



**Greater Lawrence Community Action Council, Inc.**  
**North Andover Tenant Based Rental Assistance Application**

**Applicant Name:** \_\_\_\_\_

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

**City, State, Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Monthly Rent amount:** \_\_\_\_\_

**HOUSEHOLD COMPOSITION**

(List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head.)

Member's Full Name	Relationship	Birthdate	Age	Sex	Social Security No.
	Head of Household				

Race of Head of Household (Check One) - Optional  
 (This information is being collected to assure compliance with fair housing and equal opportunity rules.)

- White                                       Black                                       Asian/Pacific Islander  
 Native American/Alaskan Native                                       Other: \_\_\_\_\_

Also, do you consider yourself Hispanic?  Y       N

**PREFERENCE INFORMATION:** You may qualify for a preference for housing assistance if any of the following circumstances can be verified for your family. Please check any that apply to you.

- Are you currently paying more than 30% of your monthly income on rent?  
 If yes, please explain: \_\_\_\_\_
- Are you about to be displaced from your housing due to difficulty in paying the rent?  
 If yes, please explain: \_\_\_\_\_

**INCOME INFORMATION:**

What is the total annual income of all household members? (Include wages, salaries and tips; other income such as alimony, child support; and Social Security, AFDC or other benefits)

Member's Full Name	Source of Income (Wages, Child Support, Public Asst.)	Amount Received	Payment Basis (weekly, monthly, etc.)	Total per year

**ASSET INFORMATION:**

List the type and source of any family assets. Provide both the current cash value and the estimated annual income from the asset.

Member's Full Name	Type and Source of Asset (e.g. Bank accounts, investments)	Cash Value of Asset	Annual Income from Asset

**EXPENSE INFORMATION**

Yes  No Does your household have un-reimbursed medical expenses in excess of 3 percent of annual income?

Yes  No Does your household pay child care expenses for children under the age of 13 that enable a family member to work or go to school?

Yes  No Does your household pay care expenses for the care of a family member with disabilities that enable a family member to work?

**APPLICATION CERTIFICATION:** I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize the [Program Administrator] to verify all information provided on this application.

Head of Household Signature	Date	Spouse Signature	Date
-----------------------------	------	------------------	------