

INCOME DATA

Family Member	Name of Employer or Source of Income	Gross Amount per week/monthly/yearly

ESTIMATED INCOME ANTICIPATED FOR THE NEXT 12 MONTHS (Gross Amounts)

Annual wages or salary	
Commissions, fees, tips and bonuses	
Net income from business or profession	
Interest, dividends, net earning from property	
Pension, annuity, retirement	
Alimony, contributions, gifts	
Unemployment and disability compensation	
Social Security benefits	
Public Welfare	
Service Connected disability or death benefits from U.S. Government	
Veterans Benefits	
Other-Specify	

ASSETS: List all Assets (Checking, Savings, IRA's, Stocks, Money Market, Mutual Funds, etc.)

Location of Asset	Account Number	Type of Asset	Current Balance or Value

Do you currently own your own home or other property? YES NO

If yes, Address of owned property _____

Appraised Value _____ Mortgage Balance _____

Have you sold property in the past five years? YES NO

If yes, Date of Sale _____ Net proceeds from the sale _____

MEDICAL EXPENSES

List all un-reimbursed annual medical expenses including medical insurance premiums, prescriptions, doctor's visits, homemaker services, and personal care attendants.

Medical Insurance	
Prescriptions	
Doctors Visits	
Homemaker Services	
Personal Care Attendants	
Other	

HOUSING HISTORY List all places you have resided in the past 5 years

Address: _____ Apt. No. _____ to present

City/Town _____ State _____

Name of Landlord: _____ Telephone: () _____

Address: _____ Apt. No. _____ from _____ to _____

City/Town _____ State _____

Name of Landlord: _____ Telephone: () _____

Address: _____ Apt. No. _____ from _____ to _____

City/Town _____ State _____

Name of Landlord: _____ Telephone: () _____

Address: _____ Apt. No. _____ from _____ to _____

City/Town _____ State _____

Name of Landlord: _____ Telephone: () _____

Attach additional sheet if needed

Are you and employee, board member or relative of anyone connected to the NHA? YES NO

If yes, please explain _____

Have you ever received housing assistance under any other housing program by any housing agency? YES NO

If yes, please answer

Name of agency _____

Type of Housing _____

Dates of Assistance From: _____ To _____

Did you leave as tenant in good standing? YES NO

If no, please explain: _____

EMERGENCY CONTACT

Nearest of Kin Name _____ Address _____

Relation _____ Telephone _____

APPLICANT'S CERTIFICATION:

I understand that this is neither a contract, nor an offer of housing and does not bind either party. The above information is correct and I authorize the Newburyport Housing Authority to make inquiries for the purpose of verifying eligibility for housing. I further understand that this application is signed under penalty of perjury, and that false information or failure to report changes shall constitute grounds for rejection of my application. It is my responsibility to report any changes of household address or composition to the Newburyport Housing Authority.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____