

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.

Name of HoH: _____

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



I(A)

**St. Theresa House
c/o 30 Pleasant St.
Lynn, MA**

The information requested in this form is required by the gov't. agency regulating this project.

APPLICATION FOR HOUSING

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.

Please Print Clearly

This is an application for housing at:	Project: St. Theresa House
	Address: 32 City Hall Square
	Lynn, MA 0 1902
Please complete this application and return to:	Name: Maloney Properties, Inc.
	Address: 27 Mica Lane
	Wellesley, MA 02481
	Attention : St. Theresa House

Applications are placed in the order specified in the Tenant Selection Plan located at the management office. An applicant may be interviewed only after the receipt of this tenant application.

Please complete all sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to you for completion, and, as such, will not be placed on the waiting list. Everyone age 18 and over in the household as well as the Head, Co-head and Spouse must report all income and sign all necessary forms. Thank you for your assistance.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt. # City State ZIP

Daytime Phone: _____ Evening Phone: _____

Do you ☐ RENT or ☐ OWN (check one)

No. of BRs in current unit: _____

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? **F23** ☐ Yes ☐ No

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$_____

Bedroom size requested: ☐ Studio ☐ One BR

Do you need an accessible unit? ☐ Yes ☐ No

This question is asked solely for the purpose of providing you an equal opportunity to enjoy your housing.

B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment. List the head of household first.

	Name	Relationship to head of household	Birth Date	Age Optional	SS#	Full Time Student Y/N
Head						
Co-T						

Do you anticipate any additions to the household in the next twelve months? ☐ Yes ☐ No

If yes, explain:

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write N/A.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security F12	\$
	Social Security F12	\$
	SSI Benefits F12	\$
	SSI Benefits F12	\$
	Pension F13 List source:	\$
	Pension F13 List source:	\$
	Pension F13 List source:	\$

	Veteran's Benefits F8 List claim #:	\$
	Veteran's Benefits F8 List claim #:	\$
	Unemployment Compensation F11	\$
	Unemployment Compensation F11	\$
	Worker's Compensation F11	\$
	Title IV/TANF/Public Assistance F9	\$
	Title IV/TANF/Public Assistance F9	\$
	Title IV/TANF/Public Assistance F9	\$
	Full-Time Student Income (18 & Over) F5	\$
	Full-Time Student Income (18 & Over) F5	\$
	Interest Income F19 List source:	\$
	Interest Income F19 List source:	\$
	Interest Income F19 List source:	\$
	Interest Income F19 List source:	\$

Household Member Name	Source of Income	Gross Monthly Amount
	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:

	Employment Income F5	\$	
	Employer:		
	Employer Address:		
	Employer Phone:		
	Position Held:	How long employed:	
	Alimony F15, F16		
	Are you <i>entitled</i> by a court order or other legal agreement to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, list the amount you are <i>entitled</i> to receive.	\$	
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes list amount you receive.	\$	
	Child Support F15, F16		
	Are you <i>entitled</i> by a court order or other legal agreement to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes list the amount you are <i>entitled</i> to receive.	\$	
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, list the amount you receive.	\$	
	Other Income (rental property, lottery winnings, etc.)	\$	
	Other Income (rental property, lottery winnings, etc.)	\$	
	Other Income (rental property, lottery winnings, etc.)	\$	
	TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	\$	
	TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR	\$	
	Do you anticipate any changes in this income in the next 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, explain:		
	<p align="center">D. ASSETS</p> <p align="center">If your assets are too numerous to list here, please request an additional form. If a section doesn't apply, cross out or write N/A.</p>		
	Household Member Name:		
Checking Accounts F19		Bank: Acct:	Balance \$
		Bank: Acct:	Balance \$
		Bank: Acct:	Balance \$
Savings Accounts F19		Bank: Acct:	Balance \$
		Bank: Acct:	Balance \$
		Bank: Acct:	Balance \$
Trust Account F22		Bank: Acct:	Balance \$

