

**FEDERAL APPLICATION FOR ADMISSION AND REDETERMINATION**

Office Use Only

Applicant Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email \_\_\_\_\_

- Family (Rand Circle)  
 Elderly/Disabled 1 BR (Highland Manor)

Date /Time \_\_\_\_\_  
 Received \_\_\_\_\_  
 Control Number \_\_\_\_\_

Family Member	Name :	Birthdate	Relationship	Social Security Number	Age	Sex M or F	Disabled Y or N
1			Head of House				
2							
3							
4							
5							
6							
7							

**ALL CHANGES IN ADDRESS, INCOME AND FAMILY COMPOSITION MUST BE REPORTED TO THE DHA IN WRITING IN ORDER FOR YOU TO REMAIN ON THE WAITING LIST.**

**Racial Designation:**

- American Indian   
  Black   
  Asian   
  Hispanic   
  White   
  Other \_\_\_\_\_

**Housing Characteristics: Current Housing**

- Standard   
  Substandard   
  Without (or about to be without) Housing

**Preferences:**

- Resident (living or working in Danvers)   
  Working (at least 90 consecutive days)  
 Attending school, college or recognized training programs   
  Paying 50% of income to rent \* \_\_\_\_\_ \*  
 Displacement due to documented domestic violence   
  Displacement due to documented natural disaster  
 Veteran Status (must provide copy of discharge papers DD-214)

**Family Assets - Source and Amounts: (include cash, savings, IRAs CDs, stocks, bonds, annuities, property, etc.)**

Family Member	Description	Amount/Value

**Family Income – Source and Amounts of Income of ALL Family Members age 18 and older:**

Family Member	Source	Rate per Week/Month

Special Needs \_\_\_\_\_

Make, Model and Registration Number of Auto(s) \_\_\_\_\_

Do you own a pet? If yes, please describe \_\_\_\_\_

Name, Address and Phone Number of Next of Kin

\_\_\_\_\_  
\_\_\_\_\_

List two personal references (not family or household members):

\_\_\_\_\_  
\_\_\_\_\_

Previous Addresses for the last ten years: (attach additional paper if necessary to list all residences for the ten years)

Address \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address and Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Landlord's Name \_\_\_\_\_

Landlord's Address and Phone Number \_\_\_\_\_

Medical Deductions and Allowances (only elderly/disabled )

Family Member	Description	Cost

Childcare (only families with parents who either work or attend school)

Family Member	Provider	Rate per week/month

Previous Participation

- Have you brought, sold or transferred property within the last two years? Y \_\_\_\_\_ N \_\_\_\_\_
- Have you given away any assets in the past two years? Y \_\_\_\_\_ N \_\_\_\_\_
- Do you owe money to any other PHA as a result of Public Housing Programs? Y \_\_\_\_\_ N \_\_\_\_\_
- Have you ever committed fraud in connection with any Federal Programs? Y \_\_\_\_\_ N \_\_\_\_\_
- Have you received an Earned Income Tax Credit during the past 12 months? Y \_\_\_\_\_ N \_\_\_\_\_
- Are you or have you ever been a tenant with another public housing agency? Y \_\_\_\_\_ N \_\_\_\_\_

Name of Agency \_\_\_\_\_  
 Dates of Tenancy \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_

Criminal Record: Have you or any member of your household who will lie in the unit been convicted of a misdemeanor in the last five years? Y \_\_\_\_\_ N \_\_\_\_\_ If yes, please explain \_\_\_\_\_

**PLEASE NOTE: THE DANVERS HOUSING AUTHORITY REQUESTS A CORI (Criminal Offenders Record Information) ON ALL APPLICANTS AGE 17 AND OLDER.**

Applicants must verify all information checked on this application, in order to determine the proper priority and preference. If information is not supplied, no preference or priority will be given.

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 have no objections to inquiries being made for the purpose of verifying the statements made herein.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Interviewed by (DHA Representative)

WARNING: Section 1001 of Title. 18 of the U.S. Code makes it a criminal offense to make willful, false statements of mis-representation to any Department or Agency of the United States as to any matter within its jurisdiction