

APPLICATION FOR FAMILY HOUSING

Amherst Housing Authority
33 Kellogg Avenue, Suite 81
Amherst, MA 01002-2169
413-256-0206 ext 330 TDD Available

<p>Check all the programs for which you are applying</p> <p><input type="checkbox"/> Main Street Housing</p> <p><input type="checkbox"/> Bridge/Tamarack Housing</p> <p><input type="checkbox"/> Watson Farms</p>

Name of Applicant _____ Control # _____ (office use only)

Current Address _____

City/Town _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

➤ **List all persons to be housed:**

Full Name	Social Security Number	Date of Birth	Race*	Sex	Working (Y/N)	Relationship to Head	Student (Y/N)
1.					YES / NO	HEAD	
2.					YES / NO		
3.					YES / NO		
4.					YES / NO		
5.					YES / NO		
6.					YES / NO		
7.					YES/ NO		
8.					YES/ NO		

***OPTIONAL**

EMPLOYMENT INFORMATION – If you or any other member in the household is working you **MUST** complete the following information:

Name of household member who is employed: _____

Name of employer: _____

Employer address: _____

Employer telephone number: _____

Name of household member who is employed: _____

Name of employer: _____

Employer address: _____

Employer telephone number: _____



➤ If you or any person in your unit receives income from any of the following sources check the source (s) and fill in the blanks:

- Welfare Assistance Retirement/Pension Supplemental Security Income (SSI)
 Unemployment Compensation VA Benefits Child Support Social Security

Received by (Name)	Received From (Source)	Amount

➤ Do you or any member of your family have the following assets?

Savings/Checking Account (give name of bank) *Attach Bank Statement	Stocks or Bonds (list by company)	Cash Value of Insurance Policy	Property

➤ Have you disposed of any assets over the past two years? (circle one) Yes No

If yes, please list the asset and its value _____

➤ Name/Address of childcare provider: _____

➤ Medical expenses if elderly or head of house disabled _____

Is a change in the household expected? (circle one) YES NO

If yes, what type of change? _____ When? _____

Number of bedrooms needed: (circle one) 1 Bedroom 1 Bedroom wheelchair accessible 1 Bedroom (for sensory Impaired) 2 Bedroom 2 Bedroom wheelchair accessible 3 Bedroom 4 Bedroom

THE AMHERST HOUSING AUTHORITY HAS THE RIGHT TO VERIFY ALL INFORMATION WITH OTHER GOVERNMENT AGENCIES, INCLUDING THE IRS, THE DEPARTMENT OF TRANSITIONAL SERVICE, THE DEPARTMENT OF MOTOR VEHICLES, THE SOCIAL SECURITY ADMINISTRATION, EMPLOYERS, AND CHILDCARE PROVIDERS



List addresses for the last five years in reverse order:

1. Current Address:	From: to Present	Name & Address of Landlord:	Telephone:
2. Address:	From: To:	Name & Address of Landlord:	Telephone:
3. Address:	From: To:	Name & Address of Landlord:	Telephone:
4. Address:	From: To:	Name & Address of Landlord:	Telephone:
5. Address	From: To:	Name & Address of Landlord	Telephone:

If you need additional space, please attach an additional sheet of paper.

Preferences (check all that apply)

Property	Watson Farms	Bridge Street/Tamarack Drive
Preference	Local resident live, work or hired to work in Hampshire and/or Franklin counties <input type="checkbox"/>	Local resident, live, work or hired to work in Amherst <input type="checkbox"/>
	Board of Health condemnation/Natural Disaster <input type="checkbox"/>	Board of Health condemnation/Natural Disaster <input type="checkbox"/>
	Working, disabled or elderly <input type="checkbox"/>	



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. (circle one) YES NO

If yes: Name of head of household at that time:

Relation to present applicant:

Name of Housing Agency:

EMERGENCY CONTACT: 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: _____ Telephone #: _____

Are you related to any employee, Board member, or consultant of the Amherst Housing Authority?

(circle one) Yes No

Do you have any pets? (circle one) YES NO

If yes, please describe: _____

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF AGENCY OF THE UNITED STATES.

Applicant's Certification:

I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate unit. If I do not accept that offer, my application will be removed from the waiting list.

Based on this 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 statements or misrepresentation may result in the cancellation of my application. All household members age 18 or over must sign below.

I/we certify that the information given to the AMHERST HOUSING AUTHORITY on household composition, income, net family assets, allowances and deductions is accurate and complete to the best of my/our knowledge and belief. I/We understand that giving false statements or information can be grounds for punishment under federal and state laws. I/We also understand that giving false statements or information can be grounds for termination of housing assistance.

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

SIGNATURE OF HEAD OF HOUSEHOLD

DATE

SIGNATURE OF SPOUSE

DATE

