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Date of receipt: _____
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Control Number: _____
Bedrooms: _____
Race: _____
Priority Category: _____
Preference Category: _____
Language: _____

Norwood Housing Authority
40 William Shyne Circle
Norwood, MA 02062
781-762-8115 Fax 781-762-4942

APPLICATION BY TENANT TO ADD MEMBER TO HOUSEHOLD RESIDING IN STATE-AIDED PUBLIC HOUSING

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.

This is an application to add a member to your household. If the application is granted, the individual will become a member of the household authorized to reside in the unit under your lease. If the application is rejected, the individual will be permitted to stay with you only as a guest. The occupancy of any guest is limited to a total of three weeks per year. You are responsible for the conduct of your household members and guests while they are on Housing Authority property.

(PLEASE PRINT)

1. Name of Tenant: _____
2. Current Address: _____ Apt. No. _____
3. Home Telephone:(_____) _____ Work Telephone:(_____) _____

INFORMATION REGARDING PROPOSED HOUSEHOLD MEMBER

1. Name: _____
2. Current Address: _____

3. Telephone: _____
4. Date of Birth: _____
5. Sex: _____
6. Social Security Number* _____
7. Amount of Annual Income and Source of Income or School Grade: _____

8. Relation to Tenant: _____

*This information will be used to verify income, assets, and criminal record information.

IF PERSON TO BE ADDED IS UNDER 17 YEARS OLD AND IS NOT AN EMANCIPATED MINOR AND HAS NEVER BEEN CRIMINALLY CHARGED AS AN ADULT, STOP HERE, SIGN AND DATE APPLICATION. FOR PERSONS AGE 17 OR OVER OR WHO ARE EMANCIPATED MINORS, OR HAVE BEEN CRIMINALLY CHARGED AS AN ADULT, CONTINUE BELOW.

1. CRIMINAL RECORD: Pursuant to 803 CMR 5.05(1) the Housing Authority will obtain Criminal Record Information for all proposed household members.

(a) Has the person that you want to add to the household been convicted of a crime?

(circle one) YES NO

(b) If yes, please explain: _____

2. List the person's addresses for the last five years in reverse order:

1) Address: _____ Apt. No. _____ 19__ to present
City/Town _____ State _____

Name of Landlord: _____ Telephone: () _____

(2) Address: _____ Apt. No. _____ Years _____

City/Town _____ State _____

Name of Landlord: _____ Telephone: () _____

(3) Address: _____ Years _____

City/Town _____ State _____

Name of Landlord: _____ Telephone: () _____

3. Has the person ever received housing assistance from this or any other housing agency?

(circle one) YES NO

(a) If yes,

Name of Tenant at that time: _____

Name of Housing Agency: _____

Date of Move Out: _____

Reason moved out: _____

(b) Did the person move out while in compliance with the lease?

(circle one) YES NO

If no, please explain: _____

APPLICANT'S CERTIFICATION

We, the undersigned tenant and proposed household member, authorize the Housing Authority to make inquiries to verify the information that we have provided in this application. We certify that the information that we have given in this application is true and correct. We understand that any false statement or misrepresentation will result in rejection of this application. It is understood that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board for the proposed adult household member.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Tenant's Signature _____ Date _____

Proposed Household Member's Signature _____ Date _____