

Applicant: Write your full name and address,
including your apartment # and zipcode.

Mail this application to the address you
see at left.

Dear

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

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

*If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS,
you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

www.HousingWorks.net



DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|--|---|---|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> Personal Care Attendant |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- _____ ← # Adults _____ ← # Children _____ ← Total # in Household \$ _____ ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other



HUDSON HOUSING AUTHORITY
8 BRIGHAM CIRCLE
HUDSON, MA 01749

FEDERAL

**DWELLING APPLICATION
FOR PUBLIC HOUSING
SECTION 8 PROGRAM**

(FOR OFFICE USE ONLY)

DATE	TIME	UNIT SIZE	VETS STATUS	SEL. CAT.	APPLICATION NO.

A. Head of Household's name is to be Occupant No. 1. Then list names of all other persons, if any, to reside in the dwelling:

Occupant No.	Name of all Person(s) to Reside in Dwelling (First Name, Middle Initial, Last Name)	Social Security No.	Place of Birth	Relation To Head	Sex	Age	Date of Birth	Occupation & School Grade of Children
1								
2								
3								
4								
5								
6								
7								
8								

B. Present Address _____ **c/o** _____ **Phone No.** _____

City _____ **State** _____ **Zipcode** _____

Mailing Address: (if different than above) _____

C. In the event we cannot contact you directly and to assist us in serving you as quickly as possible, please provide the name and telephone number of a relative or friend with whom we may leave a message for you.

Name _____ **Address** _____

Relationship (if any) _____ **Tel. No.** _____

D. Maiden name of head or wife if applicable _____

E.

The following information is very important and will help us to provide accurate statistical data in our reports. Your cooperation will be appreciated.

Minority/Majority: Please check appropriate block.

Is Head of Household: ☐ White ☐ Black ☐ Native American ☐ Hispanic ☐ Asian ☐ Other

F. Disabled/Handicapped

Has a member of your household been determined to be 100% disabled? ☐ Yes ☐ No

If yes, name: _____ Nature of disability: _____

Has a member of your household been determined to be 100% handicapped? ☐ Yes ☐ No

If yes, name: _____ Nature of disability: _____

Describe any health problems which would necessitate a specially designed apartment :

G. Has a member of your household served actively in the U.S. Armed Forces? ☐ Yes ☐ No

If yes, name _____ Serial Number _____

Branch of Service _____ Date Inducted _____ Date Discharged _____ Type _____

If disabled, percent _____ % Service Connected? ☐ Yes ☐ No VA Claim Number _____

H. Do you anticipate a change in family composition which might alter size of apartment you require? ☐ Yes ☐ No

Type of change: _____

BANK ACCOUNTS: Do you have any cash, bank accounts, i.e. savings, checking, joint bank accounts, IRAs, money markets, saving certificates, irrevocable trust funds, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:					
Occ. No.	Name of Bank	Account No.	Type of Account	Rate of Interest	Current Balance

STOCKS: Do you have any stocks? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:					
Occ. No.	No. of Shares	Name of Company	Pref. or Comm.	Equity	Yearly Dividend

BONDS: Do you have any bonds? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list:					
Occ. No.	No. of Bonds	Name of Issuer	Type of Bond	Equity	Yearly Interest

REAL ESTATE <i>Do you own</i> real estate, land and/or mobile home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state type: type:					
Location: _____					
Fair market value, less liabilities \$ _____					
Have you disposed of real estate, land, mobile home or any other asset for less than fair market value within the past two years? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, type of asset _____ location _____ Fair Market Value \$ _____					

J. Income: Please list all income before deductions from all sources for head of household and spouse; and each additional member of the family residing in the household who is eighteen years of age and over anticipated to be received during the next twelve months, such as full amount, before deduction% of wages and salaries including overtime, commissions, fee% tips bonuses. net income from operation of business or profession, interest dividends, net income of any kind from real or personal property full income from annuities periodic payments from insurance policies, retirement income, pensions, benefits for disability or death; Unemployment disability and workman's compensation Social Security and Veterans Administration benefits; Supplemental Security income, dismissal wages; Welfare Assistance payment% alt regular pay, special payments and allowances such as longevity, overseas duty, dependents and rental allowances, received by members of Armed forces periodic and determinable allowances, such as alimony, regular contributions and gifts, payments for the support of a minor, payments nominally to a minor for his support but controlled for his benefit by a member of the household who is responsible for his support

[illegible]

K. DEDUCTIONS: Please estimate costs of allowable deductions listed below for all members: Federal Housing Programs - \$480 for each dependent under 18 years of age, disabled or handicapped, full-time students, but not head or spouse, \$400 for any elderly family, handicapped or disabled, child care expenses for children under 13 years of age, medical expenses including medical insurance in excess of 3% of annual income for elderly families only:

[illegible]

L. PRESENT HOUSING STATUS

Present Address	Length of Residence	Name and Address of Landlord	Total Monthly Rent

Please list all addresses you have lived at for the past five years!

