	1			
(date / time stamp H.M.)	(For CHA use Only)		Initials	(date / time stamp R.S.)
	Application Complete	Yes No		
	Credit Approved	Yes No N		
	CHSB Approved	Yes No N	N/A	
	Section 214 Complete	Yes No N	N/A	
	Approval / Denial letter sent	Yes No		
	Chelsea Hou	sing Authorit	У	1
		ke Street	150	
	Chelsea, Mass	acnusetts 021	150	
617-884-5617 FAX 617-884-6552		-884-6552		TTD: 617-889-1413
APPLICA	TION BY TENANT TO ADD M FEDERAL-AIDED			RESIDING IN
question is not applical This is an application to member of the househol individual will be permi	will not be processed. Please comble, please write N/A. Make sure add a member to your household. It authorized to reside in the unit utted to stay with you only as a gue responsible for the conduct of your property.	e you sign the land of the application of the second of th	ast page on is granted, the If the applicate cy of any guest	ne individual will become a ion is rejected, the is limited to a total of three
(PLEASE PRINT)				
1. Name of Tenant:				
2. Current Address:			Apt. No	_
3. Home Telephone:(_		Telephone:()	_
INF	ORMATION REGARDING PE	ROPOSED HO	USEHOLD MI	<u>EMBER</u>
4. Name:				
5. Current Address:				_
				
6. Telephone: ()_	-			
7. Date of Birth:*	/			

Female

Social Security Number:* _____ - ___ -

8. Sex:* Male

10. Amount and Source of Income:* \$	_ weekly	every two weeks	monthly		
11. Relation to Tenant:					
*This information will be used to verify income, a	ssets, and c	riminal record inforn	nation.		
IF PERSON TO BE ADDED IS UNDER 17 YEARS OLD AND IS NOT AN EMANCIPATED MINOR AND HAS NEVER BEEN CRIMINALLY CHARGED AS AN ADULT, STOP HERE, SIGN AND DATE APPLICATION. FOR PERSONS AGE 17 OR OVER OR WHO ARE EMANCIPATED MINORS, OR HAVE BEEN CRIMINALLY CHARGED AS AN ADULT, CONTINUE BELOW.					
12. CRIMINAL RECORD: Pursuant to 803 CMR Criminal Record Information for all proposed			uthority will obtain		
(a.) Has the person that you want to add to the	household	been convicted of a c	erime? (circle one) YI	ES NO	
(b.) If yes, please explain:					
13. List Addresses of the proposed household men	nber for the	Last Five Years in R	Reverse Order:		
(a.) Address:	Ap	t.# From:	To: Present		
City/Town		_State			
Name of Landlord:		Гelephone: () _			
(b.) Address:	Ap	t.# From:	To:		
City/Town		_State			
Name of Landlord:		Гelephone: () _			
(c.) Address:					
City/Town		State			
Name of Landlord: 14. Has the person ever received housing assistant (circle one)	To ce from this		g agency?	NO	
(a.) If yes, Name of Tenant at that time:					

Name of Housing Agency:						
Date of Move Out:						
Reason moved out:						
(b.) Did the person move out while in complia	ance with the lease?(circle one) YES NO					
If no, please explain:						
APPLICANT'S CERTIFICATION						
verify the information that we have provided in this a this application is true and correct. We understand the rejection of this application. It is understood that the	member, authorize the Housing Authority to make inquiries to application. We certify that the information that we have given in nat any false statement or misrepresentation will result in Housing Authority will request Criminal Offender Recorded for the proposed household member. Who is 17 years of age or SOF PERJURY.					
Tenant's Signature	/ Date:// 2020					
Proposed Household Member's Signature	/ Date:/ 2020					
For all developments attach 1. Social Security Card; 2. Birth Certificate; 3. Income verification; 4. Asset verification; N/A	For Margolis, Mace and Scriviano attach 1. Section 214 Statement; 2. Any necessary INS documentation; 3. Verification Authorization. N/A					
 Asset verification; N/A CHSB / Credit Release; N/A General Release; N/A Rental verification. N/A 	Resident Selection: Approved Denied Housing Management: Approved Denied					