

**Control#**

**MILFORD HOUSING AUTHORITY**

45 Birmingham Court, Milford, MA 01757  
Phone: (508) 473-9521 | Fax: (508) 634-0853  
TTD/TTY (508) 473-9521

**APPLICATION UPDATE FOR FEDERAL PUBLIC HOUSING**  
**MAHER COURT**

Please list all members of your household starting with head of household as member #1, followed by the name and information of the member residing with you

	NAME	DATE OF BIRTH	AGE	RELATION	US CITIZEN YES/NO	DISABLED Y/N	SEX F/M	SS#
1				APPLICANT				
2								

*\*If a household member is not a US citizen, please provide immigration documentation\**

**RACE CODE – optional**

- WHITE
- BLACK
- AMERICAN INDIAN / ALASKAN NATICE
- ASIAN / PACIFIC ISLANDER

**ETHICITY CODE – optional**

- HISPANCIC
- NON – HISPANCIC

**CURRENT ADDRESS:** \_\_\_\_\_

**TOWN:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**APPLICANT CONTACT PHONE NUMBER:** \_\_\_\_\_

**APPLICANT EMAIL:** \_\_\_\_\_

# OF BEDROOMS AT CURRENT ADDRESS	CURRENT LANDLORD NAME	CURRENT LANDLORD PHONE NUMBER

**UNIT TYPE:**

Do you require a handicapped/wheelchair accessible unit? **Yes / No**

*\*Reasonable Accommodations for people with disabilities may also be requested\**

**PREVIOUS PARTICIPATION:**

1. Have you disposed of any assets for less than reasonable value in the past 2 years? **Yes / No**
  
2. Do you owe money to an PHA as a result of a Public Housing Program?  
**Yes / No**
  
3. Have you ever committed fraud in connection with any federal programs?  
**Yes / No**
  
4. Have you become homeless due to a natural disaster, (i.e., flood) in the past six months?  
**Yes / No**
  
5. Is any member subject to a lifetime registration requirement under a state sex offender?  
**Yes / No**

Do you own real estate, land, and/or a mobile home? \_\_\_\_\_ **YES** \_\_\_\_\_ **NO**  
 If **YES**, where? \_\_\_\_\_

**ASSETS: PLEASE COMPLETE THE FOLLOWING FOR ALL BANK ACCOUNTS**

Checking, savings, cd's, money market, etc.

<b>HOUSEHOLD MEMBER</b>	<b>ASSET TYPE</b>	<b>VALUE / AMOUNT</b>

**INCOME: PLEASE PROVIDE ALL SOURCES OF INCOME**

List income of all household members: Wages, Unemployment Benefits, Workman's Compensation, Public Assistance, Alimony, Child Support, Disability or Death Benefits, Social Security and/or Pensions, Interest & Dividends, Annuities, Rental Income from Property and any other form of Income

<b>HOUSEHOLD MEMBER</b>	<b>INCOME TYPE</b>	<b>INCOME FREQUENCY</b> <i>(weekly, bi-weekly, monthly, annually)</i>	<b>AMOUNT PER YEAR</b>

**ALLOWANCES / DEDUCTIONS:**

The following deductions are allowed, if applicable: Out of pocket medical expenses (Federal elderly definition includes 62 years of age or older, as well as disabled and handicapped)

<b>HOUSEHOLD MEMBER</b>	<b>TYPE OF ALLOWANCE / DEDCUTION</b>	<b>YEARLY AMOUNT</b>

**REFERENCE:**

*\*May not include relatives and/or family members\**

<b>Name:</b>
<b>Contact Number:</b>
<b>Email:</b>
<b>Address:</b>
<b>City:</b>
<b>State:</b>
<b>Zip:</b>

**LIST RESIDENCES FOR THE LAST FIVE (5) YEARS:**

*\*Please list primary lease holder if someone other than yourself\**

<b>Name of Primary Leaseholder:</b>
<b>Address:</b>
<b>City:</b>
<b>State:</b>
<b>Zip:</b>
<b>Date From:</b> _____ <b>To:</b> _____
<b>Landlord Name:</b>
<b>Landlord Contact Number:</b>

Did this landlord bring any court action against the leaseholder or you? \_\_\_\_\_ Yes \_\_\_\_\_ No

<b>Name of Primary Leaseholder:</b>
<b>Address:</b>
<b>City:</b>
<b>State:</b>
<b>Zip:</b>
<b>Date From:</b> _____ <b>To:</b> _____
<b>Landlord Name:</b>
<b>Landlord Contact Number:</b>

Did this landlord bring any court action against the leaseholder or you? \_\_\_\_\_ Yes \_\_\_\_\_ No

<b>Name of Primary Leaseholder:</b>
<b>Address:</b>
<b>City:</b>
<b>State:</b>
<b>Zip:</b>
<b>Date From:</b> _____ <b>To:</b> _____
<b>Landlord Name:</b>
<b>Landlord Contact Number:</b>

Did this landlord bring any court action against the leaseholder or you? \_\_\_\_\_ Yes \_\_\_\_\_ No

**CRIMINAL RECORD:** Pursuant to 803 CMR 5.05 (1) the MHA will obtain Criminal Record Information for all applicants and household members 18 years of age and older.

Have you or a member of your household who will be residing in with you, ever been convicted of a violent crime or of the manufacture, distribution, or intent to distribute drugs?

\_\_\_\_\_ YES \_\_\_\_\_ NO

Have you or a member of your household who live with you been convicted of a felony for the use or possession of drugs within the past year?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If you have answered "YES" to one or both above CRIMINAL RECORD questions, please explain:

---

---

---

Is any member subject to a lifetime registration requirement under a state offender registration program? \_\_\_\_\_ YES \_\_\_\_\_ NO

*Failure to respond to this question may jeopardize the approval of the application*

**ADDITIONAL CONTACT INFORMATION:**

In the event the MHA is unable to contact you directly regarding your application, please provide a name and telephone number of a contact.

If you do not wish to provide this information, please check this box:

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Telephone Number**

**APPLICANTS CERTIFICATION:**

I understand that ***this application is not an offer of housing***, and I should not make any plans to move or end my current tenancy. I understand that it is my responsibility to inform the Milford Housing Authority in writing of any change of address, household size or any change in my circumstances as I have described on this application. I understand that ***I must respond promptly*** to all Milford Housing Authority inquiries or my application may be withdrawn.

I authorize the Milford Housing Authority to make inquiries to verify the information that I have given on this application. I certify that the information provided on this application is true, accurate and complete to the best of my knowledge. I understand that false statements or information are criminal offenses punishable under the state and federal laws. I also understand that false statements or information are grounds for denial of this application or termination of my participation in the program.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**