

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

Applicant Name _____ Home Phone # _____

Address _____ Work Phone # _____

City _____ State _____ Zip _____

E-mail _____ Cell Phone # _____

Social Security # _____

Co-Applicant Name _____ Home Phone # _____

Address _____ Work Phone # _____

City _____ State _____ Zip _____

E-mail _____ Cell Phone # _____

Social Security # _____

UNIT SIZE

Please check all the units in which you are interested:

_____ One -bedroom

_____ Two-bedroom

Number of household members: _____

Your application will be entered into all the lotteries you checked and for which you qualify. For additional information on unit size eligibility please refer to the INFORMATION PACKET.

HOUSEHOLD MEMBERS

Please list **ALL** household members who will occupy the affordable unit.

Name	Date of Birth	Occupation	SS#	Relationship to Applicant
_____	_____	_____	_____	self _____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WELLESLEY PREFERENCE

Please check any of the following that apply:

- ☐ Current resident of Town of Wellesley
- ☐ Family of a current resident of the Town of Wellesley
- ☐ Current or retired employee of the Town of Wellesley
- ☐ Parents of child in the Wellesley school system

The categories are equal in priority.

Please provide documentation to prove this Wellesley preference.

MINORITY INFORMATION (OPTIONAL)

You are requested to complete the following section in order to assist in determining preference. Please name any household member who is a member of any of the following minority groups.

African-American _____
Hispanic _____
Cape Verdean _____
Asian/Pacific Islander _____
Native American or Alaskan Native _____

CURRENT EMPLOYMENT STATUS

Applicant's Name _____
Occupation _____
Name and Phone Number of Current Employer _____
Business Address of Current Employer _____
Name and Title of Supervisor _____
If self-employed, name and address of business _____
Annual Gross Salary _____

Co-Applicant's Name _____
Occupation _____
Name and Phone Number of Current Employer _____
Business Address of Current Employer _____
Name and Title of Supervisor _____
If self-employed, name and address of business _____
Annual Gross Salary _____

If other adult household members are employed, please attach a separate sheet with each household member's current employment information.

FULL-TIME STUDENT

Is any household member 18 years of age or older a dependent and a full-time student?

Name of full-time student: _____

School where enrolled: _____

If yes, provide documentation from school supporting full-time enrollment.

EMPLOYMENT HISTORY

If you or anyone in your household has had more than one job listed above in CURRENT EMPLOYMENT STATUS section (full-time or part-time) during the previous 12 months, please list ALL places employed during the previous 12 months below. Also note any breaks that you have had in your employment and state if you received unemployment checks at that time.

Name	Date Started	Date Stopped	Employer	Occupation	Total Income During Tenure
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

INCOME INFORMATION

Please complete the following information for the year 2007 for all household members.

APPLICANT

Gross Annual Salary (before deductions) _____
Annual self-employment income _____
Interest and Dividends _____
Veteran's Benefits _____
Alimony/Child Support _____
Social Security _____
Trusts _____
Other Income _____
Total Income _____

CO-APPLICANT

Gross Annual Salary (before deductions) _____
Annual self-employment income _____
Interest and Dividends _____
Veteran's Benefits _____
Alimony/Child Support _____
Social Security _____
Trusts _____
Other Income _____
Total Income _____

Please attach a separate sheet for other household members.

VALUE OF ASSETS

Assets include liquid assets, such as cash in checking or savings accounts, stocks, bonds, certificates of deposit, Treasury bills, money market accounts, mutual funds, whole life insurance policies, revocable trusts, equity in real estate and other forms of capital investments, excluding equity accounts in home ownership programs or state assisted public housing escrow accounts. Retirement accounts and pension funds, IRA, 401K Keogh accounts are considered assets if the applicant has access to these funds. A real estate asset is the assessed value of the property minus any mortgage owed.

Name on Account _____
Bank Name _____
Address _____
Savings Account Number _____
Checking Account Number _____
Other Account Number _____
Retirement Account _____
Balance in Account as of today's date _____

Name on Account _____
Bank Name _____
Address _____
Savings Account Number _____
Checking Account Number _____
Other Account Number _____
Retirement Account _____
Balance in Account as of today's date _____

Securities Account: Name and Value _____
Securities Account: Name and Value _____
Securities Account: Name and Value _____

Whole Life Insurance Policy: Name and Value _____
Whole Life Insurance Policy: Name and Value _____

Trust: Name and Value _____
Trust: Name and Value _____

Real Estate Owned--property address _____
Real Estate Owned--name on deed _____
Date Purchased _____
Net Value of Real Estate (after outstanding mortgage amount) _____

Verification of equity in real estate owned, to be sold, balance owed on mortgage and evidence of current value. Real estate equity.

