

dhad	Date of Receipt:	
dhed	Time of Receipt:	
Massachusetts	Control Number:	
Application for	Race and/or Ethnicity:	
Massachusetts Rental	Priority Category:	
	Local Preference (LHAs Only):	
Voucher Program (MRVP)	Voucher Size:	

This box is for Office Use Only

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	ch you want to apply	and are	accepting applica	tions.	P	, , , , , , , , , , , , , , , , , , , ,	
1. Name of Ap	oplicant:						
Mailing <i>i</i>	Address:				Apt		
City	/ Town:				State:	Zip:	
Cell Phone:		Ho	me Phone:				
	Email:						
2. Members o	f household to live ir	n unit, inc	luding Head of Ho	usehold:			
First & Last Nam		to	Date of Birth	Sex	Social Security Number	Racial Desig- nation*	Ethnic Desig- nation**
	Head of Hou	sehold					
Social security nur	mber will be used to ve	rify incom	e, assets, and crimin	nal record in	formation.		
·	ese questions is optiona	al. Your st	atus with respect to	tenant selec	ction procedure	es will NOT be affe	cted by this
information. *Racial Designation			a Native; Asian; Blac	ck or African	American; Nati	ve Hawaiian or Ot	her Pacific
**Ethnic Designat	Islander; White; Other (specify): **Ethnic Designation: Hispanic/Latino or Not Hispanic/Latino						
3. Do you understand spoken or written English? ☐ Yes ☐ No							
Primary Spo	Primary Spoken Language:						
Primary Wr	itten Language:						

4.	Homeless Priority: If you want to apply for a Homeless Priority, you must first be considered homeless.						
		VP's definition of homeless is NOT the same as those used by homeless she					
		g in a homeless shelter will NOT automatically qualify you as a Homeless Priority applicant.					
		defined by state regulations as an applicant who is (you must be able to check <u>ALL</u> boxes):					
		place to live or who is in a living situation in which there is a significant, im	mediate and direct				
		ife or safety that would be alleviated by placement in an appropriate unit;					
		not caused or substantially contributed to the situation;					
		nade reasonable efforts to prevent or avoid the situation and to locate alte	rnative housing; and				
	☐ Who is dis	placed or about to be displaced from his/her primary residence.					
	If you think you	meet the definition of homeless, please select the category below that bes	st describes your				
	situation. Hom	elessness <u>MUST</u> be due to one of the categories below to qualify for Homel	ess Priority.				
	☐ Displaced	by No-fault of Applicant (i.e. No-fault eviction)					
	☐ Displaced	by Severe Medical Emergency					
	☐ Displaced	by Domestic Violence					
	☐ Displaced	by Natural Forces (i.e. Fire, Flood, Earthquake)					
		by Public Action (i.e. Urban renewal, eminent domain)					
	•	by Public Action (i.e. Condemnation of home)					
5.	Local Preferenc	e: If you are applying at a Local Housing Authority, you may receive a local	preference if you live,				
		nildren attending school in the same city/town of the Local Housing Author					
	Please answer t		,				
		y reside in the same City/Town that the Local Housing Authority to which					
	you are applying	g is located in?	☐ Yes ☐ No				
	Do you currentl	y work in the same City/Town that the Local Housing Authority to which					
	you are applying		☐ Yes ☐ No				
	Do you currentl	y have a child who attends school in the same City/Town that the Local	□ Voc □ No				
	Housing Author	thority to which you are applying is located in?					
			_				
6.	Do you have an	y special needs due to a disability or need a reasonable accommodation?	□ Yes □ No				
	Please Specify:						
7.		ntact: 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:				
	C'1 / T	Chala	7' .				
	City / Town:	State:	ZIP:				
	Call Division	Harris Blanca					
	Cell Phone:	Home Phone:					
	F "						
	Email:						

	eductions: Estimate ext 12 months. Spec		icipated for <u>ALL</u> househol	d members from <u>ALL</u>
Household Member Na		city all sources.	Name of Employer or Source of Income	Gross Income for Next 12 Months
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
			Total Gross I	ncome: \$
	-		Include all bank accounts Use additional paper if n	s, stocks and bonds, trusts,
Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		
Do you own any	, , , , , , , , , , , , , , , , , , ,	ldress:		
Have you sold, transferr property or assets in the	•	•	yes, provide date sale / transfer:	
Amount of the sale / tra	nsfer: \$	Value of	the sale / transfer: \$	
•	e the amount you w	vill spend, if any, on the	following categories ove	r the next 12 months.
Un-reimbursed Medical Expenses: \$		Health Insurance:	Child	Care: \$
Alimony or Child Support Payments: \$			nousehold member or home bled household member)	emaking \$

11.	Have you, or any member of your ho housing assistance from this or any of yes, Name of Head of Household at that time:			□ No	
	Name of Housing Agency:				
	Date Moved Out:				
	Reason Moved Out: Where you terminated for cause?		Do you owe any mone or damages to the hou	-	□ Yes □ No
	If Yes to either above, please explain:		or damages to the not	asing agency:	
Have If Yes	Rental History ou owe any previous property owner r you ever been evicted from a rental u to either, e explain:		s or unpaid rent?	☐ Yes ☐ No ☐ Yes ☐ No	
13.	Criminal Record				
house	•	☐ Yes ☐ No/No Record*	Do you or any member household have any matters pending?*		☐ Yes ☐ No/No Record*
offen	ou or any member of your household l der in the state of Massachusetts?	have a lifetime req	uirement to register a	as a sex	☐ Yes ☐ No/No Record*
pleas	to <u>ANY</u> , e explain:				
probatic applican may ans answer ' in need housing	olicant for employment or for housing or an or on may answer 'no record' with respect to an i it for employment or for housing or an occupa wer 'no record' to an inquiry herein relative to no record' with respect to any inquiry relative of services which did not result in a complaint or an occupational or professional license wit to an inquiry herein relative to prior arrests or	inquiry herein relative of the stional or professional of prior arrests or criming to prior arrests, court of the sup the sealed record on file.	to prior arrests, criminal co icense with a sealed recornal court appearances. In a appearances and adjudica erior court for criminal profe with the commissioner of	ourt appearances or ord on file with the co addition, any applica ations in all cases of osecution. An applic	convictions. An mmissioner of probation nt for employment may delinquency or as a child cant for employment,
l und plans Vouch rental that it comp will be certify misre Crimin interr SIGN	derstand that this application is not an atomove or end a present tenancy until her Program (MRVP) from an Administer assistance program, I must provide the is my responsibility to inform the Administer eremoved from the waiting list. Thorize the Administering Agency to may that the information I have given in the presentation may result in the denial of the searches for all adult members of the NED UNDER THE PAINS AND PENALTIES acopy of this signature is as valid as the	I I have been issued bring Agency. Before with written documental spond to Administe ake inquiries to verification is true f my application. Luthe Department of he household. OF PERJURY; I under the properties of the properties	a voucher in writing use an Administering Age cumentation that verific writing of any change ring Agency requests for the information I have and correct. I understand that the Acciminal Justice Information	nder the Massachency can offer me ies my circumstane of addresses, incorrection or information or ve provided in this stand that any fall dministering Age mation Services a	participation in the participation in the participation in the participation in the participation. I participation. I participation. I participation in the
	Applicant's Signature:			Date	