

Athol/Orange Housing Authorities  
 Guide to Filling Out MRVP Housing Applications

Massachusetts Rental Voucher Program Project Based

If you would like to apply for the following:

Apartments	Bedroom Size And Location	Please check off which you would like to apply for...
Pine Crest Apartments  <u>Orange</u>	1, 2, 3, & 4 Bedroom Units  Located at 419 E. River St.	<input type="checkbox"/>
359 Main St. 456 Main St. 466 Main St. 477 Main St.  <u>Athol</u>	Studio, 1 and 2 Bedrooms  Located over the store fronts on Main St.	<input type="checkbox"/>
Hapgood Apartments  <u>Athol</u>	1 and 2 Bedrooms  Located on Cheney St.	<input type="checkbox"/>



**Application for  
Massachusetts Rental  
Voucher Program (MRVP)**

This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Race and/or Ethnicity:	_____
Priority Category:	_____
Local Preference (LHAs Only):	_____
Voucher Size:	_____

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 the housing agencies at which you want to apply and are accepting applications.

1. Name of Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

First & Last Name	Relationship to Head of Household	Date of Birth	Sex	Social Security Number	Racial Designation*	Ethnic Designation**
	<b>Head</b>					

Social security number will be used to verify income, assets, and criminal record information.

Responding to these questions is optional. Your status with respect to tenant selection procedures will NOT be affected by this information.

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

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

3. Do you understand spoken or written English?  Yes  No

Primary Spoken Language: \_\_\_\_\_

Primary Written Language: \_\_\_\_\_



4. **Homeless Priority:** If you want to apply for a Homeless Priority, you must first be considered homeless.  
**NOTE:** MRVP's definition of homeless is NOT the same as those used by homeless shelters or Section 8.  
 Residing in a homeless shelter will NOT automatically qualify you as a Homeless Priority applicant.

<p>"Homeless" is defined by state regulations as an applicant who is (you must be able to check <u>ALL</u> boxes):</p> <p><input type="checkbox"/> 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;</p> <p><input type="checkbox"/> Who has not caused or substantially contributed to the situation;</p> <p><input type="checkbox"/> Who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing; and</p> <p><input type="checkbox"/> Who is displaced or about to be displaced from his/her primary residence.</p>
<p>If you think you meet the definition of homeless, please select the category below that best describes your situation. Homelessness <u>MUST</u> be due to one of the categories below to qualify for Homeless Priority.</p> <p><input type="checkbox"/> Displaced by No-fault of Applicant (i.e. No-fault eviction)</p> <p><input type="checkbox"/> Displaced by Severe Medical Emergency</p> <p><input type="checkbox"/> Displaced by Domestic Violence</p> <p><input type="checkbox"/> Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)</p> <p><input type="checkbox"/> Displaced by Public Action (i.e. Urban renewal, eminent domain)</p> <p><input type="checkbox"/> Displaced by Public Action (i.e. Condemnation of home)</p>

If you are applying for a Homeless Preference, you MUST ATTACH VERIFICATION of your situation to be eligible.

5. **Local Preference:** If you are applying at a Local Housing Authority, you may receive a local preference if you live, work, or have children attending school in the same city/town of the Local Housing Authority.  
 Please answer the following and **provide appropriate verification:**

<p>Do you currently <b>reside</b> in the same City/Town that the Local Housing Authority to which you are applying is located in?</p> <ul style="list-style-type: none"> <li>If yes, please attach verification of your principle residence, such as a lease, utility bill, or state-issued photo ID.</li> </ul>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>Do you currently <b>work</b> in the same City/Town that the Local Housing Authority to which you are applying is located in?</p> <ul style="list-style-type: none"> <li>If yes, please attach verification of your employment or offer of employment, such as a pay stub or employment offer letter.</li> </ul>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>Do you currently <b>have a child who attends school</b> in the same City/Town that the Local Housing Authority to which you are applying is located in?</p> <ul style="list-style-type: none"> <li>If yes, please attach verification of your child's enrollment.</li> </ul>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

6. Do you have any special needs due to a disability or need a reasonable accommodation?  Yes     No

Please Specify: \_\_\_\_\_  
 \_\_\_\_\_

7. **Emergency Contact:** Name of a relative or friend NOT planning to live with you. We will contact this person if we are unable to reach you in case of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_



8. **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 of Employer or Source of Income	Gross Income for Next 12 Months
	Salary & Wages, including Overtime & Tips		\$
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	Net Income from Business or Profession		\$
	Unemployment or Disability Compensation		\$
	TAFDC or Public Assistance		\$
	Regular Child Support & Alimony Payments		\$
	Social Security Benefits & SSI, including SSP		\$
	VA Disability Income		\$
	Pensions, Annuities, Dividends, and Interest		\$
	Other Income:		\$

Total Gross Income: \$ \_\_\_\_\_

9. **Assets:** 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.
		\$		
		\$		
		\$		
		\$		

Do you own any real estate?  Yes  No If yes, please provide the address: \_\_\_\_\_

Have you sold, transferred or given away any real property or assets in the last three (3) years?  Yes  No If yes, provide date of sale / transfer: \_\_\_\_\_

Amount of the sale / transfer: \$ \_\_\_\_\_ Value of the sale / transfer: \$ \_\_\_\_\_

10. **Expenses:** Estimate the amount you will spend, if any, on the following categories over the next 12 months.

Un-reimbursed Medical Expenses: \$ _____	Health Insurance: \$ _____	Child Care: \$ _____
Alimony or Child Support Payments: \$ _____	Other (i.e. care of disabled household member or homemaking and travel expenses for disabled household member) \$ _____	

11. Have you, or any member of your household, ever received  Yes  No housing assistance from this or any other housing agency?  
 If yes, Name of Head of Household at that time: \_\_\_\_\_  
 Name of Housing Agency: \_\_\_\_\_  
 Date Moved Out: \_\_\_\_\_  
 Reason Moved Out: \_\_\_\_\_  
 Where you terminated for cause?  Yes  No Do you owe any money, back rent,  Yes  No or damages to the housing agency?  
 If Yes to either above, please explain: \_\_\_\_\_

12. **Rental History**  
 Do you owe any previous property owner money for damages or unpaid rent?  Yes  No  
 Have you ever been evicted from a rental unit for cause?  Yes  No  
 If Yes to either, please explain: \_\_\_\_\_

13. **Criminal Record**

Have you or any member of your household ever been convicted of a drug or violent crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you or any member of your household have any criminal matters pending? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you or any member of your household have a lifetime requirement to register as a sex offender in the state of Massachusetts? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes to <u>ANY</u> , please explain: _____	

**APPLICANT'S CERTIFICATION:**  
 I understand that this application is not an offer of housing. Based on this application, I understand I should not make plans to move or end a present tenancy until I have been issued a voucher in writing under the Massachusetts Rental Voucher Program (MRVP) from an Administering Agency. Before an Administering Agency can offer me participation in the rental assistance program, I must provide them with written documentation that verifies my circumstances.

I understand that it is my responsibility to inform the Administering Agency in writing of any change of addresses, income, or household composition. I understand that if I do not respond to Housing Agency requests for information or updates my name will be removed from the waiting list.

I authorize the Administering Agency 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 Administering Agency will request Criminal Offender Record Information from the Department of Criminal Justice Information Services and perform 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 is as valid as the original.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

