

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: **617-536-8561**



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	GENDER	HoH's DATE OF BIRTH
○	○	○

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

The Community Builders, Inc.
Management Agent

Plantation Apartments

22 Johnston Way

Stow, MA 01775

Telephone: (978) 897-4404 • Fax: (978) 897-0154

Application No.
Interviewer
Applicant's Last Name
Date and Time Received

APPLICATION FOR SUBSIDIZED HOUSING

Low Income Housing Tax Credit Property

- 1) **Current Family Composition** Complete the following information for each member of your family (including yourself) who will be occupying the apartment.

Name	Soc. Security #	Date of Birth	Age	Sex	Relationship
<hr/>					
<i>Applicant</i>					
<hr/>					
<i>Spouse</i>					
<hr/>					
<i>Other</i>					
<hr/>					

- 2) **Current Address and Telephone Number**

Street Address	City and State	Zip	Home Phone Number
<hr/>			
<hr/>			

- 3) **Do you anticipate any changes in your family composition?** ☐ Yes ☐ No

If yes, please explain: _____

4) **Current Living Situation** Check those which apply.

Do you own your own home?	<input type="checkbox"/> Yes (Go to #7)	<input type="checkbox"/> No
Do you rent?	<input type="checkbox"/> Yes (Go to #5)	<input type="checkbox"/> No
Do you live with others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who do you live with? _____		(Go to #6)
Do you have other living arrangements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain: _____		
_____		(Go to #6)

5) **Current Landlord**

Name	Street Address	City and State	Zip	Telephone Number
_____	_____	_____	_____	_____

6) **Previous Addresses** If you have moved within the last five years, please list your previous addresses, landlords, and dates of occupancy in the spaces provided below.

Street Address	City and State	Zip	Landlord's Name	Phone Number	Dates of Occupancy
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

7) **Do you now live or have you ever lived in subsidized housing?** ☐ Yes ☐ No

If yes, when did you live in subsidized housing? _____ Move-In Date _____ Move-Out Date _____

Reason for moving: _____

Have you ever been evicted? ☐ Yes ☐ No

If yes, why were you evicted?: _____

8) **Are you a member of a legal minority group?** (This question is optional.) ☐ Yes ☐ No

If yes, please specify:

☐ Black ☐ Asian-American ☐ American Indian ☐ Hispanic

☐ Other (please specify) _____

9) **As a result of a disability, do you require a unit with accessible features?** ☐ Yes ☐ No

If yes, please explain the features you require: _____

Please include a letter from a physician or other qualified source verifying that your condition warrants the features you specified. (You are not obligated to reveal that you have a disability, but if you choose not to reveal your disability you will not be eligible for a unit with accessible features.)

10) **Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?** ☐ Yes ☐ No

If Yes, please answer the following questions:

- a. Are any full-time student(s) married and filing a joint tax return? ☐ Yes ☐ No
- b. Are any student(s) enrolled in a job training program receiving assistance under the Job Training Partnership Act? ☐ Yes ☐ No
- c. Are any full-time student(s) a TANF or a title V recipient? ☐ Yes ☐ No
- d. Are any full-time student(s) a single parent living with his/her minor child who is not a dependent of a third party? ☐ Yes ☐ No

11) **Do you own any real estate?** ☐ Yes ☐ No

If yes, please include a letter from a realtor or appraiser stating an opinion of value of your property. If other than your present address, please specify the property's (or properties') address(es).

Street Address	City	State	Zip Code	Market Value	Mortgage Due

13) Does anyone listed in Question #1 have paid employment? ☐ Yes ☐ No

Position	Employer's Name	Employer's Address
<i>Applicant</i>		
<i>Spouse</i>		
<i>Other (specify)</i>		

14) **Sources of Income** Please specify the GROSS monthly amounts (before any deductions for taxes, health insurance, etc.) for the following items:

Source of Income	Applicant's Monthly Income	Spouse's Monthly Income	Other's Monthly Income (specify)
<i>Social Security</i>	\$	\$	\$
<i>Supplemental Security Income</i>	\$	\$	\$
<i>Salary</i>	\$	\$	\$
<i>V.A. Pension</i>	\$	\$	\$
<i>R.R. Pension</i>	\$	\$	\$
<i>Teacher's Pension</i>	\$	\$	\$
<i>Other Pension or Annuity (specify)</i>	\$	\$	\$
<i>General Assistance</i>	\$	\$	\$
<i>Alimony</i>	\$	\$	\$
<i>Other (specify)</i>	\$	\$	\$

15) Does anyone listed in Question #1 have a Savings/Checking Account? ☐ Yes ☐ No

Account #	Rate of Interest	Balance	Bank Name
	%	\$	
	%	\$	
	%	\$	

16) Does anyone listed in Question #1 have Certificates of Deposit? ☐ Yes ☐ No

CD #	Rate of Interest	Term of CD	Principal Amount	Bank Name
	%		\$	
	%		\$	
	%		\$	

17) Does anyone listed in Question #1 own Stocks, Mutual Funds, or Bonds? ☐ Yes ☐ No

Stocks/Mutual Funds

Bonds

Name of Company

Paying Company

Shares

Current Value

Current Value per Share

Interest Earned

Dividend Paid

18) Does anyone listed in Question #1 own U.S. Savings Bonds? ☐ Yes ☐ No

If yes, please list on a separate sheet of paper who purchased the bonds, when the bonds were purchased, the series number(s), and the amount of the bonds. Please attach the list to your application.

19) Does anyone listed in Question #1 own an IRA, 401K, annuity, life insurance policy, or other asset not disclosed in Questions #15-18 above? ☐ Yes ☐ No

If yes, please specify: _____

20) Has anyone listed in Question #1 disposed of any assets during the two years preceding the date of this application? ☐ Yes ☐ No

Type of Asset

Date Disposed

Dollar Amount Received

\$

\$

\$

21) Do you expect any change in your income or assets during the next 12 months? ☐ Yes ☐ No

If yes, please specify: _____

22) **Do you own a pet?**

☐ Yes

☐ No

If yes, please specify type of pet: _____

23) **How did you hear about this property?**

24) **Why do you want to move to this property?** Please use another sheet of paper if additional space is required.

25) **References** Please give three references (other than family members).

Name	Street Address	City and State	Zip	Telephone Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 I/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 I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

Date

Applicant's Signature

Date

Spouse's or Other's Signature

