



EQUAL HOUSING OPPORTUNITY



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STANDARD APPLICATION FOR PROJECT BASED SECTION 8 VOUCHER PROGRAM

MALDEN HOUSING AUTHORITY

630 Salem Street
Malden, Massachusetts 02148
Att: Occupancy/Tenant Selection Department
Telephone: (781) 322-2517
Fax: (781) 322-4838
TDD/TTY: (800) 545-1833 x103 (24 hrs.)
www.maldenhousing.org

(PLEASE PRINT)

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 Malden Housing Authority main office located at 630 Salem Street, Malden, MA 02148.

1. Name of Applicant: _____

Address of Current Residence: _____ Apt. No. _____

City/Town: _____ State: _____ Zip: _____

Mailing Address: _____ Apt. No. _____

City/Town: _____ State: _____ Zip: _____

Home Phone () _____ Work Phone () _____ Cell Phone: _____

2. Type of Public Housing You Are Applying For:

Salem Towers (at least 62 years of age or older): Studio _____ 1 bedroom _____ 2 bedrooms _____
1 bedroom W/C Access _____ 2 bedrooms W/C Access _____

Heritage Apartments (at least 62 years of age or older) Studio _____ 1 bedroom _____ 1 bedroom W/C Access _____

Cross Street (Family needing supportive services after being homeless) 2 bedrooms _____ 3 bedrooms _____ 4 bedrooms _____

YWCA (Single Room Occupancy (SRO) (Single adult female needing supportive services) _____

Cedar House (SRO/disabled individuals) Single Room Occupancy/One person household/shared bath _____
Staff will be available to support activities of daily living; including personal care, laundry, housekeeping and food preparation. Each resident will also have a case manager.

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3. **Preferences:** The Malden Housing Authority will verify your claim of preferences prior to making an offer of housing. Each verified preference will receive an allocation of points. The more preference points an applicant receives, the higher the applicant's place on the waiting list.

Local Resident (4 points): You may receive a local preference status if you principally reside in Malden, Melrose, Winchester, Reading, Wakefield or Stoneham, Revere, Everett, Medford, Arlington, Lexington, Woburn, North Reading, Wilmington, Saugus, Lynnfield and have a verifiable physical address within these locations (a P.O. Box is not acceptable).

Do you principally reside in any of the above locations (Circle One) YES NO

Are you currently employed or training for employment with an approved Training Agency in any of the above locations? (Circle One) YES NO

If YES: Provide the name of your Employer/Training Agency and their address:

Provide the Dates of Employment: From: _____ To: _____

Additional Local Preference: If an applicant's claim of Local Residency is verified, then the family may also qualify for the following additional local preference.

Veteran/Active Serviceperson Preference (2 points): applies to applicant head of households who are veterans or active servicepersons of the U.S. Armed Services as defined in and verified pursuant to the Admin Plan , or surviving spouses of such veterans or active service persons, provided such spouse has not remarried prior to the time of admission to the MHA's program

Are you applying the for the Veteran's Preference? (Circle One) YES NO

If yes: Include service dates for service in the U.S. Army, Navy, Marine Corps, Coast Guard, Air Force or full time National Guard duty. From: _____ To: _____.

A copy of the Veteran's Department of Defense (Form DD214) must be submitted with this application

4. Do you have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons? Specify: YES NO

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5. Do you need a wheelchair accessible apartment? (Circle One) YES NO

6. Members of household to live in Unit, including Head of Household: (Attach additional sheet if necessary).

First & Last Name	Relationship To Head of Household	Social Security Number*	Racial Designation	Ethnic Designation	Sex*	Date of Birth	Occupation/ Student Status
	HEAD				M F		
					M F		
					M F		
					M F		
					M F		
					M F		
					M F		

***Racial Designation:** Native American Indian or Alaskan Native; Black or African American; Asian or Pacific Islander, Caucasian/White; other (Please Specify).

****Ethnic Designation:** Hispanic/Latino or Not Hispanic/Latino

Responding to the two questions above is optional. Your status with respect to tenant selection procedures may be affected by this information. "Minority" does not include "White" unless there is also a designation of another race or "Hispanic/Latino".

***This information is required and will be used to verify income, assets, and criminal record information.

7. Is a change in the household composition expected? (Circle One) YES NO

If yes, what type? _____ When? _____

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8. INCOME BEFORE DEDUCTIONS:

Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 months. Specify all sources.

