and **has been continuously employed for the previous twelve (12) month period, at a minimum of thirty (30) hours per week.** In its dedication to Fair Housing, without regard to age or handicap, the GHA will give working priority to applicant households who head, spouse, or sole member is age 62 or older, or is receiving social security disability, supplemental security income disability benefits, or any other payments based on the individual's (certifiable) inability to work. **A history of alcohol or substance use SHALL NOT constitute a qualifying impairment.** Eligibility for protection as a handicapped or disabled person under state or federal anti-discrimination laws does not constitute a guarantee of eligibility for housing as a handicapped or disabled person.

Verification Requirements: The applicant must provide the GHA with four (4) most recent consecutive pay stubs, bank books and statements, etc., copies of benefit checks (Social Security, SSI, etc.).

- NONE OF THE ABOVE APPLY TO MY CURRENT HOUSING SITUATION**  
If you do not qualify for a priority at this time, if your housing situation changes you can reapply for a priority.

13. **LOCAL RESIDENT PREFERENCE:** A Local Resident is defined as a person who, at the time of application and at the time the GHA updates his/her application for final eligibility and tenant suitability, is living in Gloucester. Local Resident also includes a person who, at the time of application and at the time the GHA updates his/her application for final eligibility and tenant suitability, is employed or has been hired to work in the City of Gloucester. This does not include people who are living temporarily with friends/relatives.

Do you currently rent in Gloucester?  Yes  No If yes, rent amount \$ \_\_\_\_\_

Are you currently employed in Gloucester?  Yes  No

If yes, place of employment? \_\_\_\_\_

14. Do you have any pets?  Yes  No If yes, specify: \_\_\_\_\_

15. Personal References: List two references. These should not be relatives or household members.

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

16. List Addresses for the last five (5) years in reverse order beginning with your current address:

1. Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ From: 19 \_\_\_\_\_ to present  
Name of Landlord: \_\_\_\_\_  
Address of Landlord: Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Landlord's Telephone #: \_\_\_\_\_
  
2. Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ From: 19 \_\_\_\_\_ to \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_  
Address of Landlord: Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Landlord's Telephone #: \_\_\_\_\_
  
3. Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ From: 19 \_\_\_\_\_ to \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_  
Address of Landlord: Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Landlord's Telephone #: \_\_\_\_\_

17. Have you, or any member of your household, ever received housing assistance from this or any housing agency or group? This includes Rental Assistance Programs.  Yes  No

If yes, Name of Housing Authority/Agency: \_\_\_\_\_

Name of Head of Household at that time: \_\_\_\_\_

Relation to present applicant: \_\_\_\_\_ Date Moved Out: \_\_\_\_\_

Reason: \_\_\_\_\_

When you moved out were you in compliance with the lease and other program requirements?  Yes  No

If No, explain: \_\_\_\_\_

18. Criminal Record: Have you, or any member of your household who will live in the unit been convicted of any crime?  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?  Yes  No

If yes, please explain: \_\_\_\_\_

19. Have you ever lived in another State?  Yes  No If yes, address where you previously lived:

\_\_\_\_\_

Address

City/Town

State

Zip Code

20. 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 case of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**APPLICANT'S CERTIFICATION**

I understand that this application is NOT an offer of housing and that 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 the Housing Authority will make no more than one offer of an appropriate conventional housing unit. If I do not accept that offer, my application will be removed from the waiting list. I understand that at the time assistance is offered, all family members, irrespective of age, will be required to submit evidence of U.S. Citizenship or Eligible Immigration Status, or state that they do not claim U.S. Citizenship or Eligible Immigration Status.

Based on this application, I understand that I should not make any plans to move or end my present tenancy until I have received a written unit offer from the GHA. I understand that it is MY RESPONSIBILITY to inform the GHA in writing of any change of address, income or household composition. I authorized the GHA 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.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY**

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Other Adult Household Member Signature Date

\_\_\_\_\_  
Interviewer/Reviewer's Signature Date

Equal Opportunity Housing