



**Universal STANDARD Application for State-Aided  
Public Housing, MRVP, & AHVP  
Belmont Housing Authority  
59 Pearson Road  
Belmont, MA 02478**

This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Barrier fee:	_____
First Floor:	_____
Elderly Handicapped:	_____
Race and/or Ethnicity:	_____
Priority /Preference Category:	_____
Language:	_____

**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 local housing authorities at which you want to apply.** **Please check the list of local housing authorities for availability of family or elderly/non-elderly handicapped housing.**

1. Name of Applicant: \_\_\_\_\_

Current Residence Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City / Town: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Best # to Reach Applicant \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Type of Public Housing You are Applying For:  Elderly  Non-Elderly, Handicapped

Congregate Elderly/Handicapped  Family  MRVP  AHVP

Note: To be eligible for elderly/handicapped housing you must be at least 60 years old or a person with a handicap. If you have a handicap, the handicap must be other than a history of alcohol/drug abuse. If you have a handicap, you must provide certification by a doctor clearly stating that you have a handicap and it is expected to be of long and indefinite in duration lasting at least six months. In addition, the LHA will need to determine that certain special architectural features OR low rent housing is not available in the private market AND that the applicant is faced with living in an institution or decadent substandard housing OR the applicant is paying excessive rents.

3. If you want to apply for emergency Housing you must select one of the categories below:

Note: To be eligible for Emergency applicant status you must be "homeless," which is defined by state regulations as: an applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit, who has not caused or substantially contributed to the situation, who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing, and who is displaced from is/her primary residence for one of the following reasons. Please check the reason that applied to your situation.

- Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)
- Displaced by Public Action (i.e. Urban renewal, eminent domain)
- Displaced by Public Action (i.e. Condemnation of home, code violations)
- Displaced by No-fault of housing, Severe Medical emergency and/or Victim of Abuse (domestic violence) where the housing situation significantly contributes to or is direct threat to the life and safety of the applicant.

**If you have selected one of the above emergency categories in this section, you must complete an EMERGENCY APPLICATION in addition to this Standard Application. All emergency applications must be accompanied by third party written documentation.**



4. **Local Preference:** In addition to receiving local preference for the City or Town where you principally reside, you may receive local preference based on where you are employed.

Please answer the following:

- Provide the name of the City/Town in which you are employed: \_\_\_\_\_
- Provide the dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Home Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

5. **Veteran Preference:**

**Only for Family Housing:** You may apply for Veteran Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a dependent child of a Veteran.

**Only for Elderly / Handicapped Housing:** You may apply for Veteran Preference if you are a Veteran who resides in the City or Town.

If you wish to apply for Veteran Preference, list the dates of U.S. military service. Include service dates for service in the U.S. Army, Marine Corps, Coast Guard, Air Force or National Guard.

Service Date: From: \_\_\_\_\_ To: \_\_\_\_\_

**A Copy of the Veteran's Department of Defense Form DD214 must be submitted with this application.**

6. Do you have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons?  yes  no

Please Specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you need a wheelchair accessible apartment?  yes  no

8. Number of Bedrooms needed:  1  2  3  4  5

Note: Most elderly / handicapped housing developments only have 1 bedroom units.

9. Are you currently living in a non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program?  yes  no



10. Does anyone in your household own a car?  yes  no

Make of car: \_\_\_\_\_ Year: \_\_\_\_\_ Reg. Number: \_\_\_\_\_

Make of car: \_\_\_\_\_ Year: \_\_\_\_\_ Reg. Number: \_\_\_\_\_

11. Members of household to live in unit, including **Head** of Household:

First & Last Name	Relationship To Head of Household	Racial Designation*	Ethnic Designation**	Social Security Number***	Sex	Date of Birth	Occupation • Employed • At Home • Handicapped • Student
	<b>Head</b>						

\***Racial Designation:** American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander, White; Other (specify).

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

Responding to these questions 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 will be used to verify income, assets, and criminal record information.

12. Is a change in the household composition expected?  yes  no

If yes, what type? \_\_\_\_\_

When?



13. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 month. Specify all sources.

Household Member Name		Name & Address of Employer or Source of Income	Gross Income for Next 12 Months
	Salaries, Wages, including Overtime / Tips		\$
	Salaries, Wages, including Overtime / Tips		\$
	Net Income from Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Unemployment or Disability Compensation		\$
	Pensions & Annuities		\$
	Regular Social Security Benefits and / or SSI		\$
	VA Disability Income		\$
	TAFDC or Public Assistance		\$
	Regular Alimony Support Payments		\$
	Other Income		\$
Total Gross Income:			\$



14. **Expenses:**

Un-reimbursed Medical Expenses:	\$
Alimony of Child Support Payments:	\$
Health Insurance:	\$
Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment)	\$

15. **Assets:** Do you own any real estate?  yes  no

If yes, please provide the address: \_\_\_\_\_

List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

16. Have you sold, transferred or given away any real property or assets in the last three (3) years?  yes  no

**If yes:** Date of sale / transfer: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
 Amount of the sale / transfer: \_\_\_\_\_  
 Value of the sale / transfer: \_\_\_\_\_



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

(1) Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(2) Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

18. **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)

(1) Name of Primary Leaseholder: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Landlord Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Landlord Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Did this landlord bring any court action against the leaseholder or you? (check one)  yes  no  
Did this landlord return your security deposit? (check one)  yes  no  n/a

(2) Name of Primary Leaseholder: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Landlord Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Landlord Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Did this landlord bring any court action against the leaseholder or you? (check one)  yes  no  
Did this landlord return your security deposit? (check one)  yes  no  n/a

(3) Name of Primary Leaseholder: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt # \_\_\_\_\_ Date From: \_\_\_\_\_ To: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Landlord Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Landlord Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Did this landlord bring any court action against the leaseholder or you? (check one)  yes  no  
Did this landlord return your security deposit? (check one)  yes  no  n/a



19. Have you, or any member of your household ever received housing assistance from this or any other housing agency? (check one)  yes  no

If yes, Name of Head of Household at that time: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_

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? (check one)  yes  no

If No, Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Are you a Board Member, employee, or a member of the immediate family of an employee of a board member of this housing Authority?  yes  no If so, this will not necessarily disqualify your application.

If Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Do you have any pets?  yes  no If so, how many? \_\_\_\_\_

Please describe: \_\_\_\_\_  
\_\_\_\_\_

22. 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: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_



23. **Criminal Record:** Have you or any member of your household who will live in the unit ever been convicted of a felony?  yes  no  
If Yes, Please  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. Do you or any member of your household who will live in the unit have any criminal matters pending?  
 yes  no  
If Yes, Please  
Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT’S CERTIFICATION:**

I understand that this application is not an offer of housing. I understand that a Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list; and, if I reapply, my application will not receive any priority or preference that was granted on the prior application for a three (3) year period.

Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written **Unit Offer** from a Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of addresses, income, or household composition. I authorize the 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 the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches for all adult members of the household.**

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: \_\_\_\_\_





**Belmont Housing Authority**  
**59 Pearson Road**  
**Belmont, MA 02478**

**Certification and Consent to Verification**

Notice: Belmont Housing Authority may use your name, date of birth, address, social security number, or other identifying information for purposes permitted by federal and state law, including to verify the information you have provided on this application, such as any information that you have provided about your wages, income, assets and receipt of public benefits or services. We may also match the identifying information that you provided on this application relating to your family members, such as your spouse, an absent parent, or your dependents. Names, dates of birth, addresses, social security numbers or other identifying information may be matched with computer or other files, to include but not be limited to, files from the following Data Holders: Internal Revenue Service; Social Security Administration; Alien Verification Information System; Center for Support Enforcement; Department of Transitional Assistance; Department of Early Education and Care; Division of Unemployment Assistance; Department of Veteran's Services; Bureau of Special Investigations; Bureau of Vital Statistics; SAVE; Department of Criminal Justice Information Services; employers; landlords; Local Housing Authorities, schools, insurance companies, banks and/or financial institutions.

Certification: I certify, under penalty of perjury, that the information that I have provided on this application is correct and complete to the best of my knowledge.

Consent: To the extent that my consent is required, I authorize Belmont Housing Authority to use identifying information on this application to perform matches with the Data Holders to confirm the information on this application as it pertains to the determination of my eligibility for assistance and to detect fraud. I also authorize the Data Holders to release my wage, tax, child support, benefits, income or other information to Belmont Housing Authority for purposes of verifying the information on this application and for detecting fraud.

This form must be read and signed by all adult family members of the household listed on the application.

_____ Signature of Applicant or Legal Representative	_____ Name (Print)	_____ Date
_____ Signature of Adult Household Member	_____ Name (Print)	_____ Date
_____ Signature of Adult Household Member	_____ Name (Print)	_____ Date
_____ Signature of Adult Household Member	_____ Name (Print)	_____ Date

This certification and consent is valid until superseded by a subsequent application or revoked in writing by a signatory or a person legally authorized to act on his or her behalf.

**BELMONT HOUSING AUTHORITY**

**59 Pearson Road  
Belmont, MA 02478  
(617)484-2160**

Name of Physician \_\_\_\_\_

Physician's Address \_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

**PHYSICIAN'S VERIFICATION OF SEVERE MEDICAL EMERGENCY**

\_\_\_\_\_  
Applicant's Name

Control No. \_\_\_\_\_

\_\_\_\_\_  
Applicant's Address

I hereby authorize release  
of the requested information:

\_\_\_\_\_  
Applicant's Signature

Dear Dr. \_\_\_\_\_:

The above named applicant is seeking state-aided housing with this Authority and has indicated that he/she is being displaced or has been displaced from his/her current housing because of a severe medical emergency.

In order to determine whether to grant priority status for this applicant, we must secure verification of a qualifying severe medical emergency. Therefore, we would appreciate your completing the verification on the reverse and returning this form directly to the Housing Authority. A representative of the Authority may contact you at a later date to confirm the information.

Sincerely,

Patricia Cupo  
Tenant Selection Coordinator

**PHYSICIAN'S VERIFICATION OF SEVERE MEDICAL EMERGENCY**

1. Is the applicant or member of the applicant's household suffering from an illness or injury which poses a severe and medically documented threat to life or safety? (circle one)

YES NO NO OPINION

If YES, please explain: \_\_\_\_\_

2. Is the applicant's current housing situation a cause of the illness or injury or is it a substantial impediment to treatment or recovery from this illness or injury? (circle one)

YES NO NO OPINION

If YES, please explain: \_\_\_\_\_

3. How long has the applicant or household member been your patient? \_\_\_\_\_

4. For what are you currently treating the patient? \_\_\_\_\_

**PHYSICIAN'S CERTIFICATION**

I certify that the information provided above represents my professional judgment and is true and correct to the best of my knowledge and belief.

\_\_\_\_\_, MD  
Signature

\_\_\_\_\_  
Date

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_