

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10
double-window envelope, saving you time.

← **Mail this application to the address at left.**

Do not fax!

Date Generated:

Fold on this line —

Dear

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:

LANDLORD: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net

HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

☐ **This waitlist is closed. The only waitlists open at present are:**

☐ **This is not the right application. We have enclosed the correct application.**

☐ **You do not appear to qualify for this property, because:** _____

Name of Waitlist Administrator optional _____

Phone of Waitlist Administrator optional: _____ - _____ - _____ X _____

← *Date Time Stamp – for Office Use Only*

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes☐ No

Enter the COMPLETE SSN or ITIN below:

DATE OF BIRTH

Type birthyear first, using dashes YYYY-MM-DD

GENDER

F

M

T-MTF

T-FTM

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused)RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = ☒ I don't need any of the accommodations listed below

☐ Fully Accessible Wheelchair Unit☐ Bathroom modifications☐ Vision Impaired Unit☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)☐ Hearing Impaired Unit☐ Domestic Violence Victim

☐ First-Floor unit only☐ Unit designed for Environmental Allergies☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE:

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household: Any Felony/Conviction? ☐ Yes☐ NoAny Misdemeanor Conviction? ☐ Yes☐ No

Other HH Members: Any Felony Convictions? ☐ Yes☐ NoAny Misdemeanor Conviction? ☐ Yes☐ No

Is anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes☐ No

ANY PETS: ☐ Yes☐ No Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

← # Adults

← # Children

← Total # in Household

ANNUAL INCOME

\$

.00

DOCUMENTED DISABILITY?

☐ Yes☐ No

CURRENT HOUSING STATUS:

☐ Homeless☐ Housing Loss 14 days☐ Fleeing Dom. Violence☐ At risk of homelessness☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No☐ by Accessibility/health issues☐ by Addiction behaviors☐ by Cost of living☐ by Pandemic☐ by fire/flood/earthquake☐ by Domestic Violence or Sexual Assault☐ by Urban development, eminent domain☐ by Condemnation of home, code violations☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER:SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

☐ Email☐ Mail☐ Cellphone

BEST EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #): ☐ where I currently live☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City:State:Zip:

BACKUP ADDRESS

☐ same as above☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City:State:Zip:

BEDROOMS NEEDED→ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

☐ Disability☐ Elder☐ Local Resident☐ Local Employee☐ Local Student☐ Homeless Veteran

☐ Rent-burdened 40%☐ Rent-burdened 50%☐ Fleeing domestic violence☐ HUD VAWA Certificate

☐ Victim of Hate Crime☐ Community Based Housing

Displaced by: ☐ Urban Renewal☐ Sanitation Code☐ Natural Forces☐ Other:



EQUAL HOUSING OPPORTUNITY



This box is for Office Use Only

Date of Receipt: _____
Time of Receipt: _____
Control Number: _____
Bedrooms: _____
Language: _____
Complex: Dawn Grove

APPLICATION FOR FEDERAL PUBLIC FAMILY HOUSING

MAYNARD HOUSING AUTHORITY

15 Powdermill Circle

Maynard, MA 01754

Phone: 978-897-8738 Fax: 978-897-3583

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. **Please make sure you sign the last page.** **If you need additional space to provide an answer, please attach an additional sheet(s).** Please deliver completed form to the Maynard Housing Authority, 15 Powdermill Circle, Maynard, MA 01754

1. Applicant's Name: _____
- Current Street Address: _____ Apt. No. _____
- City/Town: _____ State: _____ Zip: _____
- Phone: _____ Business Phone: _____ Cell Phone: _____
- Mailing Address (if different): _____ Apt. No. _____
- City/Town: _____ State: _____ Zip: _____

2. Type of Federal Public Housing You Are Applying For: ☐ Family
3. Do you need a wheelchair accessible apartment? ☐ yes ☐ no
4. Number of Bedrooms needed: ☐ 4

5. **Preferences:** The Maynard Housing Authority will verify all claims of preference made by you prior to making an offer of housing.

Do you principally reside in Maynard? (Circle One) YES NO

Are you currently employed in Maynard? (Circle One) YES NO

If YES: Please provide the name of your Employer and their address: _____

6. Does anyone in your household own a car? ☐ yes ☐ no

Make of Car _____ Year _____ Reg. No. _____

7. Members of household to live in unit, including **Head** of Household:

First & Last Name	Relationship to Head of Household	Racial Designation*	Ethnic Designation**	Social Security Number***	Sex (M/F)	Date of Birth and Birthplace (Country)	Occupation - Employed - At home - Handicapped - Student
	HEAD						

***Racial Designation:** Native American Indian or Alaskan Native; Black or African American; Asian or Pacific Islander, Caucasian/White; Other (Please specify).

****Ethnic Designation:** Hispanic/Latino or Not Hispanic/Latino

Responding to the two questions above is optional. Your status with respect to tenant selection procedures may be affected by this information. "Minority" does not include "White" unless there is also a designation of another race or "Hispanic/Latino".

What language does the Head of Household: Speak: _____ English Other _____
Write: _____ English Other _____

***This information is required and will be used to verify income, assets, and criminal record information.

8. Is a change in the household composition expected? ☐ YES ☐ NO

If yes, what type? _____ When? _____

9. **Income Before Deductions:** Estimate the Gross Income anticipated for **ALL** household members from **ALL** sources For the next 12 months. Please specify all sources.

