

STOUGHTON HOUSING AUTHORITY
 4 CAPEN STREET
 STOUGHTON, MA 02072
 (781) 344-6599

Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Bedrooms:	_____
Race:	_____
Priority Category:	_____
Preference Category:	_____
Language:	_____

**PRE-APPLICATION FOR STATE AND
 FEDERALLY-AIDED HOUSING**

Incomplete applications will not be processed. Complete all information and sign where requested. If a question is not applicable, please write N/A. If necessary to complete this application, you may request a reasonable accommodation due to a disability.

1. Legal First Name _____ Legal Last Name _____
 Address of Current Residence _____ Apt. No _____
 City/Town _____ State _____ Zip Code _____
 Mailing Address _____ Apt. No _____
 City/Town _____ State _____ Zip Code _____
 Home Telephone (_____) _____ Work Telephone (_____) _____

2. **Type of Public Housing You Are Applying For:** (Check one)

- a. Elderly: Conventional Federal
- b. Non-Elderly/Handicapped: Conventional Federal
- c. State Elderly and Non/Elderly/ Handicapped MRVP @
 West Stoughton Village Conventional State

Note: To be eligible for elderly/handicapped housing you must be at least 60 years old for state-aided housing, 62 years old for federally-aided housing, or handicapped. If handicapped, your handicap must be other than a history of alcohol/drug abuse.

3. If you want to apply for State and Federal Emergency Housing, you must select one of the categories below:

Note: To be eligible for Emergency applicant status you must be “homeless,” which is defined by the 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 is/her primary residence for one of the following reasons. Please check the reason that applies 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 through No-fault of applicant or applicant household member(s), Severe Medical emergency and/or Victim of Abuse (domestic violence) where the housing situation significantly contributes to or is a direct threat to the life and safety of the applicant.

If you have selected one of the above emergency categories in this section, please request an Emergency Application.

4. Do you have any special needs due to a disability? Specify: _____

- Do you need a wheelchair accessible apartment? (Check one) Yes No
- Do you have the ability to climb stairs? (Check one) Yes No

5. Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of this Housing Authority? (If so, this will not necessarily disqualify your Application.)

Check one) Yes No If yes, please explain: _____



6. Please indicate your primary language: _____
7. Are you living or working in the Town of Stoughton at the time of this pre-application? (Check one) Yes No
 In order to qualify for the "Local Preference", you must be living or working in the Town of Stoughton at the time of your application and at the time your name comes to the top of the Waiting List.
8. **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 Hispanic White Other (specify) _____
9. Members of household to live in unit, including head of household: (attach additional sheet if necessary)

Name: First, Middle, Last	Relationship	Social Security Number	Sex	Date of Birth	Occupation or Student Status
	HEAD				

10. Is a change in the household composition expected? (Check one) Yes No
 If yes, what type of change? _____ When? _____

11. INCOME BEFORE DEDUCTIONS

Estimate the Gross Income anticipated for **ALL** Household Members from all sources for the next 12 months.

Household Member Name	Source of Income	Name & Address of Employer or Source of Income	Gross Income For Next 12 Months
	Salaries, Wages, Including Overtime/Tips		\$
	Net Income From Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Pensions and Annuities		\$
	Regular Unemployment or Disability Compensation		\$
	Regular Social Security Benefits and/or SSI		\$
	T. A. F. D. C. or Public Assistance		\$
	Regular Alimony Support Payments, Gifts		\$
	Other Income		\$

TOTAL GROSS INCOME \$ _____

12. **VETERAN'S STATUS:** A copy of the Veteran's discharge papers (Form DD214) must be submitted.

The Applicant or Co-Applicant is a US Veteran or the spouse of a US Veteran, or the guardian of a child of a deceased US Veteran or a member of the household is a dependent child of a deceased US Veteran? (Check one) Yes No

Dates of U.S. Military Service: From _____, _____ to _____, _____

13. **ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate (house, land, mobile home), etc. **DO NOT** include clothing, furniture or cars.

Household Member	Asset Type	Asset Value
		\$
		\$
		\$
		\$

Has anyone to live in the unit sold, transferred or given away an asset in the last three years? (Check one) Yes No

If yes, please explain: _____

14. **List Addresses for the Last Five Years in Chronological Order:** (attach additional sheet if necessary)

- (1) **Current** Address (Street, City, State): _____ From _____ To Present
 Full Name of Property Owner: _____ Telephone: _____
 Address of Landlord (Street, City, State): _____
- (2) Address: (Street, City, State) _____ From _____ To _____
 Full Name of Property Owner: _____ Telephone: _____
 Address of Landlord (Street, City, State): _____
- (3) Address (Street, City, State): _____ From _____ To _____
 Full Name of Property Owner: _____ Telephone: _____
 Address of Landlord (Street, City, State): _____

15. Have you, or any member or your household, ever received housing assistance from this or any other housing agency?

(Check one) Yes No If yes: Name of Head of Household at that time: _____

Name of Housing Agency: _____

Complete address of rental assisted unit _____

Date Moved Out: _____ Reason Moved Out: _____

16. Have you or any member of your household who will live in the unit been convicted of a crime? (Check one) Yes No

APPLICANT'S CERTIFICATION:

Based on this pre-application I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from the 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 cancellation of my application.

I understand that the Housing Authority will perform Criminal Background Checks on all adult members of the household.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's Signature: _____ Date: _____



CLEARLY PRINT APPLICANT'S LEGAL NAME: _____

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

I, the above named individual, have authorized the STOUGHTON Housing Authority to verify the accuracy of the information which I have provided to the STOUGHTON Housing Authority, from the following sources (specify):

ANY RELATIVE DOCUMENTATION DEEMED REQUIRED TO COMPLETE THE SCREENING PROCESS OF THIS APPLICATION.

I hereby give you my permission to release this information to the STOUGHTON Housing Authority subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the STOUGHTON Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Applicant's Signature Date

AUTHORIZATION FOR RELEASE OF INFORMATION FROM LANDLORD

I, the above named individual, have authorized the STOUGHTON Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority from the following sources (specify): **LANDLORDS**

I hereby give you my permission to release this information to the Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Applicant's Signature Date

AUTHORIZATION TO RELEASE INFORMATION

I, the above named individual, hereby authorize the STOUGHTON Housing Authority to perform criminal background checks. I also authorize each agency from whom this criminal background check is requested to release to the STOUGHTON Housing Authority any and all information which it presently has in its files relative to my criminal record including my charges or convictions, either pending, under appeal or in final disposition.

Applicant's Signature Date

NOTE TO APPLICANT: Pursuant to G.L. ch. 6 s. 168 Housing Authorities are granted access to Criminal Offender Record Information (CORI) including conviction data and pending criminal charges, for the purpose of tenant selection only and shall not be otherwise used or disseminated.

EACH OF THE ABOVE AUTHORIZATIONS IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATES NOTED ABOVE.

