Mail this application to:

he name of the waitlist I'm applying for is:
Some waitlists are closed: Before sending this application, check http://www.housingworks.net/ to see what is open
You <u>must</u> answer every question on this application: respond to questions that are not applicable by writing "N/A". Incomplete applications may be returned or discarded.
Name of HoH:
Long-Term Mailing Address
City/State/Zip:
Phone(s):
Email:
The SSN for the head of household is:
Does the HoH have a Social Security Number (SSN)? Yes No If "Yes" you <u>must</u> provide it above,
What is your date of birth? What is your gender?
Race (white, black, asian, etc)?
What was your mother's last name when she was born? Protects your privacy)
How many people will be living in the unit? people. What unit size are you seeking?BR
Describe your Income Sources (Job, Food Stamps, SSI, TAFDC, etc.)
What is your family's <u>ANNUAL</u> income? \$ (do <u>NOT</u> write an hourly, weekly, or monthly amount!)
YES NO Do you have a rental voucher or some other form of regular rental assistance?
Specify: Section 8 MRVP AHVP Homebase
YES NO Do you need a wheelchair accessible unit (or a "no-steps" unit)?
YES NO Do you need reasonable accommodations due to a disability, either during the application period or tenancy?
YES NO Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender Registration program?
YES NO Priority/Preference Status: If there is a section in this application that asks about priorities and preferences, did you claim any?
Office Only: Date/Time Stamp

LEO AFFORDABLE HOUSING APPLICATION

Please read carefully and fill out as completely as possible. The information requested below will remain confidential. If you have questions concerning the application, please call LEO Affordable Housing at (781) 581-7220 EXT 231.

Household Information

Applicant_____ Current Address_____

Telephone (day) ______

Number of bedrooms required

List all persons (including applicant) who will occupy the unit and fill in the following information for each.

NAME	DATE OF BIRTH	SEX	SOCIAL SECURITY #	RELATIONSHIP TO APPLICANT

Income Information

Please state gross income before payroll deductions. Information is requested for income verification purposes only and is not intended to disqualify any applicant due to source of income.

For Applicant: Amount of income \$_____ per ____ (wk./mo./yr.) Source of income (name, address, telephone of employer) For Other Household Member: Amount of income \$_____ per ____ (wk./mo./yr.) Source of income (name, address, telephone of employer)

Position/Title_____Length of time in position _____

Please list below all household income from other sources, such as Social Security, veteran's benefits, pensions, AFDC, SS, Emergency Aid to Elders, Disabled and Children (EAEDQ, alimony, child support, Unemployment Compensation,, bank interest, stocks, or bonds.

Source	Amount \$	per (wk./mo./yr.)
Source	Amount \$	per (wk./mo./yr.)
Source	Amount \$	per (wk./mo./yr.)

Please list all other income. Use other sheets if necessary.

Assets	YES	NO
Do you own a house or other property?	YES	NO
Do you own stocks or bonds?	YES	NO
Do you own your own business?	YES	NO
Do you have any bank accounts?	YES	NO

If you answered yes to any of these questions, please describe and state value and income, including interest income.

Savings and Checking Accounts:

Bank (name/address)					
Acct. #	Balance \$				
Bank (name/address)					
Acct. #	Balance \$				
Property, Stocks, Bonds, Business(es) you own:					
Asset		Value \$	Income \$		
Asset		Value \$	Income \$		

Debts

Please list all loans, charge accounts and credit cards, the balance owed, monthly payment and name, address and phone number of lender or creditor. Please include car and personal loans.

Lender/Creditor	Amount of Loan	Balance Owed	
Housing History			
Current Address Do you rent or own If you rent, present	? landlord's name, addres	ss, phone #	
Length of time at cu Monthly rent or mou If not, what do you	urrent address rtgage \$ Does currently pay for utilities	this include utilities? _ per month?	
Oil \$ Gas \$ _	Electricity \$	Other \$	
Why do you want to	o relocate?		
Previous address Did you rent or owr If you rented, forme			
Length of time at cu Monthly rent or mou If not, what do you	urrent address rtgage \$ Does currently pay for utilities	this include utilities? _ per month?	
Oil \$ Gas \$ _	Electricity \$	Other \$	
Why did you reloca	ate?		
References			
Credit (firms or indi	viduals with whom you'v	e had credit)	
Name/Address/Pho	one	Acct. #	Amt. Borrowed
1			
2			
0			

Other Information

Your responses to the questions in this section enable the LEO Affordable Housing program to prioritize qualifying applicants.

1. Have you recently been displaced, or will you soon be displaced from your home through no fault of your own? _____

If yes, please answer the following:

- * Have you received a notice to quit (eviction notice?)
- * Have you received a court eviction notice (summons and complaint)?
- * Date of eviction notice or displacement ^Reason for displacement (for example, natural disaster such as fire or flood, public action such as urban redevelopment, building condemned, other reason
- * Are you or members of your household currently living in a shelter, your car, or on the street?
- 2. Are you a battered person (including children) who is currently living in temporary housing or are you being referred by a shelter or other such agency and without permanent housing? _____
- Are you presently living in housing which has lead paint with a child under six years old? ______
 If yes, has the local board of health cited the lead paint violation? _____
 Do you have any children under six who have tested positive for lead paint poisoning from your current living situation? _____
- 4. Are you currently doubled up (living with another family?)

If so, how many people live there? _____

How many bedrooms? _____

5. <u>LEO plans to develop a Mutual Housing Association</u> hich residents control their apartments and jointly manage ownership of the building. Are you interested and able in becoming involved in the volunteer activities and communities of a cooperative?

