



SOMERVILLE HOUSING AUTHORITY

30 Memorial Road, Somerville, Massachusetts 02145
Telephone (617) 625-1152 Fax (617) 623-8151 TDD (617) 628-8889

Office Use Only

Capen Court	X
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PROJECT BASED VOUCHER ASSISTANCE (PBA) APPLICATION

Capen Court has a NO-SMOKING policy. Smoking is prohibited in apartments, common areas, balconies and any area within 25 feet on the buildings entrances.

PART I

A. Applicant Name: _____

Current Address: _____ Apt. No.: _____

City/Town: _____ State: _____ Zip: _____

Mailing Address: _____ Apt. No. _____

City/Town: _____ State: _____ Zip: _____

Home Telephone: _____ Telephone: _____

2. List two relatives or friends who generally know how to contact you. We will contact them if we are unable to reach you, or in case of emergency:

(a) Name: _____ Telephone: _____
 Address: _____
 City: _____ State: _____ Zip: _____

(b) Name: _____ Telephone: _____
 Address: _____
 City: _____ State: _____ Zip: _____



PART II - HOUSEHOLD COMPOSITION

IN THE CHART BELOW, LIST THE HEAD OF HOUSEHOLD AND ALL OTHER PERSONS WHO WILL BE LIVING IN THE ASSISTED UNIT SHOULD WE BE ABLE TO AWARD YOU A SUBSIDY. LIST NAME, THE RELATIONSHIP OR EACH LISTED HOUSEHOLD MEMBER TO THE HEAD OF HOUSEHOLD (SON, DAUGHTER, HUSBAND), BIRTH DATE, BIRTH PLACE, SEX AND SOCIAL SECURITY NUMBER OF EACH PERSON LISTED. FOR STUDENT STATUS, Note "FT" for full-time; "PT" for part time or "No" for applicants that are not students.

Last Name	First Name	Relation to Head	Sex	Birth Date	Social Security Number	Student Status
		HEAD				

Please circle and/or fill in the appropriate answer:

- Does anyone live with you now who are not listed on this application? YES _____ NO _____
If yes, please explain _____
- Do you plan to have anyone live with you in the future who are not listed on this application?
YES _____ NO _____ If yes, please explain: _____
- How many people live with you now? _____
- How many bedrooms are in your current apartment? _____
- Are you being displaced or evicted from your current housing unit? YES _____ NO _____
If yes, please explain: _____
- Were you, or a member of your household, a former participant of an SHA public housing or rental assistance program whose participation was terminated in bad standing or who currently owes back rent, fees or costs to SHA?
YES _____ NO _____ if yes, please explain: _____
- Were you or a member of your household ever a participant in a Federal Housing Program?
YES _____ NO _____ if yes, please explain: _____



PART III - HOUSEHOLD INCOME

Please circle the appropriate answer for each of the following questions. Provide the details of your income in the charts in paragraphs 23 and 24 below:

- | | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. | Is any member of your household employed, part time, full-time or seasonal? | YES | NO |
| 2. | Does any member of your household expect to work during the next twelve months? | YES | NO |
| 3. | Does anyone in your household work for someone who pays them in cash? | YES | NO |
| 4. | Is any member of your household on leave of absence from work due to layoff, medical or maternity leave? | YES | NO |
| 5. | Does any member of your household receive or expect to receive child support? | YES | NO |
| 6. | Does any member of your household receive or expect to receive alimony payments? | YES | NO |
| 7. | Is any member of your household entitled to Child Support payments that he/she is not receiving? | YES | NO |
| 8. | Is any member of your household not receiving alimony payments that he/she is entitled to receive? | YES | NO |
| 9. | Does any member of your household receive or expect to receive unemployment benefits? | YES | NO |
| 10. | Does any member of your household receive or expect to receive welfare payments (TAFDC, SSI or EAEDC)? | YES | NO |
| 11. | Does any member of your household receive or expect to receive Social Security Benefits? | YES | NO |
| 12. | Does any member of your household receive or expect to receive an income from a Pension or Annuity? | YES | NO |
| 13. | Does any member of your household receive regular cash contributions from anyone not living in the household or from any agency? | YES | NO |
| 14. | Does any member of your household receive income from Assets? including, interest on checking or saving accounts, interest or dividends from certificates of deposits, stocks, bonds, or income from the rental of property? | YES | NO |
| 15. | Does any member of your household receive or expect to receive an earned income tax credit? | YES | NO |



- | | | | |
|-----|------------------------------------------------------------------------------------------|-----|----|
| 16. | Do you own a home or any other real estate? | YES | NO |
| 17. | Have you sold or given away any real property or any other assets in the past two years? | YES | NO |

If yes, please provide a description and value of the disposed of asset(s) _____

- | | | | |
|-----|----------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 18. | Do you pay for child care which enables you or another household member to work, attend school or post high school job training? | YES | NO |
|-----|----------------------------------------------------------------------------------------------------------------------------------|-----|----|

If yes, give the name and address of the childcare provider, weekly cost and weekly wage of the household member enabled to work: _____

- | | | | |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 19. | Do you pay for a care attendant or any equipment for a handicapped member of your household, that is necessary to permit the person or spouse or someone else in the household to work? | YES | NO |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

If yes, give the name and address of the care provider, weekly cost and weekly Wages of the household member enabled to work. _____

- | | | | |
|-----|--------------------------|-----|----|
| 20. | Do you pay for Medicare? | YES | NO |
|-----|--------------------------|-----|----|

