



MARSHFIELD HOUSING AUTHORITY
17 TEA ROCK GARDENS
MARSHFIELD, MASSACHUSETTS 02050

James N. Marathas
Executive Director
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APPLICATION FOR ADDITION TO LEASE

Incomplete applications will not be processed. Please complete all information on the application. If a question is not applicable, please write N/A. Make sure BOTH the current resident and the application sign the last page.

Name of Current Lease Holder: _____

Address of Current Lease Holder: _____

Applicant Name: _____

Current Address: _____
Street City, State Zip Code

Home phone: _____ Work phone: _____

Please provide the full name, including maiden names, and middle initial of all household members we are requesting to be added to the lease.

First Name	MI	Last Name	Maiden Name	DOB	Place of Birth	Sex	Relationship to Head of Household	SSN*
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

*Social Security Number will be used to verify income, assets, and criminal record information.

Racial Designation: Responding to this question is optional.
If anyone in your household is a minority, you may classify your household in that minority category.
Circle one: American Indian Asian Black White Hispanic

Is there a member of your household who requires a wheelchair accessible unit?
Circle one: Yes No



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"Where our tenants come first"

Have you or any household member ever received housing assistance from this or any other housing agency or group, including Public Housing, MRVP, DHP, AHVP 707 of Section 8?

Circle one: Yes No

If yes, Name of head of household at that time: _____

Address: _____

Landlord Name: _____ Phone Number: _____

Agency Subsidy was through: _____

Dates you received subsidy: From _____ To _____

Reason you moved out: _____

Income Data

Employment (for each member of household that is working)

Household Member who is working (Name) _____

Place of employment: _____

Salary: \$ _____ Circle one: Weekly Bi-weekly Monthly

Other Sources of Income. Please show monthly income from all sources. If zero indicate -0-

TAFDC	\$ _____	VA Pension	\$ _____
Social Security	\$ _____	Pension	\$ _____
Soc. Sec. Disability	\$ _____	Child Support	\$ _____

List below all assets of all household members:

Household Member	Type of Asset	Bank	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you or any household member sold or transferred any property in the last four years?

Circle one: Yes No If yes, date of sale _____

Amount of Sale \$ _____ Mortgage Owed at time of sale: \$ _____

Do you own a home or other real estate property now? Circle one: Yes No

If yes, please describe, including location: _____

Please list the addresses of all residential settings (apartments, houses, shelters, group homes, etc) in which you have lived during the last five years. You should either list the landlord/owner or the Program Director. Please be sure to list the dates of occupancy.



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Current Address: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

Dates of Occupancy: Moved in _____ Moved out _____

Reason for leaving: _____

Previous Address: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

Dates of Occupancy: Moved in _____ Moved out _____

Reason for leaving: _____

Previous Address: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

Dates of Occupancy: Moved in _____ Moved out _____

Reason for leaving: _____



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Have you or any household member ever lived outside of Massachusetts? Circle on: Yes No

If yes, please list the members name and the states resided.

Name: _____ States: _____

Are you a board member, employee or a member of the immediate family of any employee or board member of this housing authority? Circle one: Yes No

If yes, please explain: _____

In accordance with Section 504 of the Rehabilitation Act of 1973, the Marshfield Housing Authority is required to make reasonable accommodations to its program and facilities to provide otherwise eligible individuals with disabilities equal access to participation in those programs and facilities. No one is required, as a condition of application to provide any information regarding the nature and severity of a disability. Individuals with disabilities may choose to self-identify by responding to the questions below. The information provided will assist the Authority in providing reasonable accommodation and accessible resources where they are most needed. Your responses to these questions are confidential and will only be used for purposes of determining eligibility for assistance, or the need for accommodation.

Do you or a household member have a physical or mental impairment?

Circle one: Yes No

Is this impairment Armed Services (For Veterans) connected?

Circle one: Yes No

Would you or any member of your family benefit from accommodations the Authority could provide?

Circle one: Yes No

If yes, please describe below the types of accommodations that would most benefit you or the members of the household.



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TENANT CERTIFICATION:

I understand this application is a request to add this individual(s) to my lease. I understand that this application must be reviewed, and may be approved or denied, based upon that review. Based on this application, I understand that I should not allow this applicant, or anyone else to move into my apartment until I have received a written approval from the Authority. I certify that the information I have given in the application is true and correct and that any false statements or misrepresentations may result in the denial of this application, and further, may result in my eviction. I understand that it my responsibility to inform the Marshfield Housing Authority, in writing, of any change in address, income, assets or household composition. I hereby grant permission to the Marshfield Housing authority to inquire and obtain information about me and my family that is pertinent to the eligibility for or participation in assisted housing programs, including credit investigation reports and criminal record information.

Current Lease Holder Signature

Date

APPLICANT CERTIFICATION:

I understand this application is a request to be added to a current resident’s lease. Understand that this application must be reviewed, and may be approved or denied, based upon that review. Based on this application, I understand that I should not make any plans to move or terminate my present tenancy until I have received a written approval from the Authority. I certify that the information I have provided in this application is true and correct and that any false statements or misrepresentation may result in the denial of my application. I understand that it is my responsibility to inform the Marshfield Housing Authority in writing of any change in address, income, assets, or household composition. I hereby grant permission to the Marshfield Housing authority to inquire and obtain information about me and my family that is pertinent to the eligibility for or participation in assisted housing programs, including credit investigation reports and criminal record information.

Applicant Signature

Date



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