Please attach an additional sheet if needed.

PLEASE CHECK THE FOLLOWING ITEMS THAT APPLY TO YOUR HOUSEHOLD:

_____ I/We certify that our household size is _____ persons.

_____ I/We certify that at least one member of our household qualifies under the Wellesley Local Preference category.

_____ I/We certify that our household income is \$ _____ and does not exceed the income limits provided in the Information Packet.

_____ I/We certify that our household assets total \$ _____.

_____ I/We certify that the information contained in this application and filed in support hereof is true and correct to the best of my/our knowledge and belief. I/We understand that perjury will result in disqualification from further consideration.

_____ I/We understand that the use of this application is for placement in a lottery. Eligibility qualification will not be determined until after the lottery takes place. Participation in the lottery does not mean I/we are eligible to lease an affordable unit at Linden Square Apartments.

_____ I/We agree that all issues pertaining to this lottery process will be resolved by Housing Options, Inc., in coordination with the Wellesley Housing Development Corporation, the monitoring agent, and DHCD (Department of Housing and Community Development and all decisions are final.

_____ I/We hereby certify that I/we do not/will not maintain a separate residence in another location.

_____ I/We further certify that this is my/our permanent residence.

Your signature(s) below give consent to Housing Options Inc., the Wellesley Housing Development Corporation and DHCD to obtain and verify additional information regarding my/our household's eligibility for affordable housing. This consent includes information about my/our income, assets, present and former tenancies and credit history from any parties having information, including any agency or housing authority managing any housing subsidy for which I/we are eligible. I/we authorize all parties from whom this information is requested to release it to Housing Options, Inc., the Wellesley Housing Development Corporation and DHCD. No application will be considered complete unless signed and dated by the Applicant/Co-Applicant. The information given in this application will be used to determine that you are income, preference and priority qualified to participate in the lottery. I/We agree to release this

information on the understanding that all of the information released will be treated as confidential and all privacy issues will be observed.

Applicant Signature

Date

Co-Applicant Signature

Date

**TO BE ENTERED IN THE LOTTERY THE APPLICATION MUST
BE COMPLETE and MUST
BE POSTMARKED BY JUNE 25, 2008 and MAILED TO:**

**Housing Options, Inc.
20 Ledyard Street
Wellesley, MA 02481**

**Submission of an application is placement in a lottery.
Eligibility qualification will not be determined until after the lottery takes place.
Participation in the lottery does not mean that your household is eligible to lease
an affordable unit at Linden Square Apartments.**

Income

All income must be itemized to create a gross yearly household income. This includes all work related income either from an employer or self-employed income; child support/alimony; periodic payments from family/friends (see information packet); Social Security; unemployment compensation; workman's compensation; severance pay; pension/retirement funds; interest income or any other income source.

If your itemized income is greater than allowed under this program, explain why it may change over the next 12 months. All such claims must be supported with documentation submitted with this application.

For every employed household member (not including self-employed) the following must be included with this application:

- a. Copies of 5 most recent pay stubs (if no pay stubs are received, a note on company letterhead with a year to date amount will suffice).
- b. Copies of your 2007 W-2 and 2006 W-2s.

For any other sources of income reported above you need to:

- a. Attach copies of your most recent statements from the source of income.
- b. Attach copies of all 2007 and 2006 1099s from any income source (if received). Should attachments not be received (i.e. accounts are direct deposited) please submit 3 months of checking account statements and highlight the appropriate deposits.

For self employed applicants, please submit all 2007 1099s and a copy of Schedule C of your 2007 Form 1040.

Every household member must submit a copy of a 1040 Tax Transcript for the past 3 years, 2005, 2006, 2007. The first page will suffice unless you need to submit the pages (Schedule C) to prove self-employed income or other income reporting pages.

If a household member over 18 is claiming to make zero income, they must submit a letter so claiming. A knowingly false claim can result in the cancellation of a lease.

All periodic payments from family members or friends must be listed and attested to by you.

Assets

While there is no specific asset limitation in this program, 5% of your total assets will be included as part of your yearly income. Therefore, all assets must be listed. (This includes net cash value of retirement accounts, i.e. the value of your retirement account after penalties if you were to withdraw all funds today, checking accounts, savings accounts, stocks, bonds, etc.) Attach copies of 2007 1099s or end of the year statement you may have received from the asset source. Real estate is an obvious asset. Please submit evidence of the assessed value of the property and the present mortgage, principal owed, if applicable. List this net amount.

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