

**LOWELL HOUSING AUTHORITY**  
**350 Moody Street**  
**P.O. Box 60**  
**Lowell, MA 01853-0060**  
**(978) 937-3500**

**PRELIMINARY APPLICATION FOR THE FEDERAL PUBLIC HOUSING PROGRAM**

(Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Type of Public Housing you are applying for: (circle one)

a. Family                      b. Elderly/Handicapped

Do you require a wheelchair accessible unit? (circle one)      Yes      No

Do you require a special accommodation? (circle one)      Yes      No

If yes, please specify \_\_\_\_\_

Please list all members of the household to live in the unit including applicant.

NAME	SS Number	Relationship To Applicant	Sex	Date of Birth	Annual Income	Income Source
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1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

5 \_\_\_\_\_

6 \_\_\_\_\_

7 \_\_\_\_\_

Total Household Income \_\_\_\_\_

**Asset Information**

Please list the assets of all individuals listed above. Include all bank accounts, stocks and bonds, trust funds, real estate, etc.

Household Member	Asset Type	Asset Value	Interest or Income	Asset Imputed Value
_____				
_____				
_____				
_____				

**Racial or Ethnic Designation:** (circle one)      White      Black      Hispanic  
   Asian      Other\_\_\_\_\_

**Please circle one of the following answers:**

Number of Bedrooms required:      1      2      3      4      5      6

Do you want to apply for Emergency Housing?      Yes      No  
If YES, you will be asked to complete an Emergency Application.

Have you or any member of your household, ever lived in Public Housing or ever received housing assistance from this or any housing agency or group?      Yes      No

If yes, specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Applicant's Certification:**

I understand that this pre-application is not an offer of housing. I understand that I will have to complete a Standard Application and provide proof of all information before a final decision on my eligibility can be made by the Lowell Housing Authority. Based on this Preliminary Application, I understand that I should not make any plans to move. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM THE LOWELL HOUSING AUTHORITY IN WRITING OF ANY CHANGE OF ADDRESS, INCOME, OR HOUSEHOLD COMPOSITION. I understand that I must respond promptly to all Housing Authority inquiries or my pre-application may be closed. I certify that the information I have given in this pre-application is true and correct. I understand that any false statement or misrepresentation may result in the closing of my pre-application.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY**

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Reviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_