

**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: AI A B H O W	Local Res. Pref: _____
Priority: _____	Verf./Doc. Received: _____

**POND VIEW – PRELIMINARY SECTION 8 PROJECT BASED APPLICATION**  
**(PLEASE PRINT)**

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

2. Bedroom Size:    2BR         3BR         4BR         2BR Barrier-free\*

**\*Applicants for 2BR barrier-free must submit certification from MassRehab that they are eligible for the Community based Housing Program.**

3. Racial Designation: check one (Not mandatory. For HUD statistical purposes only)  
 American Indian     Asian     Black     Hispanic     White     Other \_\_\_\_\_

4. Members of household to live in Unit, including Head of Household:

Name (First, Middle Initial & Last)	Relation-ship	Social Security Number	Sex	Date of Birth	Gross Income Per Month (before deductions)	Source of Income (Wages, Soc. Sec., SSI, TAFDC, etc.)

Total Household Income:        \$ \_\_\_\_\_

5. **PREFERENCES:** (check all that apply)
- Local Resident (living or working in Gloucester)
  - Displaced by Natural Disaster (flood, earthquake, etc.)
  - Displaced by Public Action (urban renewal, Board of Health, GHA, etc.)
  - Victim of Domestic Violence (must have occurred within last 60 days)

**Applicant's Certification:** I understand that this form is not an offer of housing. Based on this form I should not make any plans to move or to end my present tenancy. I understand that it is **my responsibility** to inform the Housing Authority in writing of any change of address, income or household composition or my application will be canceled. I certify that the information that I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in rejection of my application. **Signed under the pains and penalties of perjury.**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Spouse/Other Adult signature: \_\_\_\_\_ Date: \_\_\_\_\_