



SOMERVILLE HOUSING AUTHORITY

30 Memorial Road, Somerville, Massachusetts 02145
Telephone (617) 625-1152 Fax (617) 628-7057 TDD (617) 628-8889

PRELIMINARY APPLICATION FOR FEDERAL-AIDED HOUSING

PLEASE PRINT: _____ Federal Control No. _____
SHA USE ONLY

Name of Applicant: _____

Current Address: _____

City/Town: _____ State: _____ Zip: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

A. Type of housing you are applying for (Check all that apply):

Family Public Housing Elderly/Handicapped Public Housing

B. Do you need a wheelchair accessible unit? Yes No

C. What is your total household income for all household members? (Wages, SSI, TAFDC, Child

Support, Unemployment...etc.) \$ _____

Translation and interpretation services are available upon request by appointment only
Sevis tradiksyon ak intepretasyon disponib si w bezen
Servicio de traducción e intepretación estan disponibles, con cita, una vez que lo solicite
Serviço de tradução e interpretação estão disponíveis somente após agendamento



D. List all household members you expect to live with you one you obtain subsidized housing unit. **Note: Please include your name, date of birth, sex, and social security in the top row.**

Household Member Name First, Middle, Last Name	Date of Birth	Relationship to Head of Household	Sex	Social Security Number
		Head of Household		

E. What is the Head of Household’s racial designation? (Check one):

- White Black/African American American Indian
 Asian/Pacific Islander Wish not to disclose Other

Specify Other: _____

F. What is the Head of Household’s ethnic designation? (Check one):

- Hispanic/Latino Not-Hispanic/Latino Wish not to disclose

G. Family Status: Check the statement(s) that best describes your family:

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 50 years of age but not yet 62



H. PREFERENCES: Check all that best describe your housing situation. Note: If you select any of the preferences below you will be sent a Preference Verification Form for Federal Public Housing that must be completed and returned to the Somerville Housing Authority. You will be required to provide documentation to verify your claim below.

<input type="checkbox"/> I have not been displaced or am not at risk of displacement from my current residence.
<input type="checkbox"/> I have been <i>displaced by Fire or Natural Forces</i> (fire, earthquake, flood, or other natural disaster).
<input type="checkbox"/> I have been or am about to be <i>displaced by Public Action</i> .
<input type="checkbox"/> I have been or am about to be <i>displaced due to Code Enforcement</i> .
<input type="checkbox"/> I have been or am about to be <i>displaced due to No-Fault Eviction</i> .
<input type="checkbox"/> I have been or am about to be <i>displaced due to Domestic Violence</i> .
<input type="checkbox"/> I have been or am about to be <i>displaced due to Medical Emergency</i> .
<input type="checkbox"/> <i>Local Resident Preference. Check off if you reside in Somerville, work in Somerville or have been hired to work in Somerville.</i> Local resident is defined as an applicant household, with any household member whose principal residence or place of employment is in the city of Somerville or has been notified that they have been hired to work in Somerville.
<input type="checkbox"/> <i>Veteran's Preference. Check off if any are applicable regarding your military status.</i> A preference is given to a person honorably discharged from the Armed Services of the United States after service of one hundred eighty (180) consecutive days or more. <i>(To qualify you must supply form DD-214/3rd party verification of relationship to veteran).</i>
<input type="checkbox"/> I am a Veteran, or a member of my household is a Veteran Dates of Service: _____ to _____
<input type="checkbox"/> I, or a member of my household, is the spouse, surviving spouse, dependent parent or a child or divorced spouse with a dependent child of a Veteran.

I. CRIMINAL RECORD: Pursuant to 804 CMR 5.05(1) SHA will obtain Criminal Offender Record Information for all applicants and household members 17 years of age or older.

1. Have you or any member of your household who will live in the unit been convicted of a misdemeanor in the last five years?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you or any member of your household who will live in the unit been convicted of a felony in the last ten years?*	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you or any member of your household resided outside of Massachusetts? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES , list all states of residence for each household member:	



4. Are you or any member of your household registered or required to register as a sex offender in Massachusetts or any other state? Yes No
If **YES**, list the name of the persons and registration requirements (i.e. place where registration needs to be filed, length of time for which the registration is required.):

***APPLICANTS WITH SEALED RECORDS PLEASE READ. Applicants with sealed records: You are not required to list convictions that are included in a record that has been sealed.** An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. An applicant for employment, housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests or criminal court appearances.

J. APPLICANT'S CERTIFICATION

I/we understand that this application is not an offer of housing. I/we understand that I/we 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/we understand that I/we should not make any plans to move with assistance from the Somerville Housing Authority.

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

I/we certify that the information provided in this application is accurate and complete to the best of my knowledge and belief. I/we 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:

Applicant Signature: _____ Date: _____

Spouse/Co-Head Signature: _____ 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 no more than \$10,000, imprisoned for not more than five years, or both.

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