6. Please describe any cooperative, community, neighborhood, or volunteer activities in which you have been involved. Please include names or organhadons, contact people, number of years involved, and what tasks or project you are or were involved in. We are mainly interested in this information to determine your qualifications for participating in the Mutual Housing Association resident controlled housing.

- 7. Does any member of your household qualify as a person with a disability which necessitates special housing facilities? ______ If yes, please explain.
- 8. Do you or any members of your household have a criminal record? _____ If yes, please explain.

9. Do you currently have a Section 8 Certificate or MRVP Voucher?

- 10. Ethnic origin (Response to this question is optional.) _____Asian _____Black _____Black _____Black
- 11. How did you find out about LEO Affordable Housing?

I DECLARE THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ANY FALSE STATEMENT MADE IS SUFFICIENT CAUSE FOR REJECTION OF MY APPLICATION AND/OR TERMINATION OF MY TENANCY. I HEREBY AUTHORIZE LEO AFFORDABLE HOUSING AGENTS AND DESIGNEES TO QUESTION INDIVIDUALS AND AGENCIES IN ORDER TO OBTAIN INFORMATION-RELEVANT TO THIS APPLICATION FOR HOUSING. BY SIGNING THIS APPLICATION, YOU GIVE US PERMISSION TO REQUEST REPORTS FROM CREDIT REPORTING AGENCIES, CREDIT REFERENCES AND OTHER SOURCES DISCLOSED IN THIS APPLICATION.

Applicant's Signature

Date

Lynn Economic Opportunity, Inc.

LEO Affordable Housing Program 113 Munroe Street Lynn, Massachusetts 01901 PHONE (781) 581-7220 FAX (781) 581-5320

Dear Applicant:

Enclosed please find an application for Lynn Economic Opportunity, Inc.'s Affordable Housing Program you requested.

Lynn Economic Opportunity, Inc. (LEO) owns and operates affordable apartment units in Lynn. **Tenants pay for all heat and utilities.** All apartments have been rehabilitated. Children are very welcome. **Pets** <u>are not</u> allowed. **LEO'S Affordable Housing Program** <u>is not</u> a **Rent Subsidy Program**.

Applicants must be income eligible to be considered for tenancies.

Please read the application carefully and fill out as completely as possible (incomplete applications will not be considered).

To expedite your application, please attach copies of your household's monthly income_or 4 weeks pay stubs.

If you have any questions, please call LEO Affordable Housing Program at (781) 581-7220 Ext. 231 Return your application to the above address to my attention. Yours truly,

Frances A Taggart Housing Liaison encl./ LAHP Application

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns: To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE		DATES YOU LIVED THERE:		
Name on the lease	to: or pre			
Address you lived at:	/ State	Zip		
Landlord's Name and Address				
Landlord Tel:				
Did this landlord bring any court action against the leaseholder or	you?	□ Yes	□ No	
Did this landlord return your security deposit? (check one)		□ Yes	□ No	□ N/A
PRIOR RESIDENCE		DATES YOU LIVED THERE:		
Name on the lease			to	
Address you lived at:	/ State	Zip		
Landlord's Name and Address				
Landlord Tel:				
Did this landlord bring any court action against the leaseholder or	you?	□ Yes	🗆 No	
Did this landlord return your security deposit? (check one)		□ Yes	□ No	□ N/A
RESIDENCE BEFORE THAT		DATES YOU LIVED THERE:		HERE:
Name on the lease			to	
Address you lived at:	/ State	Zip	····	
Landlord's Name and Address				
Landlord Tel:				
Did this landlord bring any court action against the leaseholder or	you?	□ Yes	□ No	
Did this landlord return your security deposit? (check one)		□ Yes	□ No	□ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease		to	
Address you lived at:	Zip		
Landlord's Name and Address			
Landlord Tel:			
Did this landlord bring any court action against the leaseholder or you?	□ Yes	🗆 No	
Did this landlord return your security deposit? (check one)	□ Yes	□ No	□ N/A
RESIDENCE BEFORE THAT	DATES YO	U LIVED TH	IERE:
Name on the lease		to	
Address you lived at:	Zip	·····	
Landlord's Name and Address			
Landlord Tel:			
Did this landlord bring any court action against the leaseholder or you?	□ Yes	□ No	
Did this landlord return your security deposit? (check one)	□ Yes	□ No	□ N/A
RESIDENCE BEFORE THAT	DATES YO	U LIVED TH	IERE:
Name on the lease		to	
Address you lived at:	Zip		
Landlord's Name and Address			
Landlord Tel:			
Did this landlord bring any court action against the leaseholder or you?	□ Yes	□ No	
Did this landlord return your security deposit? (check one)	□ Yes	🗆 No	□ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease		to	
Address you lived at:	Zip		
Landlord's Name and Address			
Landlord Tel:			
Did this landlord bring any court action against the leaseholder or you?	□ Yes	□ No	
Did this landlord return your security deposit? (check one)	□ Yes	□ No	□ N/A
RESIDENCE BEFORE THAT	DATES YO	U LIVED TH	IERE:
Name on the lease		to	
Address you lived at:	Zip		
Landlord's Name and Address			
Landlord Tel:			
Did this landlord bring any court action against the leaseholder or you?	□ Yes	□ No	
Did this landlord return your security deposit? (check one)	□ Yes	□ No	□ N/A
RESIDENCE BEFORE THAT	DATES YO	U LIVED TH	IERE:
Name on the lease		to	
Address you lived at:	Zip		
Landlord's Name and Address			
Landlord Tel:			
Did this landlord bring any court action against the leaseholder or you?	□ Yes	□ No	
Did this landlord return your security deposit? (check one)	□ Yes	□ No	□ N/A