Certificates of Deposit F19		Bank: Acct:	Balance \$
		Bank: Acct:	Balance \$
		Bank: Acct:	Balance \$
Credit Union F19		Bank: Acct:	Balance \$
		Bank: Acct:	Balance \$
Savings Bonds F19		Maturity Date	Value \$
		Maturity Date	Value \$
		Maturity Date	Value \$
Life Insurance Policy F20	Ins. Co: Acct:		Cash Value \$
Life Insurance Policy F20	Ins. Co: Acct:		Cash Value \$

Mutual Funds F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value
Stocks F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
Bonds F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
Annuities, 401(k), IRA, Keogh F21	Name: Source:			Value \$
Investment Property F23	Name: Source:			Appraised Value \$
Real Estate Property: <i>Does any household member own any property?</i> F24, F25				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Name of Household Member:		Type of property:		
Location of property:				
Appraised Market Value:				\$
Mortgage or outstanding loans balance due:				\$
Amount of annual insurance premium:				\$
Amount of most recent tax bill:				\$

Real Estate Property: Does any household member own any property? F24, F25		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Name of Household Member:		Type of property:
Location of property:		
Appraised Market Value:		\$
Mortgage or outstanding loans balance due:		\$
Amount of annual insurance premium:		\$
Amount of most recent tax bill:		\$

Has any household member disposed of any other assets in the last 2 years? (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? F17, F22		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Name of Household Member:		Describe Asset:
Date of disposition:		
Amount disposed		\$

Do you have any other assets not listed above (excluding personal property)? F17		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list:		

E. ADDITIONAL INFORMATION		
How were you referred to this property?		
Are you or any member of your family currently illegally using a controlled substance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony.?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes describe:		
Have you or any member of your family ever been evicted from any housing?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes describe:		
Have you ever filed for bankruptcy?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe.		
Will you take an apartment when one is available?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe your reasons for applying:		

F. REFERENCE INFORMATION

You must provide all full addresses resided at in the past five years and the names, addresses and phone numbers of all landlords, if applicable. (Please attach a separate sheet if necessary.)

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____
In case of emergency notify:		
Address:		
Relationship:		Phone

In case of emergency notify:	
Address:	
Relationship:	Phone
G. VEHICLE AND PET INFORMATION (if applicable)	
List any cars, trucks, or other vehicles owned. Please be advised that parking may not be available. Please inquire with management regarding the parking policy	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pets? Please inquire with management regarding the pet policy.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and We understand that intentional false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. We hereby authorize the release of information regarding a criminal background and credit check, and landlord authorization. All adult household members, 18 or older, must sign the application. Further, any head, co-head or spouse, who is an emancipated minor, must also sign below.

SIGNATURE(S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Attachment: Application Addendum
(HUD subsidized properties ONLY)



Addendum to the Application
St. Theresa House

Do you meet the following eligibility requirements?

1. Is the head of household 62 years of age or older? _____
2. Is your income below \$28,950 for one person or below \$33,100 for two people? _____
3. Is your household size comprised of one or two people? _____
4. If you were to move into St. Theresa House, would this be your sole residence? _____

Preferences:

1. Are you a resident of the City of Lynn? _____
2. Are you currently homeless? _____

ST. THERESA HOUSE
32 City Hall Square
Lynn, MA 01902

Please check any services you would be interested in:

- ☐ I would be interested in help with laundry
- ☐ I Would be interested in help with shopping
- ☐ I would be interested in house cleaning services
- ☐ I would be interested in having help with my personal care
- ☐ I would be interested in having reminders to take medications

Please include this survey when returning your application package.

The information requested in this form is required by the gov't. agency regulating this project.

SOCIAL SECURITY NUMBER
CERTIFICATION/SELF-AFFIDAVIT

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.

Applicant/Resident Name: _____ Date: _____

☐ **Initial Certification**

Date of Expected Move-In: _____

☐ **Recertification** (Annual or Interim)

Effective Date: _____

I hereby certify under pains and penalty of perjury that {please choose one of the following options:
1(a), 1(b), 2 or 3}:

1. _____ I have been assigned social security number _____, and:
 - (a) _____ **I have submitted documentation other than a copy of my SS card and I certify that the SSN that appears on it is accurate; OR**
 - (b) _____ **I do not currently have documentation at this time.**
This social security number is accurate and I understand that if I fail to supply the necessary documentation within 60* days from the date of this certification, I will be determined ineligible for housing assistance and my application will be removed from the list.
2. _____ I do not have a social security number assigned to me and understand that my application will be rejected if I do not submit one with all required documentation within 60* days from the date of this certification. I am in the process of obtaining one and would like management to continue processing this application.
3. _____ I do not have a social security number assigned to me and I am NOT attempting to obtain one. I understand that I am ineligible for housing assistance and that my application will be rejected.