Household Member Name		Name and Address of Employer or Source of Income	Gross Income For Next 12 months
	Salaries, Wages, Including Overtime/Tips		\$
	Net Income From Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Pensions & Annuities		\$
	Regular Unemployment or Disability Compensation		\$
	Regular Social Security Benefits and/or SSI		\$
	T.A.F.D.C., Public Assistance or EAEDC		\$
	Regular Alimony Support Payments, Gifts		\$
	Other Income		\$

TOTAL GROSS INCOME \$ _____

9. EXPENSES:

Expense for Care of Children or Sick/Incapacitated Person <i>If necessary</i> for Employment	\$
Un-reimbursed Medical Expenses	\$
Alimony or Child Support Payment Health Insurance	\$
Other	

TOTAL EXPENSES \$ _____

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10. **ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks, bonds, trust agreements, real estate, etc. **DO NOT** include clothing, furniture or cars.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account Number
		\$		
		\$		
		\$		
		\$		

11. Have you sold, transferred or given away any real property or assets in the last two (2) years? YES NO

IF YES: Date of sale/transfer: Month _____ Day _____ Year _____
 Amount of the sale/transfer: _____
 Value of the sale/transfer: _____

12. Does anyone in your household own a car? (Circle One) YES NO

Make of Car _____ Year _____ Reg. Number _____
 Make of Car _____ Year _____ Reg. Number _____

13. **List Addresses for each Adult Household Member for the Last Five Years in Reverse Order. Please list primary lease holder (head of household) if someone other than yourself. Use additional sheet if necessary.**

(a.) Address: _____ Apt. # _____ From: _____ To: **Present**

Name of Primary Leaseholder: _____

City/Town: _____ State: _____ Zip: _____

Name of Landlord: _____ Telephone: () _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you? (Circle One) YES NO

Did this landlord return your security deposit? (Circle One) YES NO N/A

(b.) Address: _____ Apt. # _____ From: _____ To: **Present**

Name of Primary Leaseholder: _____

City/Town: _____ State: _____ Zip: _____

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Name of Landlord: _____ Telephone: () _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you? (Circle One) YES NO

Did this landlord return your security deposit? (Circle One) YES NO N/A

(c.) Address: _____ Apt. # _____ From: _____ To: **Present**

Name of Primary Leaseholder: _____

City/Town: _____ State: _____ Zip: _____

Name of Landlord: _____ Telephone: () _____

Landlord Address: _____ City: _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you? (Circle One) YES NO

Did this landlord return your security deposit? (Circle One) YES NO N/A

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

(a.) Name: _____ Telephone Number: () _____

Address: _____ City: _____ State: _____ Zip: _____

(b.) Name: _____ Telephone Number: () _____

Address: _____ City: _____ State: _____ Zip: _____

15. Have you, or any member of your household ever received housing assistance from this or any other Housing Agency or Housing Authority? (Circle One) YES NO

If yes: Name of Head of Household at that time: _____

Relation to Present Applicant: _____ Date Moved Out: _____

Name of Housing Agency: _____

Date Moved Out: _____

Reason Moved Out: _____

When you moved out, were you in compliance with the lease and other program requirements?

(Circle One) YES NO

If NO, please explain: _____

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16. Are you a Board Member, employee, or a member of the immediate family of any employee of a board member of the Malden Housing Authority? (If so, this will not necessarily disqualify your Application.)

(Circle One) YES NO

If yes, please explain: _____

17. Do you have any pets? (Circle One) YES NO If yes, how many? _____

If yes, Please describe: _____

18. **Emergency Reference:** Name of a relative or friend NOT planning to live with you. We will contact this person if we are not able to reach you in the case of an emergency.

Name: _____ Relationship: _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Telephone: () _____ () _____

19. Criminal Record:

(a.) Have you or any member of your household who will live in the unit ever been convicted of a crime?

(Circle One) YES NO

If yes, please explain: _____

Do you or any member of your household who will live in the unit have any criminal matters pending?

(Circle One) YES NO

If yes, please explain: _____

APPLICANT'S CERTIFICATION:

I understand that it is my responsibility to inform the Malden Housing Authority, in writing, of any change of preference status, address, income or household composition. I authorize the Malden Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the denial of my application.

I understand that all adult household members will be required to sign a Declaration of U.S. Citizenship form and adults responsible for minor children under the age of 18 will also sign a Declaration of a U.S. Citizenship form. The Malden Housing Authority will verify that those not claiming U.S. citizenship are eligible non-citizens. I understand that the Malden Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and 3rd party verification of all income and assets reported for all adult members of the

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household. I understand each adult family member is required by HUD to sign an Authorization for the Release of Information/Privacy Act Notice (HUD form 9886).

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature as valid as the original.

Applicant's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

Warning: 18 U.S.C. 1001 provides among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.



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Este é um aviso importante. Queira mandá-lo traduzir.
Este es un aviso importante. Sirvase mandarlo traducir.
ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
Ceci est important. Veuillez faire traduire.
本通知很重要。請將之譯成中文。
នេះគឺជាជំពាក់សំខាន់ សូមមេត្តាបកប្រែជូនជន



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