

North Adams Housing Authority  
 150 Ashland Street - P.O. Box 666  
 North Adams, MA 01247-0666  
 Tel 413-663-5379 Fax 413-664-7223  
 TDD (413) 664-7710

**APPLICATION FOR HOUSING**

PROGRAM: PUBLIC

PROJECT: \_\_\_\_\_

1. FAMILY COMPOSITION

OCCUPANT NUMBER	NAME	SS#	RELATION	SEX	DOB	AGE	SS	BC
1			HEAD OF HOUSEHOLD					
2								
3								
4								
5								
6								

Describes any anticipated change in family composition \_\_\_\_\_  
 \_\_\_\_\_

2. PRESENT ADDRESS

STREET, NUMBER, APT.#		
CITY	STATE	ZIP
TELEPHONE	OR LEAVE MESSAGE AT	

3. CURRENT HOUSING COSTS

CURRENT RENT \_\_\_\_\_ BELOW LIST ANY UTILITIES FOR WHICH YOU ARE RESPONSIBLE

UTILITY	AMT/MO	UTILITY	AMT/MO	UTILITY	AMT/MO

4. INCOME

OCC#	SOURCE	AMT.	V

5. DEDUCTIONS AND ALLOWANCES

CHILD CARE EXPENSES: PROVIDER \_\_\_\_\_ AMT/PER \_\_\_\_\_

MEDICAL EXPENSES: (ELDERLY ONLY)  
 INSURANCE PREMIUMS: CARRIER \_\_\_\_\_ AMT/PER \_\_\_\_\_

PLEASE LIST OTHER MEDICAL EXPENSES ON SUPPLEMENTAL SHEET

6. ASSETS

OCC#	DESCRIPTION	AMT.	INCOME TYPE	RATE	AMT.

APPLICANT NAME
NUMBER
B/R
PROT. PRTY
E/F

7. VETERANS STATUS:  
 N/A \_\_\_\_\_ BRANCH \_\_\_\_\_ SERIAL # \_\_\_\_\_ DISCHARGE \_\_\_\_\_

8. DESCRIBE ANY PETS THAT YOU INTEND TO KEEP \_\_\_\_\_

9. MINORITY STATUS: WE REQUEST THE FOLLOWING INFORMATION FOR THE PURPOSE OF PROVIDING ACCURATE STATISTICAL DATA TO THE DEPT. OF HOUSING AND URBAN DEVELOPMENT.  
 CHECK ONE: WHITE  BLACK  AMER. INDIAN  ASIAN   
 CHECK ONE: HISPANIC  NONHISPANIC

10. WHY DO YOU WISH TO MOVE? \_\_\_\_\_

11. HOUSING HISTORY PLEASE LIST ADDRESSES FOR THE LAST FIVE YEARS

CURRENT ADDRESS	ADDRESS:
	DATES: FROM: _____ TO: _____ LANDLORD: _____
	LANDLORDS ADDRESS:
	REASON FOR LEAVING:
PREVIOUS ADDRESS	ADDRESS:
	DATES: FROM: _____ TO: _____ LANDLORD: _____
	LANDLORDS ADDRESS:
	REASON FOR LEAVING:
PREVIOUS ADDRESS	ADDRESS:
	DATES: FROM: _____ TO: _____ LANDLORD: _____
	LANDLORDS ADDRESS:
	REASON FOR LEAVING:
PREVIOUS ADDRESS	ADDRESS:
	DATES: FROM: _____ TO: _____ LANDLORD: _____
	LANDLORDS ADDRESS:
	REASON FOR LEAVING:

HAVE YOU EVER BEEN EVICTED: \_\_\_\_\_ IF YES, WHEN? \_\_\_\_\_

FROM WHERE? \_\_\_\_\_  
 ARE YOU IN THE PROCESS OF AN EVICTION? \_\_\_\_\_

ARE YOU NOW LIVING OR HAVE YOU EVER LIVED IN A GOVERNMENT RENTAL UNIT? \_\_\_\_\_

DO YOU OWE ANY MONEY TO ANY PUBLIC HOUSING AUTHORITY AS A RESULT OF PUBLIC HOUSING PROGRAMS? \_\_\_\_\_ IF YES: AGENCY \_\_\_\_\_ AMT. \_\_\_\_\_

HAVE YOU EVER COMMITTED FRAUD IN CONNECTION WITH ANY FEDERAL PROGRAM? \_\_\_\_\_

Have you or any member of your household who will live in the unit ever been convicted or charged with a felony or a misdemeanor?  
 Yes  or No  If yes, Please explain \_\_\_\_\_

\*\*\*\*\*  
 I understand that this is not a contract and does not bind either party. The above information is all true and complete to the best of my knowledge. I understand that any false statement or misrepresentation may result in the cancellation of my application. I have no objections to inquiries being made for the purpose of verifying the statements made herein. I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Boards for all adult members of the household.

DATE: \_\_\_\_\_ SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE OF COAPPLICANT: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_

**WARNING**  
 SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OF MISREPRESENTATION TO ANY DEPARTMENT OF THE U.S. GOVERNMENT.

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 CERTIFICATION (FOR OFFICE USE ONLY)  
 ON THE BASIS OF THE DETERMINATION SET FORTH, THE APPLICANT FAMILY NAMED HERE HAS BEEN FOUND TO BE:

\_\_\_\_\_ ELIGIBLE FOR ADMISSION/PARTICIPATION

\_\_\_\_\_ INELIGIBLE FOR ADMISSION/PARTICIPATION

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
 TITLE: PROGRAM MANAGER