

RAYNHAM HOUSING AUTHORITY  
75 MILL STREET  
RAYNHAM, MA. 02767

Control # \_\_\_\_\_

Name \_\_\_\_\_

STANDARD APPLICATION FOR RURAL DEVELOPMENT HOUSING

1. Name of Applicant \_\_\_\_\_
  
2. Current Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_
2. Type of Public Housing Needed:      Elderly      Handicapped
3. Are there any special accommodations needed? \_\_\_\_\_ Please specify \_\_\_\_\_  
\_\_\_\_\_
4. Number of Bedrooms:    1      2
5. Members of Household to Live in Unit, including Head of Household:

First name, middle initial And last name of everyone To live in Household	Relation to head	Gender	Age	Date of Birth	Social Sec.#	Income	Income Source
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1. \_\_\_\_\_
2. \_\_\_\_\_

TOTAL FAMILY INCOME \$ \_\_\_\_\_



Raynham Housing Authority

75 Mill Street • Raynham, Massachusetts 02767

(508) 824-9404 • TDD 800-545-1833, Ext. 252 • FAX (508) 822-9340

• Executive Director Bernadette Hilton •

• Board of Commissioners •

Charles Carey

Rick Teixeira

Sharon Schum

Robert Magner

Virginia Jacques

## GUIDELINES FOR USDA, RURAL DEVELOPMENT HOUSING

1. Applicant must be 62 years of age or handicapped/disabled.
2. Income must not exceed \$50,350.00 for one person or \$57,550.00 for two people. (Net income -- after deductions: i.e. medical, ins.)
3. No asset limit. (But income from asset cannot exceed income limits). Verification is needed from realtor on value of assets (house, mobile home, etc.)
4. Must show documentation to verify all information on application. (Please include verification of date of birth, i.e. copy of birth certificate or driver's license.)
5. An eligible applicant will be selected from a waiting list(s) identifying the category on basis of the applicant's unit size needed, income level (very low low, moderate income, or ineligible). The eligible applicant will further be selected on a first come-first served basis.
6. The Weonit Woods Development does allow small dogs. The Pinewood Terrace Development does not allow dogs.

*In accordance with Federal Law and U.S. Department of Agriculture policy,*

*this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.*

*To file a complaint of discrimination write: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice), or (202) 720-6382 (TDD).*

*Equal Housing Opportunity*



**6. 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 and Address of Employer or Source of Income	Gross Income For Next 12 Months
	Salaries, Wages, Including Overtime/Tips	\$
	Net Income From Business or Profession	\$
	Trust Income, Interest & Dividends	\$
	Pensions and Annuities	\$
	Regular Unemployment or Disability Compensation	\$
	Regular Social Security Benefits and/or SSI	\$
	T. A. F. D. C. Or Public Assistance	\$
	Regular Alimony Support Payments, Gifts	\$
	Other Income	\$

TOTAL GROSS INCOME \$ \_\_\_\_\_

**7. EXPENSES**

Health Insurance	
Unreimbursed Medical Expenses	
Other	

TOTAL EXPENSES \$ \_\_\_\_\_

**8. 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.

(Office Only)

Household Member	Asset Type/Asset Value	Income	Imputed Income
	\$	\$	
	\$	\$	

9. Does anyone in your household own a car? (circle one) YES NO

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. Number \_\_\_\_\_

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. Number \_\_\_\_\_

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

(1) Name: \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

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

(2) Name: \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

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

11. **List Addresses for the Last Five Years in Reverse Order:**

(1) Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ From: \_\_\_\_\_ to present

City/Town \_\_\_\_\_ State \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

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

(2) Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ Years \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

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

(3) Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ Years \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

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

12. Do you have any Pets? (circle one) YES NO

If yes, please describe: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

14. **Criminal Record:**

Have you or any member of your household who will live in the unit been charged with a felony?  
(circle one) YES NO

If YES, please explain: \_\_\_\_\_

Have you or any member of your household who will live in the unit been charged with a misdemeanor?

If YES, please explain \_\_\_\_\_

Do you or any member of your household who will live in the unit have any criminal matters pending?  
(circle one) YES NO

If YES, please explain: \_\_\_\_\_

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant's signature \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service that the Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age, and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

**Ethnicity:** \_\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

**Race: (Mark one or more)** \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black or

African American \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ White

**GENDER:** Male \_\_\_\_\_ Female \_\_\_\_\_

**APPLICANT'S CERTIFICATION:**

I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate public 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 3 year period.

I understand that by signing the above, I consent to release wage matching data to R.H.S. and the Raynham Housing Authority for purposes of income verification needed in processing my application.

I understand that by signing the above, I certify that the unit will serve as the household's primary residence.

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 Unit Offer 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 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 Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board for all adult members of the household.

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