LOCAL INTITIATIVE PROJECT
Housing Application

General Information

Applicant Name (s): ____________________________________________________

Address: ____________________________________________________________

Phone: ______________________________________________________________

Email: ______________________________________________________________

Do you qualify under the local preference plan? See Lottery Policy ____________
(Please attach documentation per the policy)

Are you a Veteran? ___________ If yes, dates of service ______________________
(Please attach documentation per the policy)

Are you a First Time Home Buyer? _______________________________________

Employment Information

Employer Name & Address
_____________________________________________________________________

Phone_______________________________________________________________

Employer Name & Address
_____________________________________________________________________

Phone_______________________________________________________________

Employer Name & Address
_____________________________________________________________________

Phone_______________________________________________________________

Use additional sheets if necessary
Household Information

Other Household Members
_________________________________________ Age
_________________________________________ Age
_________________________________________ Age
_________________________________________ Age

Use additional sheets if necessary

Additional Household Member Employment Information (if over 18)

Household Member ___________________________
Employer Name & Address
________________________________________________________________________________
Phone_______________________________
________________________________________________________________________________

Household Member ___________________________
Employer Name & Address
________________________________________________________________________________
Phone_______________________________
________________________________________________________________________________

Household Member ___________________________
Employer Name & Address
________________________________________________________________________________
Phone_______________________________
________________________________________________________________________________

Use additional sheets if necessary

Income Verification

Please provide the following at time of application in order to verify income:

1. The most recent 2 years federal tax returns
2. One month of payroll receipts
3. Copies of most recent bank statements from all accounts including retirement accounts.

The above should be provided for all household members over the age of 18 who are not full time students. Additional information and/or clarification may be required after initial review of your application.
Failure to submit any documents required for income verification renders your application incomplete until all documents are submitted.

Applicant signature(s)

_________________________________________________________________________ Date __________

_________________________________________________________________________ Date __________

Please contact Jennifer Burke, Planning Director, Town of Hudson, 78 Main Street, Hudson, MA 01749, (978) 562-9963 or jburke@townofhudson.org, if you have any questions.