



Eastham Housing Authority

Management Office

94 HOPKINS LANE
ORLEANS, MASSACHUSETTS 02653
TEL: (508) 255-0064
FAX: (508) 255-0068

NOTE: COMPLETED APPLICATION MUST BE SUBMITTED TO ABOVE ADDRESS

HOUSING APPLICATION

1. Name of Applicant _____
Current Address _____ Apt. No. _____
City/Town/State _____
Mailing Address _____
City/Town _____ State _____ Zip _____
Home Telephone(____) _____ Work Telephone(____) _____

2. Preference Consideration - Check if:

- _____ a. You presently live and/or work in the Town of Eastham.
_____ b. You are living in substandard housing or are homeless, OR you have been involuntarily displaced or will be in the next six months, OR you are paying more than 50% of your income for rent and utilities.

3. Eastham Housing Authority has 1, 2 & 4 bedroom units only. Check number of bedrooms you are applying for:

() 1 Bedroom () 2 Bedroom
() 4 Bedroom

4. List all members of household to live in unit, including head of household.

First Name, Middle Initial and Last Name of every person to live in household	Social Security Number	Relation to Head	Sex	Date of Birth	Occupation or Grade in School
1.		HEAD			
2.					
3.					
4.					
5.					

5. Is a change in the household expected? (Circle One) YES NO

If yes, what type of change? _____

When? _____

6. Do you have any pets? (Circle One) YES NO

If yes, please describe _____

7. INCOME before Deductions: Estimate the gross income anticipated for all household members from all sources during the next 12 months. Specify all sources.

Household Member		Name & Address of Employer or Source of Income	Gross Income for Previous Calendar Year	Gross Income for next 12 Months
	Salaries, Wages, including Overtime and/or Tips			
	Salaries, Wages, including Overtime and/or Tips			
	Regular Social Security Benefits and/or SSI			
	V.A. Disability			
	Pensions and Annuities			
	AFDC or Public Assistance			
	Regular Alimony, Child Support, Gifts			
	Regular Unemployment or Disability Compensation			
	Net Income from Self Employment			
	Interest, Dividends, Trust Income			
	Other Income			
TOTAL GROSS INCOME			\$	

8. ASSETS: List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. Do not include the value of clothing, furniture or cars.

Household Member	Description of Assets	Value of Applicant's Equity

9. Does anyone in your household own a car? (Circle One) YES NO

Make of Car _____ Year _____ Registration No. _____
Make of Car _____ Year _____ Registration No. _____
Make of Car _____ Year _____ Registration No. _____

10. References: List 2 personal references. They may not be relatives or household members

1. Name _____ Telephone _____
Mailing Address _____
City/State/Zip _____
2. Name _____ Telephone _____
Mailing Address _____
City/State/Zip _____



11. List Addresses for the last 5 years beginning with most recent address. Indicate month and year you lived at each address. Attach additional paper if more space is needed.

1. Address _____ From _____ to Present
Landlord _____ Telephone _____
Mailing _____
Address of Landlord _____

2. Address _____ From _____ to _____
Landlord _____ Telephone _____
Mailing _____
Address of Landlord _____

3. Address _____ From _____ to _____
Landlord _____ Telephone _____
Mailing _____
Address of Landlord _____

12. Have you or any member of your household ever received housing assistance from this or any housing agency or group? This includes Rental Assistance programs. (Circle One) YES NO

If YES: Name of head of Household at that time _____

Relation to present applicant _____

Name of Housing Agency _____

Dates Lived There _____

Reason Moved Out _____

Did you leave as a Tenant in Good Standing? (Circle One) YES NO

If No, explain _____

13. Are you a Board Member, employee or member of the immediate family of an employee or Board Member of this Housing Authority? (If yes, this will not necessarily disqualify your application). (Circle One) YES NO

If Yes, explain _____

14. 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 or in case of an emergency.

Name _____ Relationship _____

Address _____ Telephone _____

15. Criminal Record

Have you or any member of your household who will live with you in the unit been convicted of a misdemeanor in the last 5 years?

(CIRCLE ONE) YES NO

Have you or any member of your household who will live with you in the unit been convicted of a felony in the last 5 years?

(CIRCLE ONE) YES NO

If yes to either of the above, please explain: _____



APPLICANT'S CERTIFICATION

I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate conventional unit. I do not accept that offer, I will lose any priority or preference status and my application will be put at the bottom of the waiting list. If an offer is made to me and I do not respond, I understand that my name will be removed from the waiting list although I can reapply again at any time.

Based upon this application I understand that I should not make any plans to move or end my present tenancy until such time as I have received a written Unit Offer from the Housing Authority. I understand that it is my responsibility to inform the housing authority in writing of any change of address, 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 to the best of my knowledge. I understand that any false statement or misrepresentation may result in the cancellation of my application.

You are hereby notified that as a part of the final screening of all applicants, we will check Criminal Offenders Records Information (CORI).

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's Signature

Date

If you believe you have been discriminated against in seeking housing, you should contact the Commission against Discrimination (617-727-3990), or the U.S. Department of Housing and Urban Development (617-565-5308).

