

Pittsfield Housing Authority
65 Columbus Avenue, Suite 1
Pittsfield, Massachusetts 01201

DO NOT WRITE IN BOX

(413) 443-5936
(413) 499-2771
Fax (413) 443-7294
TTY (413) 443-1940

OFFICE USE ONLY						
Date of Receipt _____						
Time of Receipt _____						
Control Number _____						
Bedrooms 1 2 3 4 5						
Race: A I A B H O W						
Priority Category _____						

**APPLICATION FOR
STATE AND/OR FEDERAL PUBLIC HOUSING**

1. Name of applicant _____
Current address _____ Apt. no. _____
City _____ State _____ Zip _____
Home telephone _____ Work telephone _____

2. Type of housing needed: (Circle one)
- a. Family: Conventional
 - b. Elderly/handicapped: Conventional

3. Members of household to live in unit, including head of household:

First, middle initial and last name of household members	Social Security Number	Relation to head	Sex	Date of Birth	Occupation or grade in school	Place of Birth
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

4. Veteran's Preference and Special Needs:

Dates of Military Service: Month/Year _____ to Month/Year _____

A copy of discharge or separation papers must be submitted with this application.

Special Needs: Please specify _____

5. Are you applying for Priority Housing (circle one) Yes No

If yes, you must fill out an Application for Priority Housing.

6. Racial designation. Responding to this question is optional. Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority category.

Circle one: American Indian Asian Black Hispanic White Other

7. Number of bedrooms: 1 2 3 4 5

8. Is any change expected in your household: (circle one) Yes No

If yes, what type of change? _____ When? _____

Does anyone else live with you? (circle one) Yes No

If yes, give name(s) _____

9. Public housing applicants only: Do you have a pet? (circle one) Yes No

What type of pet? _____ Pet's weight? _____

10. Income Before Deductions:

Estimate the gross income anticipated for all household members from all sources for the next 12 months. Please include wages, including overtime; disability; net income from business or profession; trust income; interest; dividends; pensions and annuities; regular unemployment or disability compensation; regular social security benefits and/or SSI; AFDC or public assistance; alimony; child support; gifts and other income. Specify all sources.

Household Income Member	Source of Income	Amount \$	Frequency per (week, month, etc.)	Gross Income

11. Expenses:

Extraordinary expenses required by employer	
Expense for care of children or sick/incapacitated person if necessary for employment.	
Un-reimbursed medical expenses	
Alimony or child support payments	
Health insurance	
Other: Please list.	
Total expenses	

12. Assets: List below the assets of all family members to live in the unit. Please include all bank accounts, stocks and bonds, investments, certificates of deposit, trust agreements, real estate, etc. Do not include clothing, furniture or automobiles.

Household Member	Description of Asset	Value

Have you sold or transferred any property in the last four (4) years? Yes No

If yes, what was the date of the sale? _____ What was the amount of the Sale? _____ What was the value of the mortgage at the time of the Sale? _____.

13. Does anyone in your household own a car? (circle one) Yes No

Make of car _____ Year _____ Reg. No. _____

Make of car _____ Year _____ Reg. No. _____

14. References: List **two** references. These should not be relatives or household members.

1. Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

15. List addresses for the last **five** years in reverse order, beginning with your current address.

1. Address _____ How long? _____

Landlord's name _____ Phone _____

Landlord's address (please include street address, city, state and zip code)

2. Address _____ How long? _____

Landlord's name _____ Phone _____

Landlord's address (please include street address, city, state and zip code)

3. Address _____ How long? _____

Landlord's name _____ Phone _____

Landlord's address (please include street address, city, state and zip code)

16. Have you or any member of your household ever received housing assistance from this or any housing agency or group? This includes Rental Assistant Programs.

Circle one: Yes No

If yes, name of head of household at that time: _____

Relation to present applicant? _____

Name of housing agency or group? _____

Address of agency or group? _____

Type of subsidized housing? (circle one) Section 8 MRVP Elderly Projects

Address of unit at time of subsidy? (please include street address, city, state and zip code)

Date moved out: _____

Reason moved out: _____

Did you leave as a tenant in good standing? (circle one) Yes No

Equal Housing Opportunity

17. Are you a Board Member, employee or a member of the immediate family of an employee or Board Member of this Housing Authority? (If so, this will not necessarily disqualify your application)

Circle one: Yes No

If yes, please explain: _____

18. Emergency Reference: Name of a relative or friend not planning to live with you.

Name: _____ Relationship _____

Address: _____

Phone: _____

Applicant's Certification:

I understand this application is not a unit offer and that the Housing Authority is not obliged to offer me a unit until such time as they inform me in writing that I have been offered a unit pursuant to my application. Based on this application, I understand I should not make any plans to move or terminate my present tenancy until I have received a written offer from the Housing Authority. I certify that the information I have given in this application is true and correct and that any false statement or misrepresentation may result in the cancellation of my application. **I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income or household composition.** I authorize the Housing Authority to make inquiries from any parties to verify the truth of the information I have provided in this application. Signed under the pains and penalties of perjury.

US CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS

AT THE TIME RENTAL ASSISTANCE IS OFFERED, ALL FAMILY MEMBERS, IRRESPECTIVE OF AGE, WILL BE REQUIRED TO SUBMIT

EVIDENCE OF US CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS, OR STATE THAT THEY DO NOT CLAIM US CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS.

Applicant's signature _____ **Date** _____

Interviewed/reviewed by _____ **Date** _____

Equal Housing Opportunity

Pittsfield Housing Authority
65 Columbus Avenue, Suite 1
Pittsfield, MA 01201

(413) 443-5936
(413) 499-2771
Fax (413) 443-7294
TTY(413) 443-1940

Applicant's Receipt

DO NOT LOSE THIS RECEIPT. THIS IS YOUR RECORD OF YOUR APPLICATION.

US CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS

At the time rental assistance is offered, all family members, irrespective of age, will be required to submit evidence of US Citizenship or eligible immigration status, or state that they do not claim US Citizenship or eligible immigration status.

I understand this application is not a unit offer and that the Housing Authority is not obliged to offer me a unit until such time as they inform me in writing that I am being offered a unit pursuant to my application. Based on this application, I understand I should not make any plans to move or terminate my present tenancy until I have received a written offer from the Housing Authority. I certify that the information I have given in this application is true and correct and that any false statement or misrepresentation may result in the cancellation of my application. I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income or household composition. I authorize the Housing Authority to make inquiries from any parties to verify the truth of the information I have provided in this application. Signed under the pains and penalties of perjury.

Applicant's signature _____ Date _____

Applicant's address _____

Applicant's Control Number (to be provided by the interviewer/reviewer)

_____ Applied for (program) _____

To ensure your privacy, the Housing Authority's waiting list is maintained by Control Number rather than by name and address. If you have questions about your application, please send the request in writing and use the Control Number assigned to you.

Interviewed/reviewed by _____ Date _____

Equal Housing Opportunity