



FALL RIVER HOUSING AUTHORITY



Tenant Selection Office | 220 Johnson Street | Fall River, MA 02723 | (508) 675-3519 | www.fallriverha.org

PRE-APPLICATION FOR FEDERAL PUBLIC HOUSING

OFFICE USE ONLY:

DATE: _____ APP #: _____ #BR: _____ PREF: 1 2 3 4 TYPE: Eld. Fam. CMT Barr.

A. APPLICANT CONTACT INFORMATION (HEAD OF HOUSEHOLD)

APPLICANT NAME: _____ PHONE # _____
(First Name) (Middle Initial) (Last Name) (Area Code + Number)

CURRENT RESIDENCE: _____ CELL # _____
(Address) (Apt #) (City) (State) (Zip) (Area Code + Number)

MAILING ADDRESS: _____
(Address) (Apt #) (City) (State) (Zip)

| U.S. VETERAN |
|--------------|
| Yes |
| No |

| ETHNICITY |
|--------------|
| Hispanic |
| Non-Hispanic |

| RACE | |
|---------------------------|--------------------------------|
| Asian or Pacific Islander | Native American/Alaskan Native |
| Caucasian/White | African American/Black |

*****IMPORTANT:** If you move, you are required to notify the FRHA in writing at **FRHA Tenant Selection, 220 Johnson Street, Fall River, MA 02723**. Failure to do so will result in the removal of your name from the waiting list***

B. FAMILY COMPOSITION:

List all persons, including yourself, who will live with you. Include unborn children and live-in aides. Write names EXACTLY as they appear on SOCIAL SECURITY CARD. PLEASE PRINT.

| | RELATION TO HEAD | FIRST & LAST NAME | SEX (M/F) | SOCIAL SECURITY NUMBER | DATE OF BIRTH (MM/DD/YY) | PLACE OF BIRTH (COUNTRY) | AGE | DISABLED |
|---|-------------------|-------------------|-----------|------------------------|--------------------------|--------------------------|-----|----------|
| 1 | HEAD OF HOUSEHOLD | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |
| 6 | | | | | | | | |
| 7 | | | | | | | | |
| 8 | | | | | | | | |

If there are more than 8 members in your household, please list on a separate sheet and attach.

C. SOURCES OF INCOME:

List ALL income anticipated in the next 12 months for each family member. Please indicate weekly, monthly or yearly.

| Source of Income | Amount | Frequency (check one) | | |
|--|--------|-----------------------|---------|--------|
| 1. Employment | \$ | Weekly | Monthly | Yearly |
| 2. Welfare | \$ | Weekly | Monthly | Yearly |
| 3. Social Security | \$ | Weekly | Monthly | Yearly |
| 4. SSI/SSDI (Disability) | \$ | Weekly | Monthly | Yearly |
| 5. Pension | \$ | Weekly | Monthly | Yearly |
| 6. Veterans Benefits | \$ | Weekly | Monthly | Yearly |
| 7. Unemployment | \$ | Weekly | Monthly | Yearly |
| 8. Worker's Compensation | \$ | Weekly | Monthly | Yearly |
| 9. Child Support | \$ | Weekly | Monthly | Yearly |
| 10. Alimony | \$ | Weekly | Monthly | Yearly |
| 11. Someone pays my bills/gives me money | \$ | Weekly | Monthly | Yearly |
| 12. Other _____ | \$ | Weekly | Monthly | Yearly |

D. ASSET INFORMATION

1. Checking Account: Bank Name _____ Current Balance: \$ _____ Interest Rate ____%
2. Savings Account: Bank Name _____ Current Balance: \$ _____ Interest Rate ____%
3. Do you own any stocks or bonds? YES NO If "YES", estimated cash value: \$ _____
4. Do you own/co-own any property? YES NO If "YES", explain: _____
5. Assets disposed of within the last two (2) years for less than market value; please explain: _____

E. REASONABLE ACCOMMODATION

1. Do you or a member of your household claim a disability? YES NO
 2. Do you/family member need an accommodation in housing features as a result of the disability? YES NO
 3. Do you need a wheelchair accessible apartment? YES NO
- If "YES", complete and attach a Request for Reasonable Accommodation form available at Tenant Selection Office.*

F. PREFERENCES

| | |
|----|--|
| #1 | INVOLUNTARY DISPLACEMENT: Displaced by fire, natural disaster, or government action; or a dwelling determined to be uninhabitable by a competent local authority? |
| #2 | LOCAL: Currently residing in the City of Fall River? OR At least one household member is employed (or has been hired to work) or is enrolled full-time in an education/training program in the City of Fall River? (Do NOT answer "YES" if any household member is currently living in subsidized or low-income housing) |
| #3 | EMPLOYMENT/TRAINING: At least one adult household member has been working at least of 32 hours/week for at least three (3) months? OR At least one adult household member is enrolled full-time in an education or training program that prepares him/her for work? OR <u>Head AND Spouse</u> or <u>Sole Member</u> is at least 62 years old and/or receives disability benefits (SSI/SSDI) or other payments based on their ability to work? |
| #4 | DOMESTIC VIOLENCE: Suffering from Domestic Violence (incl sexual abuse) by a household/family member? |

G. CERTIFICATION

I certify that the information I have given on this pre-application is true and correct. I understand that any false statements or misrepresentations may result in the cancellation of my application and signed under the pains and penalties of perjury.

Applicant's Signature: _____ Date: _____

FRHA Representative's Signature: _____ Date: _____

Please submit completed pre-application form to: FRHA Tenant Selection, 220 Johnson Street, Fall River, MA 02723