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| Color-lg  **Application for**  **Massachusetts Rental Voucher Program (MRVP)** | | | This box is for Office Use Only | | | | | | | | | | |
| Date of Receipt: | |  | | | | | | | | |
| Time of Receipt: | |  | | | | | | | | |
| Control Number: | |  | | | | | | | | |
| Race and/or Ethnicity: | |  | | | | | | | | |
| Priority Category: | |  | | | | | | | | |
| Local Preference (LHAs Only): | |  | | | | | | | | |
| Voucher Size: | |  | | | | | | | | |
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| **Incomplete applications will not be processed.** Please complete all information requested on the application. If a question is not applicable, please write **N/A. Make sure you sign the last page. If you need additional space to provide an answer, please attach an additional sheet(s). Once completed please mail or hand carry to the housing agencies at which you want to apply and are accepting applications.** | | | | | | | | | | | | | |
| 1. | Name of Applicant: |  | | | | | | | | | | | |
|  | Mailing Address: |  | | | | | | | | Apt No: | | |  |
|  | City / Town: |  | | | | State: | |  |  | | Zip: |  | |
|  | Cell Phone: |  | | Home Phone: | | |  | | | | | | |
|  | Email: |  | | | | | | | | | | | |

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| 2. | Members of household to live in unit, including **Head** of Household: | | | | | | | |
| First & Last Name | | | Relationship to Head of Household | Date of Birth | Sex | Social Security Number | Racial Desig-nation\* | Ethnic Desig-nation\*\* |
| Click here to enter text. | | | **Head** | Click here to enter a date. |  | Click here to enter text. |  | Choose an item. |
| Click here to enter text. | | | Click here to enter text. | Click here to enter a date. |  | Click here to enter text. |  | Choose an item. |
| Click here to enter text. | | | Click here to enter text. | Click here to enter a date. |  | Click here to enter text. |  | Choose an item. |
| Click here to enter text. | | | Click here to enter text. | Click here to enter a date. |  | Click here to enter text. |  | Choose an item. |
| Click here to enter text. | | | Click here to enter text. | Click here to enter a date. |  | Click here to enter text. |  | Choose an item. |
| Click here to enter text. | | | Click here to enter text. | Click here to enter a date. |  | Click here to enter text. |  | Choose an item. |
| Click here to enter text. | | | Click here to enter text. | Click here to enter a date. |  | Click here to enter text. |  | Choose an item. |
| Social security number will be used to verify income, assets, and criminal record information. | | | | | | | | |
| Responding to these questions is optional. Your status with respect to tenant selection procedures will NOT be affected by this information. | | | | | | | | |
| \*Racial Designation: | | American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White; Other (specify): Click here to enter text. | | | | | | |
| \*\*Ethnic Designation: | | Hispanic/Latino or Not Hispanic/Latino | | | | | | |

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| 3. | Do you understand spoken or written English? | | Yes  No |
|  | Primary Spoken Language: | Click here to enter text. | |
|  | Primary Written Language: | Click here to enter text. | |

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| 4. | **Homeless Priority**: If you want to apply for a Homeless Priority, you must first be considered homeless. | | |
|  | NOTE: MRVP’s definition of homeless is NOT the same as those used by homeless shelters or Section 8. Residing in a homeless shelter will NOT automatically qualify you as a Homeless Priority applicant. |
|  | “Homeless” is defined by state regulations as an applicant who is (you must be able to check ALL boxes): | | |
|  | 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 or about to be displaced from his/her primary residence. | |
|  | If you think you meet the definition of homeless, please select the category below that best describes your situation. Homelessness MUST be due to one of the categories below to qualify for Homeless Priority. | | |
|  |  | Displaced by No-fault of Applicant (i.e. No-fault eviction) | |
|  |  | Displaced by Severe Medical Emergency | |
|  |  | Displaced by Domestic Violence | |
|  |  | 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) | |
| **If you are applying for a Homeless Priority, you MUST ATTACH VERIFICATION of your situation to be eligible.** | | | |

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| 5. | **Local Preference**: If you are applying at a Local Housing Authority, you may receive a local preference if you live, work, or have children attending school in the same city/town of the Local Housing Authority. | |
|  | Please answer the following and **provide appropriate verification**: | |
|  | Do you currently **reside** in the same City/Town that the Local Housing Authority to which you are applying is located in?   * If yes, please attach verification of your principle residence, such as a lease, utility bill, or state-issued photo ID. | Yes  No |
|  | Do you currently **work** in the same City/Town that the Local Housing Authority to which you are applying is located in?   * If yes, please attach verification of your employment or offer of employment, such as a pay stub or employment offer letter. | Yes  No |
|  | Do you currently **have a child who attends school** in the same City/Town that the Local Housing Authority to which you are applying is located in?   * If yes, please attach verification of your child’s enrollment. | Yes  No |

