

Athol-Orange Housing Authorities

21 Morton Meadows

Athol, Ma. 01331

978-249-4848

978-249-9604 (fax)

PRELIMINARY APPLICATION FOR STATE-AIDED HOUSING

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.

(PLEASE PRINT)

THIS BOX IS FOR OFFICE USE ONLY

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

1. Name of Applicant: _____
Address of Current Residence: _____ Apt. No. _____
City/Town: _____ State: _____ Zip Code: _____
Mailing Address: _____ Apt. No. _____
City/Town _____ State _____ Zip Code _____
Home Telephone () _____ Work Telephone () _____
Best Telephone # to reach applicant: _____

2. Which town(s) are you applying to: (**circle one**) Athol Orange Both

3. **Type of Public Housing You are Applying For:**

☐ Family ☐ Elderly ☐ Non Elderly, Handicapped ☐ MRVP Project-based

Note: To be eligible for elderly/handicapped housing you must be at least 60 years old or handicapped.

If handicapped, your handicap must be other than a history of alcohol or substance abuse.

4. Do you need a first floor unit? (Check one) ☐ YES ☐ NO

****If a first floor needed you must submit medical documentation of the necessity****

The Athol-Orange Housing Authorities do not have any wheel chair accessible units.

Preliminary Application (Preapprev)

Revised October, 2008

5. Number of bedrooms needed: (check one) ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

6. Members of household to live in unit, including applicant:

First & Last Name	Relationship To Applicant	Racial Designation* (Indicate by a-e)	Ethnic Designation** (Indicate by a or b)	Social Security Number***	Sex	Date of Birth	Source of & Annual Amt. Of Income or Student Status or At Home
	Applicant						

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

****Ethnic Designation:** (a) Hispanic/Latino or (b) 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.

7. Expenses:

Un-reimbursed 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)	\$

8. **Assets:** List the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust funds, real estate, etc. Do not include clothing, furniture or motor vehicles.

Household Member	Asset Type	Asset Value	Interest or Income

(Office Only)_____ (Asset Imputed Value and Income)

9. (a) **Veteran's Preference** You may apply for Veteran's Preference if you are a wartime veteran, the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of a wartime veteran. N/A for the MRVP Program.

(1) Do you want to apply for Veteran's Preference? (check one) ☐ YES ☐ NO

If you wish to apply for the Veteran's 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.

10. Are you employed in the town of Athol? If so, where?_____
11. Are you employed in the town of Orange? If so, where? _____
12. Are you currently living in non-permanent, transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? (check one) ☐ YES ☐ NO

12. Do you want to apply for Emergency Housing? (check one) ☐ YES ☐ NO
If Yes, you must fill out an **Emergency Application**.
(Office Use Only: Sent ___/___/___)

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that I will have to fill out a Standard Application and provide proof of all facts before a final decision of my eligibility can be made by the Housing Authority. Based on this application, I understand I should not make any plans to move. **I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition.** I understand that I must respond promptly to all Housing Authority inquiries or my application may be canceled. 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.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

*****ALL Housing Authority properties are "smoke free".*****