

FEDERAL Public: 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: _____
Home Telephone () _____ Work Telephone () _____
2. Race: (circle one) Amer. Indian Asian Black Hispanic White Other (responding to this questions is optional)
3. Does anyone in your household require a wheel chair accessible unit? (Check one) YES NO
4. Do you require a specific accommodation to fully utilize our programs and/or services? YES or NO
5. Does anyone in your family currently work in Methuen? YES or NO- if yes, where? _____
- 6. Number of bedrooms needed: (check one)** 2 3

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

| First & Last Name | Relationship To Applicant | Social Security Number*** | Sex | Date of Birth | Source of & Annual Amt. Of Income or Student Status or At Home |
|-------------------|---------------------------|---------------------------|-----|---------------|--|
| | Head | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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 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: _____