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| 6. | Do you have any special needs due to a disability or need a reasonable accommodation?  Yes  No | |
|  | Please Specify: | Click here to enter text. |
|  | Click here to enter text. | |
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| 7. | Emergency Contact: Name of a relative or friend NOT planning to live with you. We will contact this person if we are unable to reach you in case of an emergency. | | | | | | | | | | | | |
|  | Name: | Click here to enter text. | | Relationship: | | Click here to enter text. | | | | | | | |
|  | Address: | Click here to enter text. | | | | | | | | Apt No: | | | Click here to enter text. |
|  | City / Town: | Click here to enter text. | | | | | | State: | Click here to enter text. | | Zip: | | Click here to enter text. |
|  | Cell Phone: | Click here to enter text. | | | Home Phone: | | Click here to enter text. | | | | | | |
|  | Email: | Click here to enter text. | | | | | | | | | | | |
| 8. | **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from ALL sources for the next 12 months. Specify all sources. | | | | | | | | | | | | |
| Household Member Name | | |  | | Name of Employer or  Source of Income | | | | | | | Gross Income for Next 12 Months | |
| Click here to enter text. | | | Salary & Wages, including Overtime & Tips | | Click here to enter text. | | | | | | | $Click here to enter text. | |
| Click here to enter text. | | | Salary & Wages, including Overtime & Tips | | Click here to enter text. | | | | | | | $Click here to enter text. | |
| Click here to enter text. | | | Net Income from Business or Profession | | Click here to enter text. | | | | | | | $Click here to enter text. | |
| Click here to enter text. | | | Unemployment or Disability Compensation | | Click here to enter text. | | | | | | | $Click here to enter text. | |
| Click here to enter text. | | | TAFDC or  Public Assistance | | Click here to enter text. | | | | | | | $Click here to enter text. | |
| Click here to enter text. | | | Regular Child Support & Alimony Payments | | Click here to enter text. | | | | | | | $Click here to enter text. | |
| Click here to enter text. | | | Social Security Benefits & SSI, including SSP | | Click here to enter text. | | | | | | | $Click here to enter text. | |
| Click here to enter text. | | | VA Disability  Income | | Click here to enter text. | | | | | | | $Click here to enter text. | |
| Click here to enter text. | | | Pensions, Annuities, Dividends, and Interest | | Click here to enter text. | | | | | | | $Click here to enter text. | |
| Click here to enter text. | | | Other Income:  Click here to enter text. | | Click here to enter text. | | | | | | | $Click here to enter text. | |
| **Total Gross Income:** | | | | | | | | | | | | **$**Click here to enter text. | |

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| 9. | **Assets:** 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. | | |
| Click here to enter text. | | | Click here to enter text. | | | | $ Click here to enter text. | | | | | Click here to enter text. | | | | Click here to enter text. | | |
| Click here to enter text. | | | Click here to enter text. | | | | $ Click here to enter text. | | | | | Click here to enter text. | | | | Click here to enter text. | | |
| Click here to enter text. | | | Click here to enter text. | | | | $ Click here to enter text. | | | | | Click here to enter text. | | | | Click here to enter text. | | |
| Click here to enter text. | | | Click here to enter text. | | | | $ Click here to enter text. | | | | | Click here to enter text. | | | | Click here to enter text. | | |
| Do you own any real estate? | | Yes  No | | If yes, please provide the address: | | | | Click here to enter text. | | | | | | | | | | |
| Have you sold, transferred or given away any real property or assets in the last three (3) years? | | | | | | | | Yes  No | | | **If yes**, provide date of sale / transfer: | | | Click here to enter text. | | | |  |
|  | | | | | |  | | | |  | | |  | | | |  | |
| Amount of the sale / transfer: | | | | | $ Click here to enter text. | | | | Value of the sale / transfer: | | | | | | $ Click here to enter text. | | | |

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| 10. | **Expenses:** Estimate the amount you will spend, if any, on the following categories over the next 12 months. | | | | | |
| Un-reimbursed Medical Expenses: | | $ Click here to enter text. | Health Insurance: | $ Click here to enter text. | Child Care: | $ Click here to enter text. |
| Alimony or Child Support Payments: | | $ Click here to enter text. | Other (i.e. care of disabled household member or homemaking  and travel expenses for disabled household member) | | | $ Click here to enter text. |

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| 11. | Have you, or any member of your household, ever received housing assistance from this or any other housing agency? | | | | | Yes  No | |
|  | If yes, Name of Head of Household at that time: | | Click here to enter text. | | | | |
|  | Name of Housing Agency: | | Click here to enter text. Click here to enter text. | | | | |
|  | Date Moved Out: | | Click here to enter text. | | | | |
|  | Reason Moved Out: | | Click here to enter text. | | | | |
|  | Where you terminated for cause? | | | Yes  No | Do you owe any money, back rent, or damages to the housing agency? | | Yes  No |
|  | If Yes to either above, please explain: |  | | | | | |

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| 12. | **Rental History** | | |
| Do you owe any previous property owner money for damages or unpaid rent? | | | Yes  No |
| Have you ever been evicted from a rental unit for cause? | | | Yes  No |
| If Yes to either, please explain: | | Click here to enter text. | |

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| 13. | **Criminal Record** | | | | |
| Have you or any member of your household ever been convicted of a drug or violent crime? | | | Yes  No/No Record\* | Do you or any member of your household have any criminal matters pending?\* | Yes  No/No Record\* |
| Do you or any member of your household have a lifetime requirement to register as a sex offender in the state of Massachusetts? | | | | | Yes  No/No Record\* |
| If Yes to ANY, please explain: | | Click here to enter text. | | | |

\* An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. An applicant for employment, housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests or criminal court appearances.

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| **APPLICANT’S CERTIFICATION:** | | | | |
| I understand that this application is not an offer of housing. Based on this application, I understand I should not make plans to move or end a present tenancy until I have been issued a voucher in writing under the Massachusetts Rental Voucher Program (MRVP) from an Administering Agency. Before an Administering Agency can offer me participation in the rental assistance program, I must provide them with written documentation that verifies my circumstances. I understand that it is my responsibility to inform the Administering Agency in writing of any change of addresses, income, or household composition. I understand that if I do not respond to Administering Agency requests for information or updates my name will be removed from the waiting list.  I authorize the Administering Agency 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 Administering Agency will request Criminal Offender Record Information from the Department of Criminal Justice Information Services and perform 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 is as valid as the original. | | | | |
|  | **Applicant’s Signature:** |  | **Date:** |  |