- | | | | |
|-----|-----------------------------------------------------|-----|----|
| 21. | Do you pay for any other kind of medical insurance? | YES | NO |
|-----|-----------------------------------------------------|-----|----|

If yes, please list insurance company and monthly premium _____

- | | | | |
|-----|----------------------------------------------------------------------------------------------------------|-----|----|
| 22. | Do you have any medical bills not covered by insurance that you expect to pay during the next 12 months? | YES | NO |
|-----|----------------------------------------------------------------------------------------------------------|-----|----|

If yes, please list the amount and description of the bills _____



23. **FOR EACH TYPE OF INCOME, PLEASE LIST THE TYPE (WAGES, TAFDC, SSI, ETC.), THE AMOUNT OF HE INCOME, AND HOW OFTEN RECEIVED (WEEKLY, MONTHLY, BI-MONTHLY, BI-WEEKLY, ETC.).**

HOUSEHOLD MEMBER First Name	INCOME TYPE (Wages, TAFDC, SSI, Child Support, etc.)	INCOME AMOUNT	FREQUENCY RECEIVED (Weekly, monthly, bi- weekly, bi-monthly, etc.)

24. **ASSETS- LIST ALL ASSETS (CHECKING ACCOUNTS, SAVINGS ACCOUNTS, STOCKS, BONDS, REAL PROPERTY) CURRENTLY OWNED BY THE HOUSEHOLD.**

Household Member First Name	Asset Type	Asset Current Value	Interest/ income	SHA OFFICE ONLY Asset-Imputed Value

PART IV - APPLICANT STATUS

Please check and/or fill in the appropriate answer:

1. Is your current housing subsidized? YES _____ NO _____
2. What is the head of household's race?

1. _____ White	4. _____ Hispanic
2. _____ Black	5. _____ Asian/Pacific Islander
3. _____ American Indian	6. _____ Other _____
3. If you are applying for elderly/handicapped housing or if you will live alone, which answer best describes your household?
 - a. _____ Household head over 62



- b. Household head disabled or handicapped
- c. Household head over 50 years of age but under 62
- d. Household head pregnant or securing custody of minor children
- e. Household head displaced by government action or a federally declared disaster
- f. None of the above

4. Do you or members of your household have special medical needs requiring any modified or handicapped accessible accommodations in your dwelling unit? YES _____ NO _____
 If yes, please explain _____

5.

Number of bedrooms needed to house family? (circle one)								SHA USE ONLY Br. Size assigned
0	1	2	3	4	5	6	7	

6. Do you currently work or do you have a firm commitment of employment in Somerville?
 YES _____ NO _____ If yes, where? _____

7. Please **check** the circumstances most relevant to your household:

- a. Displaced by Somerville Housing Authority action
- b. Involuntary Displaced by Natural Forces (fire, flood, earthquake, etc.)
- c. Involuntary Displaced by Code Enforcement
- d. Involuntary Displaced by Housing Owner (no-fault)
- e. Victim of Domestic Violence (within past 6 months)
- f. Living in Substandard Housing
- g. Homeless Family
- h. Rent Burden where rent and utilities are more than 50% of the gross household income
- j. None of the above

Please explain the circumstances below: _____

8. My current monthly rent is \$ _____, and it has been this amount since (date) _____

9. Please circle the type of building you live in now:

- a. Single family
- b. Row house
- c. Two-family



- d. Garden apartment e. Three-family f. High rise
 g. Other, specify: _____

11. Please circle the utilities and utility type you pay for, and state the average monthly amount that you pay:

UTILITY	TYPE			AMOUNT
	Gas	Oil	Electric	
Heat	Gas	Oil	Electric	\$
Cooking Fuel	Gas		Electric	\$
Lights	Electric		Electric	\$
Hot Water	Gas	Oil	Electric	\$
<i>(SHA use only)</i>	a. over 50%		b. 50% or less	

12. Have you received any money from an energy assistance program to help pay your utilities?

YES _____ NO _____ If yes, how much? _____

13. Please circle the answer that best describes your current housing:

- a. Substandard b. Homeless c. Standard or not known

If you circled **a** or **b**, please describe the circumstances below: _____

14. Do any of the following circumstances apply to your current housing situation? If so, please circle where appropriate:

- a. Dilapidated e. Without electricity
 b. Without plumbing f. Without heat
 c. Without toilet g. Without kitchen
 d. Without tub or shower h. Declare unfit for human habitation

If you circled one of the above letters, please describe the condition of your housing unit below: _____

Criminal Record: Pursuant to 803 CMR 5.05(1) the SHA will obtain Criminal Record Information for all applicants and household members 17 years and older.

15. Have you or a member of your household who will live with you ever been convicted of a violent crime or of the manufacture, distribution, or intent to distribute drugs? _____ YES _____ NO
16. Have you or a member of your household who will live with you been convicted of felonious use or possession of drugs within the past year? _____ YES _____ NO

If you answered "yes" to #14 or #15 above, please explain: _____

Veteran Status:

17. Are you or your spouse a veteran of the U.S. Armed Services: _____ YES _____ NO

APPLICANT'S CERTIFICATION

I understand that this application is not an offer of housing, and I should not make any plans to move or end my present tenancy. I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, household size or any change in my circumstances as I have described them in this application. I understand that I must respond promptly to all Housing Authority inquiries or my application may be cancelled.

I authorize the Housing Authority to make inquiries to verify the information that I have given in this application. 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 laws. I also understand that false statements or information are grounds for rejection of this application or termination of my participation in the program.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

Signature of Applicant: _____ Date: _____

Signature of Spouse: _____ Date: _____

SHA Reviewer signature: _____ Date: _____

