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Executive Director

# AGAWAM HOUSING AUTHORITY

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This is an important notice. Please have it translated.  
Este é um aviso importante. Queira mandá-lo traduzir.  
Este es un aviso importante. Sírvase mandarlo traducir.  
ĐÂY LÀ MỘT BÀN THÔNG CÁO QUAN TRỌNG  
XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY  
Ceci est important. Veuillez faire traduire.  
本通知很重要。請將之譯成中文。  
នេះគឺជាជំពាក់សំខាន់ សូមមេត្តាបកប្រែជូនផង

ЭТО ОЧЕНЬ ВАЖНОЕ СООБЩЕНИЕ ОБЯЗАТЕЛЬНО ПЕРЕВЕДИТЕ

## NOTICE TO APPLICANTS

Please be sure that all writing is legible.

The following required documentation **MUST** be included with your application:

1. Birth Certificate(s) – for everyone in your household, including yourself;
2. Social Security Card(s) – for everyone in your household, including yourself;
3. State Picture ID(s) – for everyone in your household that is 18yrs of age and older;
4. Source of income:
  - ❖ Wages/Salary
    - Weekly - 6 consecutive pay stubs
    - Bi-Weekly - 3 consecutive pay stubs
  - ❖ Social Security Award Letter – current date
  - ❖ Department of Transitional Assistance
    - Cash Benefits letter – current date
  - ❖ Child Support – current date
  - ❖ Pension – current date
  - ❖ Unemployment – current date
    - 6 consecutive pay stubs
  - ❖ Latest Bank Statement – current date  
(IRA's, stocks, bonds, real estate, etc.)

**NOTICE: \*\*\*If any of the above is not included, your application will be considered incomplete and will not be processed \*\*\***

After we receive your completed application and all the above required documentation, we will verify the information and you will be placed on the Waiting List. Once you are placed on a list we will send an Applicant Receipt with your new control number.

### **INCOMPLETE APPLICATIONS WILL BE DENIED!!**

- ✓ **Please note: You MUST be deemed eligible for a Standard Application before an Emergency Application will be considered.**
- ✓ **Adults 18yrs and over must also complete and sign the following forms:**
  - General Authorization for Release of Information
  - Fair Information Practices Act Statement of Rights
  - CORI Request form