***If I am 62 or older, I understand that I am eligible for an additional timeframe of 60 days from the date of this certification to submit this documentation (i.e. I have 120 days from the date of this certification).**



I certify that the information given above is true and complete to the best of my knowledge. I understand that by providing false or misleading information I may be subject to criminal penalties.

On this _____ day of _____, 20____ before me, the undersigned notary public, personally appeared _____ (name of document signer), proved to me through satisfactory evidence of identification, which were _____ (method of identification) to be the person whose name is signed on this document in my presence.

Signature of Applicant/Resident:	_____	Date:	_____
Signature of Notary Public:	_____	Date:	_____
State Commission Issued:	_____	Commission Expiration Date:	_____

**Race and Ethnic Data
Reporting Form**U.S. Department of Housing
and Urban Development
Office of HousingOMB Approval No. 2502-0204
(Exp. 10/31/2004)**St. Theresa House
MA 01902****023-EE-133****32 City Hall Square**

Name of Property

Project No.

Address of Property

Maloney Properties**202 PRAC**

Name of Owner/Managing Agent

Type of Assistance or Program Title:

Name of Head of Household

Name of Household Member

Date (mm/dd/yyyy): _____

Ethnic Categories*	Select One
Hispanic or Latino	
Not-Hispanic or Latino	
Racial Categories*	Select All that Apply
American Indian or Alaska Native	
Asian	
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	
Other	

Definitions of these categories may be found on the reverse side.*There is no penalty for persons who do not complete the form.**_____
Signature_____
Date

Public reporting burden for this collection is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information is required to obtain benefits and voluntary. HUD may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is authorized by the U.S. Housing Act of 1937 as amended, the Housing and Urban Rural Recovery Act of 1983 and Housing and Community Development Technical Amendments of 1984. This information is needed to be in compliance with OMB-mandated changes to Ethnicity and Race categories for recording the 50059 Data Requirements to HUD. Owners/agents must offer the opportunity to the head and co-head of each household to "self certify" during the application interview or lease signing. In-place tenants must complete the format as part of their next interim or annual re-certification. This process will allow the owner/agent to collect the needed information on all members of the household. Completed documents should be stapled together for each household and placed in the household's file. Parents or guardians are to complete the self-certification for children under the age of 18. Once system development funds are provided and the appropriate system upgrades have been implemented, owners/agents will be required to report the race and ethnicity data electronically to the TRACS (Tenant Rental Assistance Certification System). This information is considered non-sensitive and does not require any special protection.

Instructions for the Race and Ethnic Data Reporting (Form HUD-27061-H)

A. General Instructions:

This form is to be completed by individuals wishing to be served (applicants) and those that are currently served (tenants) in housing assisted by the Department of Housing and Urban Development.

Owner and agents are required to offer the applicant/tenant the option to complete the form. The form is to be completed at initial application or at lease signing. In-place tenants must also be offered the opportunity to complete the form as part of the next interim or annual recertification. Once the form is completed it need not be completed again unless the head of household or household composition changes. There is no penalty for persons who do not complete the form. However, the owner or agent may place a note in the tenant file stating the applicant/tenant refused to complete the form. **Parents or guardians are to complete the form for children under the age of 18.**

The Office of Housing has been given permission to use this form for gathering race and ethnic data in assisted housing programs. Completed documents for the entire household should be stapled together and placed in the household's file.

1. The two ethnic categories you should choose from are defined below. You should check one of the two categories.

1. **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino."
2. **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

2. The five racial categories to choose from are defined below: You should check as many as apply to you.

1. **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
3. **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American."
4. **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. **White.** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

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

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

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 3

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

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