

**WHITTLESEY VILLAGE**  
**Project-Based Section 8 Voucher Program**

Please complete and return to:  
**Acton Housing Authority**  
**68 Windsor Avenue**  
**P.O. Box 681**  
**Acton, MA 01720**

Date:
Control #:
For Agency use only

Please print neatly in ink. All fields are required. Submit this form only. Incomplete applications will not be accepted. If you are already on our tenant-based Section 8 waiting list your record will be updated using the information that you provide below. Due to the volume of applications received, we will not verify the receipt of mailed applications. We cannot be responsible for material that is illegible or missing as a result of transmitting by fax or e-mail or lost/delayed through the mail.

**IMPORTANT!**

One-third of all applicants are dropped from the waiting list due to unreported address changes. Do not let this happen to you. Report **any** change of address in writing to the agency listed above.

**Head of Household Information**

Social Security Number		Phone (include area code)			
First Name		Middle Name	Last Name		
Address			City/Town	State	Zip code
Mailing Address			City/Town	State	Zip code

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

**Family Information**

Write in the approximate amount of your family's gross (before taxes) annual income. Include all sources for all family members.  
**Gross annual household income \$** \_\_\_\_\_

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. For example: spouse/partner, son, daughter, aunt, grandmother, etc...

First Name	Last Name	Relation to Head	Birth Date	Age	Sex	Social Security Number
		Head of Household				

If you have more than six family members, please check here  and list them on a separate piece of paper.

<b>For Agency Use Only:</b> Number of Household Members _____ Household Bedroom Size: 2BR <input type="checkbox"/> 3BR <input type="checkbox"/>
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**(No 1 BR units at this property)**

(Continued)

Check if the head of household or spouse is: 62 years old or older  Disabled

Check if anyone in the household requires a wheelchair accessible unit

We collect data on race & ethnicity in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic. Your answers will not affect your application.

**Race of head of household (You may choose more than one of the following)**

White  Black/African American  American Indian/Alaskan Native  Asian

Native Hawaiian/Other Pacific Islander

**Ethnicity of head of household (Check only one)**

Hispanic  Non-Hispanic

This Housing List is updated periodically.

**Certification of Applicant**

Please read this statement very carefully. By signing, you are agreeing to its terms.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- ✓ any misrepresentation or false information will result in my application being cancelled or denied, or in termination of housing assistance.
- ✓ this is a pre-application for project-based rental assistance through EOHLC and its regional administering agencies and is not an offer of housing;
- ✓ at the time I rise to the top of the waiting lists, I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations and EOHLC policy;
- ✓ It is my responsibility to notify any one of EOHLC's regional administering agencies in writing of any change of address and my application may be cancelled if I fail to do so;
- ✓ it is my responsibility to notify any one of EOHLC's regional administering agencies in writing of any change in family size or composition that might affect the number of bedrooms my family requires and my failure to do so may affect my place on the waiting list;
- ✓ my participation in the Section 8 housing program is subject to my being eligible and in compliance with HUD and EOHLC regulations; and that I will be subject to a criminal history check.

I agree that EOHLC can share my information with other state agencies for the purposes of determining program eligibility.

Signature of head of household \_\_\_\_\_

Date \_\_\_\_\_

