

Warning! Seccion 1001 of title 18 of the U.S. code
 Makes it a Criminal Offense to make any willful false
 Statement or misrepresentation to any Department/
 Agency of the U.S. as to any state within its jurisdiction.

Control #: _____
 L.R.P.H./Maher Ct.
ONE BEDROOM ONLY

MILFORD HOUSING AUTHORITY

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

APPLICATION 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								

ff a household member is not a US citizen, please provide immigration documentation

RACE CODE - optional

WHITE _____
 BLACK _____
 AMERICAN INDIAN/ ALASKAN NATIVE _____
 ASIAN/PACIFIC ISLANDER _____

ETHICITY CODE - optional

HISPANIC _____
 NON HISPANIC _____

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 the design features of a handicapped/wheelchair bound accessible unit? Yes/ No
 If Yes, please provide a doctor's letter.

Reasonable Accommodation for people with disabilities may also be requested

PREVIOUS PARTICIPATION:

1. Have you disposed of any assets of 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.

HOUSEHOLD MEMBER	ASSET TYPE	VALUE/ AMOUNT

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

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

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)

HOUSEHOLD MEMBER	TYPE OF ALLOWANCE / DEDCUCTION	YEARLY AMOUNT

REFERENCE:

* May not include relatives and/or family members*

Name:
Contact Number:
Email:
Address:
City:
State:
Zip:

LIST RESIDENCES FOR THE LAST FIVE (5) YEARS:

Please list primary lease holder if someone other than yourself

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

Did this landlord bring any court action against the leaseholder or you? ___ Yes _____ No

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

Did this landlord bring any court action against the leaseholder or you? ___ Yes _____ No

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

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 in this application. I understand that *I must respond promptly* to all Milford Housing Authority inquires 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