

STANDARD APPLICATION FOR RENTAL HOUSING

DUKES COUNTY REGIONAL HOUSING AUTHORITY

P.O. Box 4538
Vineyard Haven, MA 02568

PHONE: (508) 693-4419 FAX: (508) 693-5710

E-MAIL: dcrha@vineyard.net

FOR OFFICE USE ONLY

Date of Receipt: _____

Control No. _____

Bedrooms: 0 1 2 3 4 5

Priority Cat: _____

Preference: _____

Language: _____

PLEASE PRINT:

1. **Name of Applicant** _____

Street _____ Apt. No. _____

City/Town _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

Mailing Address _____

2. **Type of Housing Needed:**

a. Elderly/Handicapped Rental

c. Rental Assistance

b. Family Rental

3. **Veteran's Preference.** You may apply for Veteran's Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of the Veteran. A copy of the Veteran's discharge or separation papers **must be submitted** with this application. (**DD-214 Form**)

Dates of Military Service: Month _____ 19____ to Month _____ 19____

4. **Special Needs** due to disability (wheelchair accessible/ other):
Specify _____

5. **Racial Designation:** Responding to this question is optional. Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority category.

Circle One: American Indian Asian Black Hispanic Other White

6. **Number of Bedrooms** needed: 1 2 3 4

7. Members of Household to live in unit, including the Head of Household.

Names: First, Middle, Last of all household members	Relationship to Head	Sex	Date of Birth	Social Security Number	Occupation or Grade in School
1.	HEAD				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

8. Is a change in the household expected? (Circle One) yes no

If yes, what type of change?_____When?_____

9. INCOME BEFORE DEDUCTION:

Estimate the gross income anticipated for **ALL** household members from all sources for the next 12 months. Specify all sources.

Household Member Number	Type of Income	Name & Address of Employer or Source of Income	Gross Income for next 12 Months
	Salaries, wages, including overtime/tips		
	Salaries, wages, including overtime/tips		
	V.A. Disability		
	Net income from business or profession		
	Trust income Interest and Dividends		
	Pensions and annuities		
	Regular unemployment or disability compensation		
	Regular Social Security benefits and/or SSI		
	AFDC or Public Assistance		
	Regular Alimony, Support Payments, Gifts		
	Other Income		

TOTAL GROSS INCOME (Please specify monthly or weekly):

10. **EXPENSES:**

Rent and Utilities	
Extraordinary Expenses	
Expense for Care of Children or Sick/ Incapacitated Family Member	
Unreimbursed Medical Expenses	
Health Insurance	
Other	

TOTAL EXPENSES: _____

11. **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 clothing, furniture or cars.

Household Member	Description of Assets	Value of Asset
	Checking Account #:	
	Savings Account #:	
	IRA, Stocks, Bonds:	
	Real Estate: (owned or sold within past 2 years)	
	Other:	

TOTAL ASSESTS: _____

12. **References:** List two references. These should **not** be relatives or household members.

(1) Name: _____ # of years you have known this person _____

Address: _____ Telephone: _____

(2) Name: _____ #of years you have known this person _____

Address: _____ Telephone: _____

13. **Housing History:** List Addresses (for each adult) for at least the **Last Five Years** in reverse order:

(1) **Current** Address: _____ Years _____

Name of Landlord
(owner): _____ Telephone: _____

Address of Landlord: _____

(2) Address: _____ Years _____

Name of Landlord
(owner): _____ Telephone: _____

Address of Landlord: _____

(3) Address: _____ Years _____

Name of Landlord
(owner): _____ Telephone: _____

Address of Landlord: _____

14. **Residency:** List any dates of residency in Dukes County (Islands of Martha's Vineyard and Cuttyhunk).

Dates	Address	Town	Landlord's Name & Phone #

**** If you need more space for housing history or residency, please include a separate sheet of paper****

15. Are you, or any member of your household, currently receiving housing assistance, including Public Housing, MRVP, Section 8, etc.? (Circle One) Yes No

16. Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of this Housing Authority? (If so, this will not necessarily disqualify your application.) (Circle One) Yes No

If yes, please explain: _____

17. **Do You have any pets?:** (circle one) yes no

18. **Emergency Reference:** Name of relative or friend not planning to live with you. We will contact this person if we are not able to reach you in case of an emergency.

Name: _____ Relationship: _____

Address: _____ Telephone: _____

19. **Criminal Record:**

Have you or any member of your household who will live in the unit **ever** been **charged with a misdemeanor?** (circle one): Yes No

Have you or any member of your household who will live in the unit **ever** been **charged with a felon?** (circle one): Yes No

If yes, please explain: _____

Applicant's Certification:

I understand that this application is not an offer of housing. I understand that Housing Authority will make no more than one offer of an appropriate 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 period of three years.

Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written **offer of housing** 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 provided in this application. **I certify that the information I have given in this application is true and correct and any false statement or misrepresentation may result in the cancellation of my application. I understand the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board for all adult members of the household.**

Sign under the pains and penalties of perjury.

Applicant's Signature

Date

Interviewer/Reviewer's Signature

Date