

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← APPLICANT: you must mail this form to the address at left. Do not use the fax number below.

Dear

Fold on this line

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because:

Name of Waitlist Administrator *optional*

Phone of Waitlist Administrator *optional*: - - X

Date Time Received. Application will be stamped to show when it was received:

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

○ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ○ RACE: Asian , Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No

☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

☐ CRIMINAL RECORD AND SEX OFFENDER
Head of Household: Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Other Members: Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
 Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?

_____ ← # Adults _____ ← # Children _____ ← Total # in Household ☐ Yes ☐ No

☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

☐ WHERE YOU LIVE (OR BACKUP MAILING ADDRESS) ☐ check this box if backup address is the same as best mailing address below.

☐ PREFERRED MAILING ADDRESS

☐ # BEDROOMS NEEDED?

☒ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.

☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.

Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other: _____

Application # _____

Application for:

Our apartments are being financed by the Massachusetts Housing Finance Agency and Executive Office of Communities and development. Apartment are to be rented to all people on an open-occupancy basis.

Nuestros apartamentos son financiados por la Agencia de Financiamiento do Vivienda de Massachusetts y la Ofcina Ejecutiva de Comunidades y Desarrollo. Los apartamentos son alquilados sin discriminar con respecto a raza, color, religion, sexo u origen nacional.

PLEASE FILL OUT EACH ITEM AS COMPLETELY AS POSSIBLE TO HELP SPEED PROCESSING.
POR FAVOR, COMPLETA CADA ARTICULO LO MEJOR POSIBLE PARA ACELAERAR EL PROCESO

1. NAME

HOME TELEPHONE

Nombre _____

Telefono de su casa _____

2. PRESENT ADDRESS

Direccion actual _____

NAME OF PRESENT LANDLORD

Nombre del dueno de casa actual _____

LANDLORD'S ADDRESS

Direccion del dueno actual _____

LANDLORD'S TELEPHONE

MONTHLY RENT

Telefono del dueno actual _____

Alquiler mensual _____

APARTMENT SIZE

UTILITIES (if separate)

Tamano do su apartamento _____ Bedroom (s)

Utilidades (si aparte) _____

HOW LONG HAVE YOU LIVED THERE?

Cuanto tiempo lleva viviendo ahi? _____ to Present

3. PREVIOUS ADDRESSES (Optional if at present address more than five years)

Direccion anterior (Opcional si lleva mas de cinco anos on vivienda actual)

ADDRESS

Direccion _____

NAME OF PREVIOUS LANDLORD

Nombre del dueno de casa anterior _____

LANDLORD'S ADDRESS

Direccion del dueno anterior _____

LANDLORD'S TELEPHONE

MONTHLY RENT \$

Telefono del dueno anterior _____

Alquiler mensual \$ _____

APARTMENT SIZE

UTILITIES (if separate) \$

Tamano do su apartamento _____ Bedroom (s)

Utilidades (si aparte) \$ _____

HOW LONG HAVE YOU LIVED THERE?

Cuanto tiempo lleva viviendo ahi? _____

ADDRESS

Direccion _____

NAME OF PREVIOUS LANDLORD

Nombre del dueno de casa anterior _____

LANDLORD'S ADDRESS

Direccion del dueno anterior _____

LANDLORD'S TELEPHONE

MONTHLY RENT \$

Telefono del dueno anterior _____

Alquiler mensual \$ _____

APARTMENT SIZE

UTILITIES (if separate) \$

Tamano do su apartamento _____ Bedroom (s)

Utilidades (si aparte) \$ _____

HOW LONG HAVE YOU LIVED THERE?

Cuanto tiempo lleva viviendo ahi? _____

ADDRESS

Direccion _____

NAME OF PREVIOUS LANDLORD

Nombre del dueno de casa anterior _____

LANDLORD'S ADDRESS

Direccion del dueno anterior _____

LANDLORD'S TELEPHONE

MONTHLY RENT \$

Telefono del dueno anterior _____

Alquiler mensual \$ _____

APARTMENT SIZE

UTILITIES (if separate) \$

Tamano do su apartamento _____ Bedroom (s)

Utilidades (si aparte) \$ _____

HOW LONG HAVE YOU LIVED THERE?

Cuanto tiempo lleva viviendo ahi? _____

ADDRESS

Direccion _____

NAME OF PREVIOUS LANDLORD

Nombre del dueno de casa anterior _____

LANDLORD'S ADDRESS

Direccion del dueno anterior _____

LANDLORD'S TELEPHONE

MONTHLY RENT \$

Telefono del dueno anterior _____

Alquiler mensual \$ _____

APARTMENT SIZE

UTILITIES (if separate) \$

Tamano do su apartamento _____ Bedroom (s)

Utilidades (si aparte) \$ _____

HOW LONG HAVE YOU LIVED THERE?

