

FEDERAL APPLICATION FOR ADMISSION AND REDETERMINATION

Control Number _____

Applicant Name _____

Address _____

Rand Circle
Highland Manor

Phone Number _____

Family Member	Name	Birthdate	Relationship	Social Sec. #	Age	Sex	Disabled Y or N
1			Head of House				
2							
3							
4							
5							
6							
7							
8							

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.

Special Needs _____
 Do you require a 1st floor or building with Elevator? _____ Yes _____ No
 Make, Model and Registration Number of Auto(s) _____

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

Phone Number of Emergency Contact _____

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

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: _____

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

Family Member	Source	Rate per Week/Month

Source and Amounts of Family Assets: (include cash, savings, IRA's, CD's, stocks, bonds, annuities, property, etc.

Family Member	Description	Amount/Value

Medical Deductions and Allowances (elderly/disabled only)

Family Member	Description	Cost

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

Family Member	Provider	Rate per week/month

Family Characteristics – Minority Code:

White/Non Minority Black American Indian Spanish-American Oriental Other
 Ethnicity: Hispanic Non-Hispanic

Housing Characteristics: Present 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).

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 Program? 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 live in the unit been convicted of a misdemeanor in the last five years? Y ___ N ___ If yes, Year(s) _____ Charge(s) _____
 Disposition(s) _____

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 misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

AUTHORIZATION

I, _____, do hereby authorize the Danvers Housing Authority, and their staff, to contact any agencies, offices, groups or organizations to obtain any information or materials which is deemed necessary to complete my application for participation in Public Housing programs.

Signed: _____

Date: _____

Witness: _____

CRIMINAL & SEX OFFENDER BACKGROUND INFORMATION

Federal law requires us to get drug and criminal background and sex offender registration information about all adult household members applying for assisted housing. To enable us to do this, all household members age 18 or older must answer the questions below, and then sign below to consent to a background check. The questions ask about drug-related and other criminal activity that could adversely affect the health, safety, or welfare of other residents.

The Danvers Housing Authority will deny the application of any applicant who does not provide complete and accurate information on this form or does not consent to a background check.

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1. Have you been evicted from a federally assisted site for drug-related criminal activity within the past ten years? Yes No
 2. Do you currently use illegal drugs or abuse alcohol? Yes No
 3. Are you currently subject to a lifetime registration requirement under a state sex offender registration program? Yes No
 4. Have you been convicted of any drug-related crime within the last ten years? Yes No
 5. Have you been convicted of any felony within the past ten years? Yes No
 6. Have you been convicted of any crime involving fraud or dishonesty within the past ten years? Yes No
 7. Have you been convicted of any crime involving violence within the past ten years? Yes No
 8. Are you currently charged with any of the above criminal activities? Yes No
 9. Please list all states in which you have lived or have held licenses to drive (include drivers license #'s)

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10. Have you ever used or been known by any other name? Yes No

I understand that the above information is required to determine my eligibility for residency. I certify that my answers to the above questions are true and complete to the best of my knowledge. I understand that making false statements on this form is grounds for denial or termination of my lease. I authorize the Danvers Housing Authority to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

I hereby authorize law enforcement agencies to release criminal records and/or sex offender registration information to the Danvers Housing Authority, or to an agency contracted by the Danvers Housing Authority to conduct criminal background checks. **All members age 18 and older will need to sign below.**

Applicant's Signature _____ Date _____

Applicant's Name (please print) _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Name (please print) _____ Date _____

Applicant's Signature _____ Date _____

Applicant's Name (please print) _____ Date _____