

**Warning!** Section 1001 of title 18 of the U.S. code  
 Makes it a Criminal Offense to make any willful false  
 statement or misrepresentation to any Department/  
 Agency of the U.S. as to any state within its jurisdiction.

App. Control # \_\_\_\_\_  
 L.R.P.H./Maher Ct., Milford, MA  
ONE BEDROOM ONLY

**FEDERAL PUBLIC HOUSING APPLICATION**

**MILFORD HOUSING AUTHORITY**  
 45 Birmingham Court, Milford, MA 01757

Applicant's Name (Last, First, MI): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City/Town: \_\_\_\_\_

Telephone# (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

<u>Mbr #</u>	<u>Name</u>	<u>Date of Birth</u>	<u>Place of Birth</u> City/State	<u>Social Security</u>	<u>Age</u>	<u>Sex</u>	<u>Citizen of U.S.</u>	<u>Income Source</u>	<u>Current Income</u>
<u>1</u>							Yes/No		
<u>2</u>							Yes/No		

**If anyone is not a citizen, please provide immigration documentation.**

Total Income \$ \_\_\_\_\_

**Please check the boxes which best describes your family: (Optional)**

1) RaceCode: \_\_\_\_\_ White \_\_\_\_\_ American Indian/Alaskan Native  
 \_\_\_\_\_ Black \_\_\_\_\_ Asian/Pacific Islander

2) Ethnicity Code: \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic

**Previous Participation**

1. Have you disposed of any assets for less than fair market value in the past 2 years? Yes/No
2. Do you owe money to any PHA as a result of a Public Housing Program? Yes/No
3. Have you ever committed fraud in connection with any federal program? Yes/No
4. Have you become homeless due to a natural disaster (ie, Flood) in the past six months? Yes/No
5. Is any member subject to a lifetime registration requirement under a state sex offender registration program? Failure to respond to this question may jeopardize the approval of the application.  
 \_\_\_\_\_ Yes \_\_\_\_\_ No

**Deductions and Allowances**

**Medical Deductions**

Member # Description Amount/Value \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total: \$ \_\_\_\_\_

**Net Assets**

Member # Descriptions Amount/Value \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total: \$ \_\_\_\_\_

**Assets Income (Interest)**

Member # Descriptions Amount/Value \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total: \$ \_\_\_\_\_

Do you require the design features of a handicapped/wheelchair bound unit and do you want to be placed on the waiting list for such a unit. \_\_\_\_\_ Yes \_\_\_\_\_ No

Accommodations for people with disabilities may also be requested.

(over)

**Reference:** It should not be a relative or household member.

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**List Addresses for the Last Five Years.** Please list primary lease holder (head of household) if someone other than yourself.

(1) Name of Primary Leaseholder: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? (check one) \_\_\_ Yes \_\_\_ No

(2) Name of Primary Leaseholder: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? (check one) \_\_\_ Yes \_\_\_ No

(3) Name of Primary Leaseholder: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date From: \_\_\_\_\_ To: \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? (check one) \_\_\_ Yes \_\_\_ No

**Please read the statement below and sign and date where indicated:**

I understand that this is **NOT A CONTRACT** and does not bind either party. The above information is ALL TRUE and COMPLETE to the best of my knowledge. I have no objections of inquires being made for the purpose of verifying the statements made herein.

I authorize the Milford Housing Authority to obtain Criminal Offense Record Information(CORI) from the Criminal History Systems Board (CHSB) on myself as applicant, including household members 18 years of age or older, at time of final screening process.

Signature of Applicant: \_\_\_\_\_

Received by  
Milford Housing Authority:

Signed: \_\_\_\_\_ Interviewed by: \_\_\_\_\_

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