Cuanto tiempo lleva viviendo ahi? _____

4. INCOME INFORMATION
INFORMACION DEL INGRESO

HEAD OF HOUSEHOLD JEFE DE FAMILIA	CO-HEAD - SPOUSE ESPOSO (A) - COMPANERA(O)
Employer Patron _____	Employer Patron _____
Employers address Direccion del patron _____	Employers address Direccion del patron _____
Employer's tel # Num. Telefono del patron _____	Employer's tel # Num. Telefono del patron _____
Position / Posicion _____	
Length of employment Tiempo en empleo _____	Length of employment Tiempo en empleo _____
Annual wage Salario annual _____	Annual wage Salario annual _____

OTHER INCOME
OTRO INGRESO

Amount Per Month Cantidad Mensual	APPLICANT APLICANTE	SPOUSE ESPOSO(A)	OTHERS OTROS
A. Social Security <i>Seguro Social</i>	_____	_____	_____
B. SSI	_____	_____	_____
C. Pensions <i>Pensiones</i>	_____	_____	_____
D. General relief <i>Asistencia general</i>	_____	_____	_____
E. AFDC <i>AFDC</i>	_____	_____	_____
F. Child Support <i>Sostenimiento de ninos</i>	_____	_____	_____
G. Alimony <i>Alimony</i>	_____	_____	_____
H. Other <i>Otro</i>	_____	_____	_____

Please inlude salaries of anyone 18 years of age or older. *Por favor, incluya salarios de personas de 18 anos de edad o mas*

ASSETS

Habites

ACCOUNT NO., Num. Cuenta	BANK NAME, Nombre del Banco	AMOUNT Cantidad)
Checking/chequera		\$
Savings/Ahorros		\$

HAVE YOU DISPOSED OF ANY ASSETS BELOW THE FAIR MARKET VALUE WITHIN THE PAST TWO YEARS?
Ha dispuesto usted de algun haber por debajo del valor de mercado justo durante losp pasados dos anos?
YES/SI. NO.

PERSONAL REFERENCE (Name, address, phone number)
Referencias personales (Nombre, direccion, numero telefono)

1.
2.
3.

LIST ALL PERSONS WHO WILL OCCUPY THE APARTMENT (including applicant)
Anote todas las personas que vivira en el apartamento. (Incluya el aplicanto)

NAME NOMBRE	SOC. SEC. # # SEG. SOC.	DATE OF BIRTH FECHA DE NACIM.	RELATION PARENTESCO
			HoH

7.

Does any family member use a wheelchair? If yes, name of member.
Indique si algun miembro do su familia usa silla de ruedas?
Si indica que SI, indiquenos el nombre de la persona.

YES/SI NO
- Is there any full-time student over 18 in your household? If yes, name of member.
Hay algun estudiante a timepo completo mayor do anos sit sit familia?
Si indica que SI, indiquenos el nombre de la persona.

YES/SI NO

8.

DO YOU HAVA A CURRENT SECTION 8 CERTIFICATE?
Tiene usted un certificado corriente de Seccion 8?

YES/SI NO
- A SECTION 8 VOUCHER
Voucher de la Seccion 8?

YES/SI NO

AN MRVP VOUCHER?
Voucher di MRVP?

YES/SI NO

- AHVP VOUCHER? VASH VOUCHER?

9.

RACE (This question is optional. The information will he most helpful to us in conforming with our Affirmative Marketing Plan)
RAZA (Esta pregunta es opcional. La informacion nos ayudaria a complir con las metas de nuestro Plan Afirmative de Mercadeo Justo.)

American Indian
Indio americano

Black
Negro

Asian
Asiatico

Latino
Latino

White
Blanco

Other
Otro

10.

Do you have any pets?
Tiences usted mascotas? YES/SI NO

Please note that this is a preliminary application. Additional information may lie requested at a later date to complete the processing of applicants. Your signature gives consent to the Management to verify the information contained in this application.

Note que esta solicitud para alquiler es preliminar. Puede que luego neceistemos informacion adicional de su parte para completar el proceso tie cada solicitante. Su firma da autorizacion a la Gerencia para verificar la informacion contenida en esta solicitud.

I/WE HAVE READ THE FOREGOING AND CERTIFY THAT THE INFORMATION HEREIN SUBMITTED BY ME/US IS TRUE AND CORRECT.

YO/NOSTROS HE/HEMOS LEIDO LO ANTERIOR Y CERTIFICO/CERTIFICAMOS QUE LA INFORMACION PROVISTA AQUI ES VERDADERA Y CORRECTA.

WARNING: Section 1001 of Title 1B of the U.S. Code makes it a criminal offense to make willfully false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.

AVISO: La Seccion 1001 del Titula 1B delCodigo de E.U. dicta como ofensa criminal declaraciones que sean deliberadamente falsas o tergiversaciones a cualquier departamento agencia e E.U. en cuanto a cualquier asunto bajo su jurisdiccion se refiere.

DATE
FECHA _____

APPLICANT'S SIGNATURE
FIRMA DEL SOLICITANTE

SIGNATURE OF RENTAL AGENT
FIRMA DEL AGENTE DE ALQUILER

APPLICANT'S SIGNATURE
FIRMA DEL SOLICITANTE