Household Member Name	Sources of Income	Name & Address of Employer or Source of Income	Gross Income for Next 12 months
	Salaries, Wages, including Overtime/Tips, Income From Self-Employment		\$
	Salaries, Wages, including Overtime/Tips, Income From Self-Employment		\$
	Unemployment or Disability Compensation		\$
	Pensions & Annuities		\$
	Regular Social Security Benefits and/or SSI and or SSDI		\$
	VA Disability Income		\$
	TAFDC or Public Assistance or EAEDC		\$
	Regular Alimony Support Payments or Child Support Payments received		\$
	Other Income		\$
	Total Gross Income:		\$

10. **Assets:** Do you own any real estate? ☐ YES ☐ NO

If yes, please provide the complete address: _____

List below **ALL** assets for everyone who will reside in the unit. Include **ALL** bank accounts, stocks and bonds, trusts, real estate, life insurance policies, etc. **DO NOT INCLUDE** clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		
		\$		

11. Have you sold, transferred or given away any real estate, property or assets in the last two (2) years? ☐ yes ☐ no

If yes:

Date of sale/transfer: Month _____ Day _____ Year _____

Amount of sale/transfer: \$ _____

Value of sale/transfer: \$ _____

12. **References: Please list two references.** Please **DO NOT LIST** relatives or household members.

(1) Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

(2) Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

13. **Please List All Addresses for each Adult Household Member for the Last Five Years in Reverse Order.**

Please list primary lease holder (head of household) if someone other than yourself. Use additional sheet if necessary.

(1) Name of Primary Leaseholder: _____ From: _____ To: Present Day

Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

City: _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you? (check one) ☐ yes ☐ no

Did this landlord return your security deposit? (check one) ☐ yes ☐ no

(2) Name of Primary Leaseholder: _____ From: _____ To: _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

City: _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you? (check one) ☐ yes ☐ no

Did this landlord return your security deposit? (check one) ☐ yes ☐ no

(3) Name of Primary Leaseholder: _____ From: _____ To: _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Landlord Name: _____ Phone Number: _____

Landlord Address: _____

City: _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you? (check one) ☐ yes ☐ no

Did this landlord return your security deposit? (check one) ☐ yes ☐ no

14. Have you, or any Household Member ever received housing assistance from this or any other Housing Authority or Agency? (check one) ☐ yes ☐ no

If yes:

Name of Head of Household at that time: _____

Relation to Applicant: _____ Date Moved Out: _____

Name of Housing Authority/Agency: _____

Reason for Moving Out: _____

When you moved out, were you in compliance with the Housing Authority/Agency lease and were all debts including all outstanding rent amounts paid in full? (check one) ☐ yes ☐ no

If no, please explain: _____

15. Are you a Board Member, employee, or immediate family member of any employee of a board member of the Malden Housing Authority? (check one) ☐ yes ☐ no

If yes, please explain: _____

16. Do you have any pets? (check one) ☐ yes ☐ no

If yes, how many? _____

Please describe: _____

17. **Emergency Reference:** Name of a relative or friend **NOT** planning to live with you. MHA will contact this person if unable to reach you in the case of an emergency.

Name: _____ Relationship: _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Phone: _____ Business Phone: _____ Cell Phone: _____

Email Address: _____

18. **Criminal Record:** Have you or any member of your household who will live in the unit ever been convicted of a crime? (check one) ☐ yes ☐ no

If yes, please explain: _____

19. Do you or any household member who will live in the unit have any criminal matters pending? ☐ yes ☐ no

If yes, please explain: _____

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that the Maynard 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. I understand that if I reapply, my application will not receive any priority or preference that was granted on the prior application for a three (3) year period.

Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written Unit Offer from the Maynard Housing Authority. **I understand that it is my responsibility to inform the Maynard Housing Authority in writing of any change of preference status, address, income, or household composition as soon after such change as possible.** 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 denial of my application.**

I understand that all adult household members will be required to sign a Declaration of U.S. Citizenship form, and that adults responsible for minor children under the age of 18 will also sign a Declaration of a U.S. Citizenship form for such children. The Maynard Housing Authority will verify that those not claiming U.S. citizenship are eligible non-citizens. I understand that the Maynard Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board, and perform credit checks and 3rd party verification of all income and assets reported for all adult members of the household. I understand each adult family member is required by HUD to sign an Authorization for the Release of Information/Privacy Act Notice (HUD form 9886).

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY: I understand that a photocopy of this application and a photocopy of this signature is considered as valid as the original.

Applicant's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

Warning: 18 U.S.C. 1001 provides among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.



MAYNARD HOUSING AUTHORITY

15 POWDERMILL CIRCLE

MAYNARD, MA 01754

PHONE: 978-897-8739 FAX: 978-897-3583

Maynard Housing has been certified by the Criminal History Systems Board of Access to conviction and pending criminal case data. As an applicant for Housing, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Name _____ Former Last Name _____

Date and Place of Birth _____ Last Six SSN _____

Applicant ID# _____ Sex _____ Race _____

Father's Name _____ Mother's full Name _____

Mother's maiden name _____

Applicant's Signature _____ Date _____

For MHA Use Only (Staff Conducting CORI and SORI Check)

A Criminal Offender Record Check (CORI) was conducted on _____. Based on the information received, the following determination has been made regarding the household member referenced above:

☐ Approved CORI

☐ Disapproved CORI

A Sex Offender Register Information (SORI) check was conducted on _____. Based on the information received, the following determination has been made regarding the household member referenced above:

☐ Approved SORI

☐ Disapproved SORI

****The above information was verified by reviewing the following form of government issued photographic ID****

To be signed by Maynard Housing Staff

Maynard Housing Staff Name _____

Staff Signature _____

Date _____