



**PRELIMINARY APPLICATION FOR
FEDERAL-AIDED HOUSING
SRO – SINGLE ROOM OCCUPANCY**

Office Use Only

Federal Control No. _____

PLEASE PRINT

Name of Applicant: _____

Current Address: _____ Apt # _____

City/Town: _____ State _____ Zip _____

Mailing Address: _____ Apt # _____

City/Town: _____ State _____ Zip _____

Home Telephone () _____ Work Telephone () _____

List the money each family member receives, include the type (wages, SSI, TAFDC, etc.) and how often the money is received (monthly, weekly, etc.).

Household Member First Name	Income Type	Income Amount	Frequency Received
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1. _____

2. _____

3. _____

4. _____

Total Income \$ _____

List all assets owned by the household members (checking accounts, savings accounts, stocks, real property, etc.), the value of the asset and the interest or other income received from it.

Household Member First Name	Asset Type	Asset Current Value	Interest Income	Imputed Value
1.				
2.				
3.				
4.				
5.				
6.				

List all household members you expect to live with you once you obtain a subsidized housing unit.

Household Member Name First, Middle, Last Name	Date of Birth	Relationship to Head of Household	Sex	Social Security No.
1.		HEAD		
2.				
3.				
4.				
5.				
6.				
7.				
8.				

A. Is your present housing subsidized (circle one) Yes No

B. What is the head of household's race (circle one)

- | | | |
|-------------|------------------------------|--------------------|
| 1. White | 2. Black | 3. American Indian |
| 4. Hispanic | 5. Asian or Pacific Islander | 6. Other specify |

C. Number of Bedrooms (***office use only***) 1 2 3 4 5 6

D. Preferences. Circle the status that best described your housing situation (circle one):

1. I am not displaced
2. I have been displaced by fire or natural disaster
3. I have been displaced by Government action
4. I have been displaced by owners action.
5. I have been displaced by domestic violence.
6. I have been displaced by condemnation.
7. I have an acute medical emergency

If you circled any of the above, you will be sent an Emergency Application Package that must be completed and returned to the Somerville Housing Authority.

(office use only) Date Preference Application Sent _____

E. Which statement best describes your housing (circle one)

1. Substandard 2. Without housing or about to be homeless 3. Standard or not known

What is your monthly rent? \$ _____

F. Family Status

Circle the statement that best describes your family (circle one)

1. The head of household or spouse is 62 years of age or older
2. The head of household or spouse is disabled
3. The head of household or spouse is handicapped
4. The head of household or spouse ***is not*** 62 years of age, handicapped or disabled
5. The head of household or spouse is 62 years of age and disabled or handicapped

G. Military Status (*You will be required to provide us with a DD 214 to be eligible for this preference*) (Please circle one)

1. I am currently a member of the military 2. I am a veteran 3. I have no military service

Please list dates of Service from _____ to _____

2. I am the widow of a veteran Yes No

H. Are the husband and wife present in the household (circle one) Yes No

I. Do you reside in Somerville, work in Somerville or have a firm commitment to work in Somerville (circle one)?

Yes No

If yes, list your current Somerville residence or current or future place of employment.

Address _____ Tel. No. _____

J. Criminal Record: The SHA will obtain Criminal Offender Record Information for all applicants and household members 17 years of age or older.

Have you or any member of your household who will live in the unit been convicted of a misdemeanor or a felony?

Yes No

Are you or any member of your household registered or required to register as a sex offender?

Yes No

If yes, please explain: _____

Applicants Certification

I understand that this application is not an offer of housing. I understand that I will have to provide proof of all the facts before the Somerville Housing Authority can make a final decision on my eligibility. Based on this application, I understand that I should not make any plans to move with assistance from the Somerville Housing Authority.

I understand it is my responsibility to inform the Somerville Housing Authority in writing of any change of address, household size, or change in circumstances as I have described them in this application. I understand I must respond promptly to all Somerville Housing Authority inquiries or my application may be cancelled.

I certify that the information provided in this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are criminal offenses punishable under state and federal law. I also understand that false statements or information are grounds for rejection of this application or termination of tenancy.

Signed under the pains and penalties of perjury

Signature of applicant: _____ Date: _____

Signature of spouse or co-head: _____ Date: _____

SHA reviewer: _____ Date: _____

***Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.