

Danvers Housing Authority
14 Stone Street, Danvers, Massachusetts 01923
Phone: 978-777-0909. Website: www.danvershousing.org

Highland Manor Preliminary Project Based Voucher Application

OFFICE USE ONLY

Applicant Name _____ Address _____ Phone _____ Email _____
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Date Received _____ Time Received _____ Application No. _____

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

Racial Designation: Optional for statistical purposes only.

☐ American Indian ☐ Black ☐ Asian ☐ Hispanic ☐ White ☐ Other _____

Number of Bedrooms: (Only 1 Bedroom Available). You must be at least 62 years old or disabled to be eligible.

Priority Designations: Please check all that apply.

☐ Resident (living or working in Danvers) ☐ Veteran or Surviving Spouse (DD-214 required)
☐ Working in Danvers

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

Do you require a first-floor apartment? _____

List any Special Needs Including Mobility, Hearing, Visual or Other: _____

Make, Model and Registration Number of Auto(s) _____

Do you have a pet? If yes, please describe _____

Name, Address and Phone Number of Next of Kin

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

Family Member	Description	Cost

Additional Information:

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 the household who will live in the apartment been convicted of a crime in the last ten years? Y _____ N _____ If yes, please explain:

Are you and/or any member of the household registered or required to register with any State or Federal Sex Offender Registry?

Y _____ N _____ If yes, list member, state, and date: _____

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

ALL QUESTIONS MUST BE ANSWERED IN ORDER TO PROCESS YOUR APPLICATION PROPERLY. INCOMPLETE APPLICATIONS WILL NOT BE ELIGIBLE. APPLICANTS MUST VERIFY ALL INFORMATION CHECKED ON THIS APPLICATION TO DETERMINE ANY PRIORITY CHECKED.

Applicant Acknowledgement

I acknowledge that this application is not an offer of housing. I understand that I should not make any plans to move or end my present tenancy. I understand that it is **my responsibility** to inform the Housing Authority in writing of any change of address, income, or household composition or my application will be cancelled.

I acknowledge and certify that the information that I have given in the application is true and correct. I understand that knowingly making any false statement or misrepresentation may result in rejection of my application.

I acknowledge and state that I have no objections to inquiries being made for the purpose of verifying the statements made herein.

Signed under the pains and penalty of perjury.

Applicant Signature: _____

Date: _____

Spouse/Other Adult Signature: _____

Date: _____