

Winchendon Housing Authority
108 Ipswich Drive
Winchendon, MA 01475

DO NOT WRITE IN BOX

Office use only
Date of Receipt _____
Time of Receipt _____
Fed. Control # _____
State Control # _____
Bedrooms 1 2 3 4
RACE A I A B H O W
Priority Cat. _____
Preference _____
Language _____

FEDERAL HOUSING TYPE FORM

1. Name of Applicant _____
Current Address _____
City/Town _____
Home Telephone/Work Telephone _____

2. *Type of Public Housing Needed. (Check one)

___ Family ___ Federal/Conventional
___ Elderly/Handicapped

*Conventional Housing owned by Winchendon Housing Authority and units are located in Winchendon.

3. Are you applying for Emergency Housing? (Check one) ___yes ___no
If yes, you must request and fill out an **EMERGENCY APPLICATION**.

4. Number of bedroom needed. (Circle one) 1 2 3 4

Applicant's Certifications:

I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate Conventional unit. If I do not accept that offer, I will lose any priority or preference status and my application will be put at the bottom of the waiting list.

Based on this application, I understand I should not make any plans to move or end my present tenancy until I have received a written UNIT OFFER from the Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have provided on this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the cancellation of my application. SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's Signature

Date

Interviewer/Reviewer's Signature

Date