

FEDERAL PH: MHA Use Only

Date: _____

Time: _____

Control #: _____

METHUEN HOUSING AUTHORITY
24 MYSTIC STREET
METHUEN, MA 01844
(978) 682-8607

FEDERAL PUBLIC PRELIMINARY APPLICATION
2 & 3 BEDROOM ONLY

1. Name of Applicant: _____

Address of Current Residence: _____ Apt. No _____

City/Town: _____ State: _____ Zip Code: _____

Mailing Address (if different): _____ City/Town: _____ State: _____ Zip Code: _____

Primary Telephone Number () _____ Secondary Telephone () _____

Email Address: _____

2. Number of bedrooms needed: (check one) 2 3 (Final determination will be made by the Housing Authority)

HOUSEHOLD INFORMATION

PLEASE LIST ALL FAMILY MEMBERS WHO WILL LIVE IN THE UNIT, INCLUDING YOURSELF AND CHILDREN

First & Last Name	Relationship To Applicant (Head, Spouse, Cohead)	Social Security Number***	Date of Birth	Gender	Annual Gross Income and Source of Income
	Head				
Total Family Income					



3. Racial Designation of Head of Household (optional):

American Indian Asian Black Pacific Islander White Other: _____

4. Ethnicity of Head of Household (optional):

Hispanic or Latino Non-Hispanic or Latino

5. Do you speak English? Yes No

If not, what is your preferred language? _____

6. Do you read English? Yes No

If not, what is your preferred language? _____

7. Does anyone in your household require a wheelchair-accessible apartment? Yes No

8. Does anyone in your household have any special needs due to a disability or need Reasonable Accommodation due to a medical condition? Yes No

Household member: _____

Accommodation required: _____

9. Do you or any other adult member in your family currently work in Methuen? Yes No

If yes, where? _____

10. Do you, your Spouse, or Cohead currently work at least 20 Hours per week? Yes No

I understand that the Housing Authority is not offering me Housing at this time. This is for the waiting list only. I certify that all information which is submitted to the Housing Authority is true and correct. I understand it is my responsibility to notify the Methuen Housing Authority in writing of any changes in address, income, or household composition. I understand that it will be maintained and used in a confidential manner. A full application will be required to determine final eligibility.

EQUAL HOUSING OPPORTUNITY

Applicants Signature: _____ Date: _____

NOTICE TO APPLICANTS: REASONABLE ACCOMMODATIONS ARE AVAILABLE FOR APPLICANTS WITH MENTAL AND/OR PHYSICAL DISABILITIES

The Methuen Housing Authority does not discriminate against applicants on the basis of mental or physical disabilities. In addition, the Methuen Housing Authority has an obligation to provide “reasonable accommodations” on account of a disability if an applicant or household member is limited by the disability and for this reason needs such an accommodation. A reasonable accommodation is a change that the Methuen Housing Authority can make to its facilities or practices that will assist an otherwise eligible person with a disability to overcome the limitations imposed by his or her disability and to be able to participate in the Methuen Housing Authority’s housing or programs. Such a change must be financially and programmatically feasible for the Housing Authority.

An applicant household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to the Methuen Housing Authority, and to avoid disturbing neighbors), but an accommodation may be the basis by which the household is able to meet those obligations of tenancy.

If you need an accommodation because of a disability, a reasonable accommodation form will be supplied to you upon request. You must also submit medical documentation verifying the existence of a disability, and the need for an accommodation to overcome these limitations and to participate in the Methuen Housing Authority’s housing or programs. Within thirty (30) days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the Methuen Housing Authority can reasonably do to accommodate you on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result, you need an accommodation, you may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so, that is your right.