

# Dennis Housing Authority

167 Center Street

South Dennis, MA 02660

Tel: (508) 394-3120 Fax: (508) 760-2352  
TTD: (800) 439-2370

This box is for Office Use Only

Control Number: \_\_\_\_\_

First Floor: \_\_\_\_\_

Date/Time of Receipt: \_\_\_\_\_

## PRELIMINARY APPLICATION FOR STATE-AIDED HOUSING

**Incomplete applications will not be processed.** Please complete all information requested on the application. **Please print.** **If a question is not applicable, please write N/A.** **Make sure you sign the last page.**

1. Name of Applicant: \_\_\_\_\_

Current Residence Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City / Town: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Best Phone # to Reach Applicant \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt No: \_\_\_\_\_

City / Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Type of Public Housing You are Applying For:

Elderly  Non-Elderly, Handicapped  Family  MRVP (MA Rental Voucher Program)  
(Elderly, Non-Elderly-Handicapped and Family are all **NON-SMOKING** properties)

Note: To be eligible for elderly/handicapped housing you must be at least 60 years old or a person with a handicap. If you have a handicap, the handicap must be other than a history of alcohol/drug abuse. Application will not be accepted without a Disabled/Handicapped Verification Form from your physician. You can download and print a Disabled/Handicapped Verification form at [www.Dennishousing.org](http://www.Dennishousing.org). The form can be found under "Documents".

Do you want Disabled/Handicap Verification form mailed?  yes  no  
(Office Use Only: Mailed \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_)

3. Do you need a wheelchair accessible apartment? (Check one)  yes  no  
(Physician's form required)

4. Do you require a first floor unit due to a disability/handicap? (Check one)  yes  no  
(Physician's form required)

5. Number of Bedrooms needed: (Check one)  1  2  3  4

6. Do you own a vehicle: (Check one)  yes  no

7. Members of household to live in unit, including **Head** of Household:

First & Last Name	Relation-ship To Head of Household	Racial Designation <sup>1</sup> (see below)	Ethnic Designation <sup>2</sup> (see below)	Social Security Number <sup>3</sup> (see below)	Sex	Date of Birth	Source & Amount of Annual Income, Student Status or At Home
	<b>Applicant</b>						

<sup>1</sup>**Racial Designation:** (a) American Indian or Alaska Native; (b) Asian; (c) Black or African American; (d) Native Hawaiian or Other Pacific Islander, (e) White; (f) Other (specify). \_\_\_\_\_

<sup>2</sup>**Ethnic Designation:** (a) Hispanic/Latino or (b) Not Hispanic/Latino

Responding to these questions is optional. Your status with respect to tenant selection procedures may be affected by this information. "Minority" does not include "White" unless there is also a designation of another race or "Hispanic/Latino".

<sup>3</sup>This information will be used to verify income, assets, and criminal record information.

**8. Expenses:**

Un-reimbursed Medical Expenses:	\$
Alimony of Child Support Payments:	\$
Health Insurance:	\$
Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment)	\$

9. List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

(Office Only \_\_\_\_\_ Asset Imputed Value and Income)

**10. Veteran Preference:**

You may apply for Veteran Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a dependent child of a Veteran.

List the dates of U.S. military service for U.S. Army, Marine Corps, Navy, Coast Guard, Air Force or National Guard.

Service Dates From: \_\_\_\_\_ to: \_\_\_\_\_

**A copy of the Veteran's Department of Defense Form DD214 must be submitted with this application.**

11. Are you employed in the town of Dennis?  yes  no

If yes, where? \_\_\_\_\_

12. Are you currently living in non-permanent, transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? (check one)  yes  no

13. Do you want to apply for emergency Housing?  yes  no

**You must select one of the categories below:**

**Note:** To be eligible for Emergency applicant status you must be “homeless,” which is defined by state regulations as: an applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit, who has not caused or substantially contributed to the situation, who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing, and who is displaced from his/her primary residence for one of the following reasons. Please check the reason that applies to your situation.

- Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)
- Displaced by Public Action (i.e. Urban renewal, eminent domain)
- Displaced by Public Action (i.e. Condemnation of home, code violations)
- Displaced by No-fault of housing, Severe Medical emergency and/or Victim of Abuse (domestic violence) where the housing situation significantly contributes to or is direct threat to the life and safety of the applicant.

**If you have selected one of the above emergency categories, you must complete an EMERGENCY APPLICATION in addition to this application. All emergency applications MUST be accompanied by third party written documentation. (i.e. Copy of police/fire/doctor reports) You can download and print an Emergency Application from [www.Dennishousing.org](http://www.Dennishousing.org). The application can be found under “Documents”**

Do you want Emergency Application mailed?  yes  no

(Office Use Only: Mailed\_\_\_\_/\_\_\_\_/\_\_\_\_)

**APPLICANT’S CERTIFICATION:**

I understand that this application is not an offer of housing. I understand that a Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list; and, if I reapply, my application will not receive any priority or preference that was granted on the prior application for a three (3) year period.

**Based on this application, I understand I should NOT make plans to move or end my present tenancy until I have received a written Unit Offer from a Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of addresses, 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. I understand that any false statement or misrepresentation may result in the denial of my application. **I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches for all adult members of the household.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature as valid as the original.

Applicant’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Reviewer’s Signature: \_\_\_\_\_

Date: \_\_\_\_\_