

Mail this application to:

The 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 must answer every question on this application: respond to questions that are not applicable by writing “N/A”.
Incomplete applications may be returned or discarded.

Your Name: _____

Long-Term Mailing Address: _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

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 must 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 **ANNUAL** income? \$ _____ (do NOT 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

Housing Application

Do you own or lease an automobile?

Automobile Make/Model:	Registration:	State:
Automobile Make/Model:	Registration:	State:

Additional Information

Have you been displaced by a natural disaster, such as a fire or flood, within the past two (2) years?

If yes, when and from where?

Have you been displaced by public action, such as eminent domain, urban renewal or code enforcement?

If yea, when and from where?

Have you been displaced due to conversion to non-rental or non-residential use, closure of the unit for rehabilitation or withdrawal of the unit from the rental market or as a result of the owner's taking over the unit for personal or family use within the past two (2) years and presently without permanent replacement housing?

If yes, when and from where?

Are you currently being temporarily housed by a shelter or agency for battered women or the homeless and without permanent housing?

Are you currently living In substantially substandard housing with evidence of serious code violations?

Are you currently living in overcrowded conditions, which is defined as more than two (2) persons per bedroom?

Are you currently paying in excess of 50% of your gross monthly income towards rent heat and electricity?

Do you have a pet?	If yes, type:
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The information solicited on this application on is requested by the apartment owner in order to assure re the Federal Government and the Mass Housing Finance Agency, that federal, state and local laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, marital status, age and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Male _____	_____ White
Female _____	_____ Black
Married _____	_____ American Indian or Alaskan Native
Single _____	_____ Hispanic
Separated _____	_____ Asian/Pacific Islander
	_____ Other

Applicant Certification

I recognize that this applicatino is not an offer of housing. I agree that if I am made a writen offer and acdept shi ofer, I will be willin to assume the resp;onsibilities of cooperative membership, and participate in pre-occupancy orientation and cooperative training sessions.

I declare that the above information is true to the best of my knowledge, and acknowledge that any false statement I have made knowingly and willingly will be sufficient cause for the rejection of my application for housing. I hereby grant Simpson Management Company permission to contact references named herein and verify information provided on this application. In addition, I grant Simpson Management Company permission to request a Credit Report from a Credit Reporting Agency

Signature of Applicant:	Date:
Signature of Spouse/Co-Resident:	Date:

Received:	Date:	Time:
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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 present

Address you lived at: _____
Street and Apt# City 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: _____
Street and Apt# City 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:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City 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:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City 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: _____
Street and Apt# City 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

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