

AMHERST HOUSING AUTHORITY

33 Kellogg Avenue, Suite 81
Amherst, MA 01002
413-256-0206

IMPORTANT

PLEASE READ CAREFULLY BEFORE FILL OUT APPLICATION

Enclosed you will find the application for housing that you requested. It is very important that you completely fill out this application before returning it to the Housing Authority office. If you are disabled and need some assistance in completing the application for housing, or need some accommodations in the application process, please tell us.

You must list the name, income, birth date, and social security number of all household members. You must also list landlord references for the past five years, including your current landlord. We must have the complete mailing address for landlords or the application will be returned to you.

Please read the application carefully and answer all questions.

We cannot process your application if you have not answered all the questions. If you do not completely fill out the application, it will be returned to you.

If you have any questions regarding the application, you can call us at 256-0206 extension 330.

Thank you for your cooperation.

The Staff of the Amherst Housing Authority



**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 and/or Ethnicity:	_____
Priority /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).** **Once completed please mail or hand carry to local housing authorities at which you want to apply.** **Please check the list of local housing authorities for availability of family or elderly/non-elderly handicapped housing.**

1. Name of Applicant: _____

Current Residence Address: _____ Apt No: _____

City / Town: _____ State _____ Zip: _____

Home Telephone: _____ Cell Phone _____

Best # to Reach Applicant _____ Work Phone _____

Mailing Address: _____ Apt No: _____

City / Town: _____ State: _____ Zip: _____

2. Type of Public Housing You are Applying For: Elderly Non-Elderly, Handicapped
- Congregate Elderly/Handicapped Family MRVP 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 an institution or decadent substandard housing OR the applicant is paying excessive 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 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 his/her primary residence for one of the following reasons.

Please check the reason that applied 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 in this section, you must complete an EMERGENCY APPLICATION in addition to this 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:**

Only for Family Housing: You may apply for Veteran Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or

- a. child or divorced spouse with a dependent child of a Veteran.

Only for Elderly / Handicapped Housing: You may apply for Veteran

- b. 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, Marine Corps, Coast Guard, Air Force or National Guard.

Service Date: 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? yes no

Please
Specify:

7. Do you need a wheelchair accessible apartment? yes no

8. Number of Bedrooms needed: 1 2 3 4 5

Note: 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? yes no

10. Does anyone in your household own a car? yes no

Make of car: _____ Year: _____ Reg. Number: _____

Make of car: _____ Year: _____ Reg. Number: _____

11. Members of household to live in unit, including **Head** of Household:

First & Last Name	Relationship To Head of Household	Racial Designation*	Ethnic Designation**	Social Security Number***	Sex	Date of Birth	Occupation • Employed • At Home • Handicapped • Student
	Head						

***Racial Designation:** American Indian or Alaska Native; Black or African American; Native Hawaiian or Other Pacific Islander, White Other (specify).

****Ethnic Designation:** Hispanic/Latino or Not Hispanic/Latino

Responding to these questions is optional. Your status with respect to tenant selection procedures may be affected by this information. "Minority" does not include "White" unless there is also a designation of another race or "Hispanic/Latino".

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

12. Is a change in the household composition expected? yes no

If yes, what type? _____

When?

13. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 month. Specify all sources.

Household Member Name		Name & 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 or Profession		\$
	Trust Income, Interest & Dividends		\$
	Unemployment or Disability Compensation		\$
	Pensions & Annuities		\$
	Regular Social Security Benefits and / or SSI		\$
	VA Disability Income		\$
	TAFDC or Public Assistance		\$
	Regular Alimony Support Payments		\$
	Other Income		\$

Total Gross Income: \$ _____

14. **Expenses:**

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

15. **Assets:** Do you own any real estate? 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 No.
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

16. 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: _____

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

(1) Name _____ Telephone No. _____
 Address: _____ City _____ State _____ Zip _____

(2) Name _____ Telephone No. _____
 Address: _____ City _____ State _____ Zip _____

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

(1) Name of Primary Leaseholder: _____

Address: _____ Apt # _____ Date From: _____ To: _____
 City _____ State _____ Zip _____

Landlord Name _____ Telephone No. _____

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) Name of Primary Leaseholder: _____

Address: _____ Apt # _____ Date From: _____ To: _____
 City _____ State _____ Zip _____

Landlord Name _____ Telephone No. _____

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) Name of Primary Leaseholder: _____

Address: _____ Apt # _____ Date From: _____ To: _____
 City _____ State _____ Zip _____

Landlord Name _____ Telephone No. _____

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

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 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: _____

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: _____

Do you have any pets? yes no If so, how many? _____

Please
describe: _____

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 the case of an emergency.

Name: _____ Relationship: _____

Address: _____ City _____ State _____ Zip _____

Telephone: _____ Business Phone: _____ Cell: _____

Email: _____

Criminal Record: Have you or any member of your household who will live in the unit ever been convicted of a felony? yes no

If Yes, Please
Explain: _____

24. 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: _____

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 addresses, 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.**

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: _____

Amherst Housing Authority
33 Kellogg Ave.
Amherst, MA 01002

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

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

1. Employers
 2. Banks and financial institutions
 3. Personal references
 4. Department of Transitional Assistance I Social Security Administration
 5. Landlords
 6. Massachusetts Department of Revenue/Bureau of Special Investigations
 7. CORI
 8. Other
- _____

I hereby give you _____ my permission to release this information to the Amherst 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 Amherst Housing Authority within five (5) days of this 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

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

Amherst Housing Authority
33 Kellogg Avenue; Suite 81
Amherst, MA 01002

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CORI REQUEST FORM

The Amherst Housing Authority has been certified by the Criminal History Systems Board for access to conviction and pending criminal data. As an applicant/employee for the Amherst Housing Authority, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF

DATE OF

BIRTH

SOCIAL SECURITY NUMBER
(Requested by not required)

ID Theft Index PIN*
(if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES:

SEX: _____ HEIGHT: _____ ft. in. _____ WEIGHT: _____ EYE
COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(include state of issue)

***THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF
GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

Requested by: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

*The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.