



**UNIVERSAL STANDARD APPLICATION
FOR STATE-AIDED PUBLIC HOUSING,
MRVP, & AHVP**

THIS BOX IS FOR OFFICE USE ONLY

Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Barrier Fee:	_____
First Floor:	_____
Elderly/Handicapped:	_____
Race:	_____
Priority Category:	_____
Preference Category:	_____
Language:	_____

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 you sign the last page. **If you need additional space to provide an answer, please attach an additional sheet(s).**

1. Name of Applicant: _____

Address of Current Residence: _____ Apt. No.: _____

City/Town: _____ State: _____ Zip: _____

Mailing Address: _____ Apt. No.: _____

City/Town: _____ State: _____ Zip: _____

Home Telephone: () _____ Work Telephone: () _____

2. **Type of Public Housing you are applying for: (check one)**

a. Elderly b. Non-Elderly Handicapped c. Family

d. Congregate Elderly/Handicapped e. MRVP f. AHVP

Note: To be eligible for elderly/handicapped housing you must be at least 60 years old or a person with a handicap. If you have a handicap, the handicap must be other than a history of alcohol/drug abuse. If you have a handicap, you must provide certification by a doctor clearly stating that you have a handicap and it is expected to be of long and indefinite in duration lasting at least six months. In addition, the LHA will need to determine that certain special architectural features OR low rent housing is not available in the private market AND that the applicant is faced with living in and institution or decadent substandard housing OR the applicant is paying extensive rents.

3. If you want to apply for 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 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 to life of 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 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 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 the life and safety of the applicant.

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

4. **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: _____

Provide the dates of employment: From: _____ to: _____

Home Telephone: () _____ Work Telephone: () _____

5. **Veteran Preference:**
- a. (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 dependent child of a Veteran.
 - b. (Only for Elderly/Handicapped Housing) You may apply of Veteran Preference if 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, Navy, Marine Corps, Coast Guard, Air Force, or National Guard.

Service Dates: From _____, _____ to _____, _____

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

6. Do you have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons? Specify:

7. Do you need a wheelchair accessible apartment? (check one) YES NO



8. **Number of Bedrooms needed:** (check one) 1 2 3 4 5
 Please note that most elderly/handicapped housing developments only have 1 bedroom units.

9. Are you currently living in a non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? (check one)
 YES NO

If yes, you must attach the documentation verifying AHVP participation.

10. **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. (check one)
 American Indian Asian Black Hispanic White Other

11. Does anyone in your household own a car? (check one) YES NO
 Make of Car: _____ Year: _____ Reg. Number: _____
 Make of Car: _____ Year: _____ Reg. Number: _____

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

Name: First, Middle, Last	Relationship	Social Security Number*	Sex	Date of Birth	Occupation, (Employed, At Home, Handicapped, or Student)
	HEAD				

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

13. Is a change in the household composition expected? (check one) YES NO
 If yes, what type of change? _____ When? _____



14. **INCOME BEFORE DEDUCTIONS** - Estimate the Gross Income anticipated for **ALL** Household Members from all sources for the next 12 months. Specify all sources.

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

TOTAL GROSS INCOME: \$ _____



15. EXPENSES

Unreimbursed Medical Expenses	\$
Alimony or Child Support Payments	\$
Health Insurance	\$
Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment)	\$

TOTAL EXPENSES: \$ _____

16. ASSETS

Do you own any real estate? (check one) YES NO

If yes, please provide the address: _____

List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture, or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account Number
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

17. Have you sold, transferred or given away any real property or assets in the last three (3) years? YES NO

If YES: Date of Sale/Transfer: Month _____ Day _____ Year _____
 Amount of the sale/transfer: _____
 Value of the sale/transfer: _____



18. **References:** List two references. These should not be relatives or household members.

(1) Name: _____ Telephone No.: () _____

Address: _____ City: _____ State: _____ Zip: _____

(1) Name: _____ Telephone No.: () _____

Address: _____ City: _____ State: _____ Zip: _____

19. **List Addresses for each Adult Household Member for the Last Five Years in Reverse Order. Please list primary lease holder (head of household) if some one other than yourself. (Use additional sheet if necessary.)**

(1) Address: _____ Apt. No.: _____ Dates: from _____ to present

Name of Primary leaseholder: _____

City/Town: _____ State: _____ Zip: _____

Name of Landlord: _____ Telephone: () _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you?(check one)

YES NO

Did this landlord return your security deposit? (check one) YES NO N/A

(2) Address: _____ Apt. No.: _____ Dates: from _____ to present

Name of Primary leaseholder: _____

City/Town: _____ State: _____ Zip: _____

Name of Landlord: _____ Telephone: () _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you?(check one)

YES NO

Did this landlord return your security deposit? (check one) YES NO N/A

(3) Address: _____ Apt. No.: _____ Dates: from _____ to present

Name of Primary leaseholder: _____

City/Town: _____ State: _____ Zip: _____

Name of Landlord: _____ Telephone: () _____

Landlord Address: _____ City: _____ State: _____ Zip: _____



Did this landlord bring any court action against the leaseholder or you?(check one)
YES NO

Did this landlord return your security deposit? (check one) YES NO N/A

20. Have you, or any member of 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: _____

Relation to Present Applicant: _____

Name of Housing Agency: _____

Date Moved Out: _____

Reason Moved Out: _____

When you moved out were you in compliance with the lease and other program requirements? (check one) YES NO

If NO, please explain: _____

21. Are you a Board Member, employee, or a member of the immediate family of an employee of a Board Member of this Housing Authority? (If so, this will not disqualify your application.) (check one) YES NO

If YES, please explain: _____

22. Do you have any pets? (check one) YES NO If YES, how many? _____

Please describe: _____

23. **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 in case of an emergency.

Name: _____ Relationship: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: () _____ () _____



24. **Criminal Record:**
Have you or any member of your household who will live in the unit been convicted of a felony or misdemeanor? (check one) YES NO
If YES, please explain: _____

25. Do you or any member of your household who will live in the unit have any criminal matters pending? (check one) YES NO
If YES, please explain: _____

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 any 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.

I acknowledge receipt of the Fair Information Practices Act Statement of Rights 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.

Applicant's signature: _____ Date: _____

Reviewer's signature: _____ Date: _____



BEDFORD HOUSING AUTHORITY
1 Ashby Place
Bedford, MA 01730

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

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

- Past and present employers
- Benefit programs; i.e., Social Security/SSI Disability, AFDC, Veterans Administration, Unemployment, General Relief, etc.
- Banks, credit unions, trust funds, retirement systems, etc.
- Present and Former landlords (including Public Housing Agencies)
- Schools and Colleges
- Law enforcement agencies
- Utility companies
- Credit providers and credit bureaus
- Support and alimony providers
- Medical and child care

I hereby give you my permission to release this information to the Bedford 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 Bedford 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.

Thank you for your assistance and cooperation in this matter.

Signature

Date

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Bedford Housing Authority collects information about applicants and tenants for its housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of information submitted. When permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators or prosecutors. Otherwise, the information will be kept confidential and used only by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by a housing authority to provide information, however, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regard to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how it will collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the housing authority holds about you. If you object, it will investigate your objection, and either correct the problem or make your objection part of the file. If you are dissatisfied, you may file a grievance under the housing authority's grievance procedure.

I have read and understood this Fair Information Practices Act Statement of Rights and have received a copy for future reference.

Date: _____
_____ Applicant's signature