



**SOMERVILLE HOUSING AUTHORITY**  
 30 Memorial Road, Somerville, Massachusetts 02145  
 Telephone (617) 625-1152 TDD (617) 628-8889

**PRELIMINARY APPLICATION FOR FEDERAL-AIDED HOUSING**

**PLEASE PRINT**

Federal Control No. \_\_\_\_\_  
*SHA Use Only*

Name of Applicant: \_\_\_\_\_

Current Address: \_\_\_\_\_ Apt # \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_ Apt # \_\_\_\_\_

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

Home Telephone ( ) \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_

**A.** Type of housing you are applying for: (circle all that apply)  
 Family public housing                      Elderly/handicapped public housing

**B.** Do you need a wheelchair accessible unit? (Circle one)      YES              NO

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 \$ \_\_\_\_\_

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 Si vous avez besoin des services d'interpretation s'il vous plait appeler lereceptioniste au (617) 625-1152**

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 of Household		
2.				
3.				
4.				
5.				
6.				
7.				
8.				

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

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- D.** 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   |
- E.** Number of Bedrooms (*SHA use only*) 1      2      3      4      5
- F.** 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 forces
  3. I have been or will soon be displaced by Government action
  4. I have been or will soon be displaced by no-fault eviction.
  5. I have been or will soon be displaced by domestic violence.
  6. I have been or will soon be displaced by code enforcement.
  7. I have a medical emergency

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

(*SHA use only*) Date Preference Application Sent \_\_\_\_\_

- G.** 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? \$ \_\_\_\_\_

- H.** 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 or handicapped
  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 50 years of age but not yet 62

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**I.** 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

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

**K.** 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. \_\_\_\_\_

**L.** 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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## **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.

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