

# HANSON HOUSING AUTHORITY

80 MEETINGHOUSE LANE  
HANSON, MASSACHUSETTS 02341

## Application for Addition to Lease

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

Name of Current Lease Holder: \_\_\_\_\_

Address of Current Lease Holder: \_\_\_\_\_

1. Applicant Name: \_\_\_\_\_

2. Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3. Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

4. Please provide the full name, including Maiden Names, and Middle Initial of all Household Members who are requesting to be added to the lease.  
unit. \_\_\_\_\_

First Name	Middle Initial	Last Name	Maiden Name	Date of Birth	Place of Birth	Sex	Relation to Head of Household	Social Security Number

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

5. 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

6. Is there a member of your household who requires a wheelchair accessible unit? Circle One Yes No

7. 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 or Section 8. (Circle one) Yes No

If yes: Name of household head at that time: \_\_\_\_\_

Address: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

\_\_\_\_\_ Phone number: \_\_\_\_\_ Landlord Address: \_\_\_\_\_

\_\_\_\_\_ Agency Subsidy was through: \_\_\_\_\_

\_\_\_\_\_ Dates you received subsidy: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

\_\_\_\_\_ Reason you moved out: \_\_\_\_\_

8. Income Data:

Employment: Household Member who is working: (Name) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Salary: \$ \_\_\_\_\_  
circle one weekly, bi-weekly, monthly

Employment: If there is a 2nd Household member working, please complete:

Name of Worker: \_\_\_\_\_ 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

Social Security Soc. Sec. Disability

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

V.A. Pension Pension

Child Support

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

9. List below all assets of all household members:

Name	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 the time of the sale: \$ \_\_\_\_\_

Do you own a home or other real estate property now: (Circle one) YES NO

If YES, please describe, including location: \_\_\_\_\_

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

**Current Address:** \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Dates of Occupancy: Moved in \_\_\_\_\_ to Present

Please state why your moving from this address: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ Landlord

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Dates of Occupancy: Moved in: \_\_\_\_\_ to Moved Out \_\_\_\_\_

Please state why you moved from this address: \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

Landlord Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Dates of Occupancy: \_\_\_\_\_ Moved in: \_\_\_\_\_ to Moved-out : \_\_\_\_\_

Please state why you moved from this address: \_\_\_\_\_

11. Have you or any household member ever lived outside Massachusetts. Circle One; Yes No

If yes, please list the member's name and the states resided.

Name: \_\_\_\_\_ State(s) \_\_\_\_\_

12. As you a board member, employee or a member of the immediate family of any employee or board member of this housing authority

YES NO If yes, please explain: \_\_\_\_\_

13. In accordance with Section 504 of the Rehabilitation Act of 1973, the Hanson Housing Authority is required to make reasonable accommodations to its programs and facilities in order 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

(Veterans Only) Is this impairment services 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 your family.

\_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT NOTICE: Please read carefully**

The Hanson Housing Authority has been granted CORI access. All household members are therefore advised that a copy of their criminal history will be obtained from the Criminal History Systems Board before they are offered housing through the Hanson Housing Authority.

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**TENANT CERTIFICATION:**

I understand this application is a request to add this individual/individuals 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 misrepresentation may result in the denial of this application, and further, may result in my eviction. I understand that it is my responsibility to inform the Hanson Housing Authority, in writing, of any change in address, income, assets or household composition.

I hereby grant permission to the Hanson Housing Authority to inquire and obtain information about me and my family that is pertinent to eligibility for or participation in assisted housing programs, including credit investigation reports and criminal record information.

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Current Lease Holder Signature

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Date

**CERTIFICATION:**

I understand this application is a request to be added to a current resident's 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 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 given in the 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 Hanson Housing Authority, in writing, of any change in address, income, assets or household composition.

I hereby grant permission to the Hanson Housing Authority to inquire and obtain information about me and my family that is pertinent to eligibility for or participation in assisted housing programs, including credit investigation reports and criminal record information.

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Applicant Signature

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Date