

Return Completed Application to:

Auburn Housing Authority
200 Oxford Street North
Auburn, MA 01501
tel: 508.832.3852
fax: 508.832.5684



A U B U R N
Housing Authority

Housing Application

Instructions:

To be placed on the waiting list for housing within the Auburn Housing Authority properties, *all* questions must be completed in the spaces provided AND the application must be signed by the head-of-household. *If the application is not complete, or it is not signed, it will be returned to you, and your application will be delayed. You will not be placed on the waiting list until the application is completed properly and is returned.*

Because of the number of applications AHA receives, there is a waiting list for our rental properties. All housing is offered to qualified applicants on a first-come, first-serve basis. *Unfortunately, there is no emergency housing available.*

General Applicant Information

PLEASE PRINT

Name of Applicant (*Head of Household*):

<i>First</i>	<i>M.I.</i>	<i>Last</i>

Applicant Address:

<i>Street Address</i>	<i>Apartment #</i>

<i>City</i>	<i>State</i>	<i>Zip</i>

Mailing Address (if different):

<i>Street Address</i>	<i>Apartment #</i>

<i>City</i>	<i>State</i>	<i>Zip</i>

Applicant Phone Number:

Social Security Number:

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Applicant Date of Birth:

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Applicant Place of Birth:

City:
State/Country:

Family Information

Please provide complete information for all persons in your household who will be housed with you at an AHA Location.

PLEASE PRINT

Complete Name	Relationship	Sex	Social Security #	Date of Birth	Birth Place (City and State)
1.	Self		- -		
2.			- -		
3.			- -		
4.			- -		
5.			- -		
6.			- -		
7.			- -		
8.			- -		

Is there anyone in your household who is pregnant? Yes NO What is the anticipated due date?

Please indicate the pregnant person's name:

Will this person continue to live in the household? Yes NO

If Yes, do you know the sex of the unborn baby? Girl Boy Don't know

Income Sources

Please enter ALL income sources for everyone in the household. Information provided should be the TOTAL GROSS amount PER MONTH for each source. (Gross amount means before any taxes or deductions are taken out).

Income Source	Gross Monthly Amt.	Income Source	Gross Monthly Amt.
Wages	\$	Child Support	\$
Social Security Amount	\$	Pension	\$
SSI		Asset Income	\$
Public Assistance (Welfare)	\$	Other, please specify	\$

Do you own your own home or any other property? Yes No

Housing Information

Have you, or anyone in your household ever lived in AHA property or Section-8 assisted living? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes: Please provide the name of the person on the lease, the location of where he/she live, and the date of occupancy		
<i>Name</i>	<i>AHA Property</i>	<i>Date of Occupancy</i>
Do you, or anyone in your household have any special housing requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please specify:		
<input type="checkbox"/> Wheelchair Accessibility	<input type="checkbox"/> Visual Impairment	
<input type="checkbox"/> Hearing Impairment	<input type="checkbox"/> Special Equipment Need	
<input type="checkbox"/> Other, please specify		
Are you required to provide notice to your current Landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how much notice is required?

Notes: You will be notified as soon as it is your turn on the waiting list. At that time, you will be notified of the steps that are required to complete the application qualification process. Included in our process is a police record check for all household members 18 years of age and older, and landlord verifications for current and previous residences. Specific instructions will be provided to you at such time as it is required.

The following information is used for statistical purposes only, and is not considered in any decisions regarding housing.

Race: (Check One)	<input type="checkbox"/> White	<input type="checkbox"/> Black	Ethnicity: (Check One)	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Indian	<input type="checkbox"/> Asian		<input type="checkbox"/> Non-Hispanic

Please indicate how you learned about the Auburn Housing Authority: (Check all the apply)			
<input type="checkbox"/> AHA signs	<input type="checkbox"/> Billboards/Signs	<input type="checkbox"/> Friend/Family	<input type="checkbox"/> AHA Tenant
<input type="checkbox"/> Church/Synagogue	<input type="checkbox"/> School	<input type="checkbox"/> Social Services Agency, please specify:	
<input type="checkbox"/> Town NET Office	<input type="checkbox"/> Renters' Guide	<input type="checkbox"/> Other, please specify:	

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Certification

I certify that all the information provided in this application is true and complete. I understand that there is a waiting list, and that acceptance of this application does not guarantee me housing. ***It is my responsibility to notify Auburn Housing Authority, in writing, if there are many changes in the information provided in this application, including any changes in mailing address, telephone number and the number of people who will be living with me.*** I authorize AHA to make inquiries for the purpose of verifying this information.

“If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Auburn Housing Authority at (508) 832-3852.”

NOTE: It is not necessary to send in any supporting documentation with your application. We will notify you what will be needed at the appropriate time.

Applicant (Head of Household) Signature

Date

The Auburn Housing Authority does not discriminate on the basis of race, sex, age, national origin or handicap.