

FOR OFFICE USE ONLY

Control Number: _____

Bedroom Size: _____

SALEM HOUSING AUTHORITY

27 Charter Street

Salem, Massachusetts 01970

978-744-4431

TTD 800-745-6575

Application for the Section 8 Project-Based Voucher Program at Pequot Highlands

Equal Housing Opportunity

The information which you are being asked to provide as the Head of Household is used to determine if your Household is both **eligible** and **qualified** for admission to the programs indicated above. This information is subject to verification, and you will be required to sign releases that will permit the Authority to confirm all information provided below. By signing this application, you are certifying that the information you have provided is correct. **Misrepresentation of information is grounds for removal from the waiting list or terminated from the Section 8 Project-Based Voucher Program.**

For applicants to federal housing, Title 18, Section 1001 of the U.S. Code states that it is a felony to intentionally make false or fraudulent statements to any federal department or agency. As the information provided below may be shared with the U.S. Department of Housing and Urban Development, misrepresentation of information is a felony.

Incomplete applications will not be processed. You will be notified by letter that your application is incomplete. It is the responsibility of the applicant to provide all required information for the program(s) which you have indicated. If a question is not applicable to your household, please indicate this on the application. Your household will be added to the waiting list for the programs specified on this application only at the time that the application is complete.

Please Print all Answers Legibly

1. Head(s) of Household: _____ Maiden Name: _____

2. Current Address: _____

City or Town _____ State _____ Zip _____

3. Current Mailing Address: _____

City or Town _____ State _____ Zip _____

4. Home Phone _____ Mobile _____ Work _____

5. Email: _____

6. Do any of the Preferences Categories listed below pertain to your current status?

Please select all that apply to your household.

SHA staff will review the basis of your claimed Preference to determine if you are eligible for the Preference.

Veteran	
Involuntarily Displaced (Disaster i.e.: fire, flood, code enforcement, etc.)	
Victim of Domestic Violence	
Substandard Housing (including homelessness)	
Rent Burden Paying More than 50% of income for rent and utilities	
Lives, works, or has been hired to work in the jurisdiction of Salem	

7. Provide the full name including middle initial of all Household members who will be living in the unit, their date of birth, place of birth, sex, relationship to the Head of Household, occupation and Social Security Number. Social Security numbers will be used for income verification. If any of this information is not provided, the application will be considered incomplete and will not be processed.

NAME	Date of Birth	Place of Birth	SEX	Relation to Head of Household	Occupation or School Level	Social Security Number
1.				HEAD		- -
2.						- -
3.						- -
4.						- -
5.						- -
6.						- -

8. Indicate all racial, minority or ethnic group(s) to which household members belong by circling the appropriate group(s) listed below. An answer to these questions is not mandatory for completion of this application.

White Black/African American American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander
 Hispanic or Latin Non-Hispanic or Latin

9. GROSS INCOME

List ALL types and sources of income for each household member.

Household Member	Type of Income	Name and Address of Source of Income	Gross Monthly Income by Source
	Wages including overtime and tips for each adult household member		
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	Veterans Administration Disability		
	Net Income from Business or Profession		
	Trust income, Investment Interest and Dividends		
	Pensions and Annuities		
	Pensions and Annuities		
	Periodic Unemployment or Disability Compensation		
	Periodic Federal Social Security Benefits or SSI		
	Periodic Federal Social Security Benefits or SSI		
	Periodic State SSP		
	Periodic State SSP		
	TANF or Family Independence Program (formerly AFDC)		
	Regular Alimony, Support Payments		
	Any other income/gift or Financial Assistance for any household member		
	Any other income/gift or Financial Assistance for any household member		

Gross Monthly Income \$ _____ X 12 = Gross Annual Income \$ _____

10. ASSETS

List ALL assets of all Household members. If necessary, use an additional page.

Household Member	Type of Asset	Account Number	Amount or Value	Interest Rate
	Checking			
	Checking			
	Savings			
	Savings			
	CD's			
	CD's			
	IRA's			
	Stocks/Bond			
	Annuity			
	Real Estate			

11. DEDUCTIONS

List **ALL** deductions for allowable expenses.

Expense	Description of Cause of Expense	Verified	Gross Annual Expense
Medical/Disability Expenses in Excess of 3% of income			
Daycare Expense			
Other			

12. Have you or any member of your household ever participated in a housing subsidy program?

Yes No

If yes, what program, where and when did you participate? _____

13. Have you sold, given, loaned or placed in trust any money, real estate or other asset in the past two years?

Yes No

14. Are you receiving or can you receive any income from *any* trust funds which were established with household assets?

Yes No

15. Criminal Record:

Have you or any member of your household who will live in the unit been convicted of crimes involving controlled substances?

Yes No

Have you or any member of your household been convicted of crimes of violence (e.g. assault)?

Yes No

Do you or any member of your household who will live in the unit have any criminal matters pending?

Yes No

16. Are you or any member of your household subject to a lifetime registration requirement under a state sex offender registration program?

Yes No

Failure to respond to the above questions may jeopardize the approval of the Application.

Note: Information from Department of Criminal Justice Information Services (DCJIS) will be reviewed for you and/or any other adult household members. Information from DRU SJodin National Sex Offender Website will be reviewed and information from the National Criminal Information Clearinghouse (NCIC) may be obtained.

I understand that this application is not an offer of housing. ***I certify that the information contained in this application is true and complete under pains and penalty of perjury.*** I authorize the Authority to make inquiries to verify the information I have provided on this application. I understand that it is my responsibility to inform the Authority of any change in address or household composition.

Applicant's Signature

Date