



Meadowbrook Village
 115A Crestview Lane, Fitchburg, MA 01420
 Tel: (978) 345-7200 / Fax: (978) 345-1103



Massachusetts Affordable Housing Application

Number of Bedrooms Desired: _____

For Office Use Only:
 Date/Time Received: _____

Name (Head of Household) _____ Tel #: _____

Co-Head of Household Name _____ Tel #: _____

Present Address _____
 _____ Email: _____

NAME EACH PERSON WHO WILL OCCUPY THE UNIT (INCLUDING APPLICANT)

<u>Name</u>	<u>Soc. Sec. #</u>	<u>Relationship</u>	<u>D.O.B.</u>	<u>U.S. Citizen or eligible noncitizen</u>
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N
_____	_____	_____	_____	Y / N

Do you have pets? _____ **What Type?** _____ **Vaccinated according to State & Local laws?** Y ___ / N ___

RESIDENCE HISTORY

We need five (5) years of residence / landlord history – If you need additional space, attached a separate list to the application.

List all States that ALL Applicants have resided in: _____

CURRENT LANDLORD

Landlord Name: _____ Telephone #: _____

Landlord Address: _____

Occupancy Dates: _____ to Current _____ Current Rent: \$ _____

PREVIOUS ADDRESS / LANDLORD:

Previous Address Occupied: _____

Previous Landlord Name: _____ Telephone #: _____

Address: _____

Occupancy Dates: _____ to _____ Rent: \$ _____

PREVIOUS ADDRESS / LANDLORD:

Previous Address Occupied: _____

Previous Landlord Name: _____ Telephone #: _____

Address: _____

Occupancy Dates: _____ to _____ Rent: \$ _____



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INCOME INFORMATION

EMPLOYMENT:

Company Name Telephone #
Address
Dates of Employment Current Annual Wages \$
Previous Employment Address Phone

LIST ALL INCOME FOR OTHER MEMBERS OF THE HOUSEHOLD:

Applicant Name: Company Name:
Address Telephone #:
Annual Wages \$

OTHER INCOME AND/OR BENEFITS:

Child support: \$ Alimony: \$ Public Assist: \$
Pension: \$ SS/SSI: \$ Veteran's Benefits: \$
Do you receive recurring cash gifts from anyone?

ASSET INFORMATION

(If you need additional room, you may write the information on a separate piece of paper, and attach to the application)

Savings Acct. Bank Name Acct.No. Amount \$
Checking Acct. Bank Name Acct.No. Avg. Balance \$
C/D Amount: \$ Bank Name

Investments: Stocks Value: \$ Dividends: \$
Bonds Value: \$ Dividends: \$

Do You Own Real Estate? Yes / No Describe: What is the Value? \$

Have you disposed of any assets in the last two years for less than fair market value? Yes / No If yes, please explain:

SECTION 8 PROGRAM INFORMATION

DO YOU HAVE A SECTION 8 CERTIFICATE/VOUCHER? If yes, please state what type, housing authority & attach copy.

Section 8 Priority Categories- Check If You Qualify:

- A. Homelessness due to displacement by natural forces:
B. Homelessness due to displacement by public action (urban renewal): violations:
C. Homelessness due to displacement by public action (sanitary code violations):
D. Involuntary displacement by domestic violence:

Are you or any member of your household (Age 18 or Older) a student at an institution of higher education? Yes / No
If yes: Full-Time / Part-Time

OTHER INFORMATION

AUTOMOBILES:

1 Year Make Model Color Plate
2 Year Make Model Color Plate



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Have you or any member of your applicant household ever been:

Evicted or violated your lease? Yes ___ / No ___ If yes, explain _____

Convicted of a felony? Yes ___ / No ___ If yes, explain _____

Subject to a Lifetime Sex Offender Registration in any State? Yes ___ No ___

How did you hear about this development? _____

Do you need a special accommodation for your unit for accessibility reasons, such as a barrier-free design? If yes, explain

An aggrieved person may file a complaint of a housing discrimination with:

U.S. Dept of Housing and Urban Development
 10 Causeway Street
 Boston, MA 02222
 Tel: (617) 994-8500

EVERY EFFORT TO CARRY OUT THE PROVISION AND FULFILL THE OBJECTIVES OF THE FAIR HOUSING ACT OF 1988 AND THE HUD REGULATIONS IMPLEMENTING SECTION 504 OF THE REHAB. ACT OF 1973 WILL BE MADE. Note: The information you have given on these forms will be kept as confidential as possible, however, we feel you should be aware that the information you report to us may possibly be seen by someone other than an employer, for example, an auditor.

I / WE HEREBY AUTHORIZE MEADOWBROOK VILLAGE ASSOCIATES, AND IT'S STAFF TO CONTACT ANY AGENCIES, OFFICERS, GROUPS OR ORGANIZATIONS TO OBTAIN ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY APPLICATION. ALL INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE _____ DATE _____

SPOUSE / CO-APPLICANT SIGNATURE _____ DATE _____

MANAGER OR REPRESENTATIVE _____ DATE _____

NOTICE TO APPLICANTS: THIS IS A PRIVATELY FINANCED APARTMENT DEVELOPMENT BUILT UNDER THE NATIONAL HOUSING ACT. Eligibility is for families whose gross income, as defined by the Internal Revenue Service, does not exceed the maximum income limitations established by the Federal Housing Administration for this development. A family means a current spouse (by operation of law or cohabitation), children (natural or adopted), parent, brother, sister, stepfather, stepmother, stepsister, stepbrother, mother-in-law, father-in-law, brother-in-law and includes person who is pregnant or is in the process of adopting a child or securing legal custody of any individual under the age of 18. Please inquire for eligibility information as related to your application. 01/2015