

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

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

List any major health problems and/or disabilities:

Do you receive home health services? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please name agency:

Describe any assistance that you require for personal needs (example: bathing, dressing, grooming, etc.)

What medications are you currently taking?

Special Diet: \_\_\_\_\_ Allergies: \_\_\_\_\_

### **Confidential Financial Statement**

#### **Estimated Income: \*\*\***

Pension/Wages: \$ \_\_\_\_\_/month SSI: \$ \_\_\_\_\_/month

Social Security: \$ \_\_\_\_\_/month VA Benefits: \$ \_\_\_\_\_/month

If other income, please describe: \_\_\_\_\_

**\*\*\*Please attach copies of income statements (e.g. 1099, certificate statements, etc.)**

#### **Estimated Assets:**

Property: \$ \_\_\_\_\_

Investments: \$ \_\_\_\_\_

Bank Accounts: \$ \_\_\_\_\_

Life Insurance Cash Value: \$ \_\_\_\_\_

If other assets, please describe: \_\_\_\_\_

Total Monthly Income: \$ \_\_\_\_\_ Total Annual Income: \$ \_\_\_\_\_

Bank Reference: \_\_\_\_\_

Name of Bank      City      State      Zip Code      Telephone

Landlord Reference: \_\_\_\_\_

Name

Address

Telephone

I certify that the information provided on this application is complete and true to the best of my knowledge.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

**PLEASE INCLUDE PHOTO-COPIES OF THE FOLLOWING:**

**\*Mass Health Care Card**

**\*Medicaid Card**

**\*Other Medical Insurance Cards (i.e. Medex, Fallon, John Hancock)**

**\*Social Security Cards**

**\*Social Security & other pension checks**

EHR Resident Application -7/1/02

# 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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DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
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Landlord Tel: \_\_\_\_\_

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Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

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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