

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

(d) For Family Housing applicants, check applicable Veteran category:

☐ Service connected disability

☐ Family of a deceased veteran whose death was service connected

☐ Other veteran

A copy of the Veteran's discharge or separation papers must be submitted with this application.

7.

Do you have any special needs due to a disability? Specify: _____

Do you need a wheel chair accessible apartment? (check one)

☐ Yes

☐ No
8.

Do you want to apply for Emergency Housing? (check one)

☐ Yes

☐ No

If you circled "Yes" then you MUST fill out an Emergency Application and submit it with this Standard Application.
9.

Are you currently living in non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? (check one)

☐ Yes

☐ No

If yes, you must attach documentation verifying AHVP participation.
10.

Racial Designation: (Responding to this question is optional.) Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority Category. (check one)

☐ American-Indian

☐ Asian

☐ Black

☐ Hispanic

☐ White

☐ Other (specify) _____

11. **INCOME BEFORE DEDUCTIONS**

Estimate the Gross Income anticipated for ALL Household Members from all sources for the next 12 months. Specify all sources.

Household Member Name	Income Type	Name and Address of Employer or Source of Income	Gross Income For Next 12 Months
	Salaries, Wages, Including Overtime/Tips		
	Net Income From Business or Profession		
	Trust Income, Interest & Dividends		
	Pensions and Annuities		
	Regular Unemployment or Disability Compensation		
	Regular Social Security Benefits and/or SSI		
	T. A. F. D. C. or Public Assistance		
	Regular Alimony, Support Payments, Gifts		
	Other Income		

TOTAL GROSS INCOME

12. **EXPENSES**

Expense for Care of Children or Sick/Incapacitated Person, if Necessary for Employment	
Unreimbursed Medical Expenses	
Alimony or Child Support Payments	
Health Insurance	
Other	

TOTAL EXPENSES

13. **ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. DO NOT include clothing, furniture or cars.

<i>(Office Only)</i>				
Household Member	Asset Type	Asset Value	Income	Imputed Income
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

14. Does anyone in your household own a car? (check one) ☐ Yes ☐ No

Make of Car _____ Year _____ Reg. Number _____
Make of Car _____ Year _____ Reg. Number _____

15. References: List two references. These should not be relatives or household members.

(1) Name _____ Telephone # _____
Address: _____ City: _____ State: _____ Zip: _____
(2) Name _____ Telephone # _____
Address: _____ City: _____ State: _____ Zip: _____

16. **List Addresses for the Last Five Years in Reverse Order:**

(1) Address: _____ Apt. No. _____ to present
City/Town: _____ State: _____ Zip: _____
Name of Landlord: _____ Telephone: _____

(2) Address: _____ Apt. No. _____ Years _____
City/Town: _____ State: _____ Zip: _____
Name of Landlord: _____ Telephone: _____

(3) Address: _____ Apt. No. _____ Years _____
City/Town: _____ State: _____ Zip: _____
Name of Landlord: _____ Telephone: _____

17. Have you, or any member or your household, ever received housing assistance from this or any other housing agency? (check one) ☐ Yes ☐ No

If yes: Name of Head of Household at that time: _____
Relation to Present Applicant: _____
Name of Housing Agency: _____
Date Moved Out: _____
Reason Moved Out: _____

When you moved out were you in compliance with the lease and other program requirements? (check one) ☐ Yes ☐ No
If NO, please explain:

18. Do you have a place of employment in this City or Town? (check one) ☐ Yes ☐ No

19.

Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of this Housing Authority? (If so, this will not necessarily disqualify your Application.)

(check one) ☐ Yes ☐ No

If YES, please explain:
20.

Do you have any Pets?

(check one) ☐ Yes ☐ No

If yes, please describe:
21.

Emergency Reference: Name of a relative or friend not planning to live with you. We will contact this person if we are not able to reach you or in case of an emergency.

Name: _____ Relationship: _____

Address: _____

City/Town: _____ State: _____ Zip _____ Telephone: _____
22.

Criminal Record:

Have you or any member of your household who will live in the unit been convicted of a crime?

(check one) ☐ Yes ☐ No

If YES, please explain:

Do you or any member of your household who will live in the unit have any criminal matters pending?

(check one) ☐ Yes ☐ No

If YES, please explain:

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list, and, if I reapply, my application will not receive any priority or preference that was granted on the prior application for a 3 year period.

Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from the Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the cancellation of my application. I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board for all adult members of the household.

I acknowledge receipt of the *Fair Information Practices Act Statement of Rights* for all adult members of the household.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

****ELDERLY/HANDICAPPED/DISABLED APPLICANTS ONLY****

Applicants are allowed to designate a preference for either a high-rise (over two floors) of a low rise type development. Please check your preference below:

_____ High-Rise (Over two floors w/elevator) _____ Low-Rise _____ No Preference

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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