

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

APPLICATION FOR RENTAL ASSISTANCE WAITING LIST

OTHER INCOME List income from Welfare, GA, Food Stamps, Soc. Sec., SSI, VA, Pensions, Worker’s Comp, Unemployment Comp, Alimony, Support, Rental Property, alimony, child support, annuities and all other sources.

NAME	SOURCE (name & address)	ID/CLAIM #	MONTHLY AMT	ANNUAL INCOME

ASSETS: List all bank accounts (checking, savings, CD’s) and stocks, bonds, property, annuities and other similar assets.

FAMILY MEMBER	SOURCE (name & address of INSTITUTION	TYPE OF ACCTS	BALANCE/VALUE

REAL ESTATE: Complete the following information for any real estate which you currently own or have owned within the past two years. If the property has been disposed of or transferred list the price at the time of disposal/transfer

COMPLETE ADDRESS OF REAL ESTATE APPRAISED VALUE MORTGAGE BAL VALUE AT DISPOSAL/TRANSFER

.....

PROGRAM INFORMATION:

Are you currently receiving any form of rental assistance? ☐ Yes ☐ No

SOURCE: \_\_\_\_\_

Have you ever applied for or participated in a rental assistance program? ☐ Yes ☐ No

If yes, explain: \_\_\_\_\_

Have you ever been evicted or violated your lease while in a rental assistance program?

☐ Yes ☐ No If yes, explain: \_\_\_\_\_

.....

Have you or any member of your household been convicted of a felony? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

PRIVACY ACT STATEMENT: The information on this form is to be used by the Brattleboro Housing Authority to determine maximum income for eligibility; recommended unit size, and amount of the individual contribution by the tenant(s). It will not be disclosed outside the Agency except as required and permitted by law. You do not have to give us this information, but, if you do not, your eligibility approval may be delayed or rejected. The Agency is authorized to ask for this information under the programs above, as authorized under the U.S. Housing Act of 1937, as amended, 93.383.88 Stat.633.

TENANT(S) STATEMENT: I/We certify that the statements above are true and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law.

Signature of Head of Household

Date

Signature of Co-Head

Date

WARNING: SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO MATTERS WITHIN ITS JURISDICTION.

# 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