Address	City	Name and Address of Landlord	Dates	
			From	To

M. Are you or any person named to reside with you a -current or former tenant of the Hudson Housing Authority or under the HHA lease in the Section 8 or State 707 Programs? ☐ Yes ☐ No

If yes, address _____ Date Vacated _____

Do you owe money to any of these programs? ☐ Yes ☐ No

Were you ever evicted from any of these programs? ☐ Yes ☐ No

N. Does anyone in your household own a motor vehicle? ☐ Yes ☐ No

If yes, Year _____ Make _____ Model _____ Color _____ Reg. No: _____

O. Do you have any pets? ☐ Yes ☐ No If yes, type pet _____

P. CONVICTIONS:

Pursuant to provisions of Massachusetts General Laws, Chapter 1518, Section 4 (9), you need not furnish any information regarding A. a FIRST CONVICTION for any of the following misdemeanors: drunkenness, simple assault; speeding, minor traffic violations, affray, or disturbance of the peace. or (B) any conviction of a MISDEMEANOR where the date of such conviction or the completion of any period of incarceration resulting therefrom, whichever date is later, occurred five (5) or more years prior to the dates of this application, unless you have been convicted of an offense within five (5) years immediately preceding the date of this application.

Have you or any other person named to reside with you been convicted of a crime during the past five years? ☐ Yes ☐ No

If yes, list offense(s) below:

Occ. No.	Date of Offense	Location of Court	Nature of Offense	Disposition

I hereby certify that the above statements are true and any false statements or misrepresentations may result in the cancellation of my dwelling application. I will report any changes in the above information as soon as they occur. I authorize the Hudson Housing Authority to make any inquiries from any parties and will submit any proof upon request of the Authority for the Sole purpose of verifying the truth of the statements contained herein.

The Hudson Housing Authority utilizes the services of a consumer reporting agency in gathering pertinent information upon which a determination of eligibility may be made. An investigative consumer report which may include information as to each applicant's credit record, character, general reputation, personal characteristics and mode of living may be requested.

All information obtained from said report will be treated as confidential by the Hudson Housing Authority. A complete and accurate written disclosure of the nature and scope of the investigation requested will be provided upon written request by the applicant.

This notice is given in accordance with the Massachusetts General Laws, Chapter 93, Section 53.

I hereby authorize the Hudson Housing Authority to obtain information which may include a credit check or an investigative consumer report.

Signature of Head of Household _____ Date _____



HUDSON HOUSING AUTHORITY

8 Brigham Circle

Hudson, MA 01749

Tele. No. (978) 562-9268

Fax No. (978) 562-4623

NOTICE REGARDING REASONABLE ACCOMMODATION

The Hudson Housing Authority (HHA) is a public agency that provides low rent housing to eligible families, elderly/handicapped/disabled households and single people: The HHA does not discriminate against applicants on the basis of their race, creed, color, religion, sex, national origin, marital or familial status, disability, age, receipt of public assistance or sexual preference.

Under applicable law, the HHA provides "reasonable accommodation" to applicants, residents and program participants if they or any household member(s) have a disability or handicap and if the reasonable accommodation is necessary to provide an equal opportunity to use and enjoy the housing:

A reasonable accommodation is some modification or change the HHA can make to its apartments or procedures that will assist an otherwise eligible applicant with disability/handicap to take advantage of the HHA's programs, provided that the change does not pose an undue financial and administrative burden to the HHA or require a fundamental change in its program.

Examples of reasonable accommodation may include the HHA:

- Installing flashing light smoke detectors in an apartment for a household with a hearing impaired member;
- Making a reader available to a vision-impaired applicant during an interview;
- Making a sign language interpreter available to a hearing-impaired applicant during an interview;
- Permitting an outside agency to assist an applicant with a disability/handicap to meet the HA's applicant screening criteria.

An applicant household that has a member with a disability/handicap must still be able to meet essential obligations of tenancy—they must be able to pay rent, to care for their apartment, to report required information to the housing authority, to avoid disturbing their neighbors, etc. This requirement takes into consideration whether any requested reasonable accommodation would permit the applicant to be considered eligible:

If you or a member of your household have a disability or handicap and think you might need or want a reasonable accommodation (this may include an alternative form of communication), you may request it in writing at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the Hudson Housing Authority, that is your right:

You can get a Request for Reasonable Accommodation form at the Hudson Housing Authority Main office located at: 8 Brigham Circle, Hudson, MA 01749 or by calling (978) 562-9268.

If you require help in filling out that form or need to submit your request in some other way, you should contact the Hudson Housing Authority Executive Director.



HUDSON HOUSING AUTHORITY

8 Brigham Circle

Hudson, MA 01749

Tele. No. (978) 562-9268

Fax No. (978) 562-4623

REQUEST FOR REASONABLE ACCOMMODATION

NAME: _____ **PHONE:** _____

ADDRESS: _____

1. The following member of my household has a disability as defined below:
(A physical or mental impairment that substantially limits one or more life activities)

Name: _____

Relationship or association with you* _____

2. As a result of this disability, I am requesting the following reasonable accommodation: (Please check one or more boxes below):

() A change in my apartment or other part of the housing development. Please specify:

() A change in the following rule, policy or procedure. (Note that a change in how to meet the terms of the lease **may be** requested, but the terms of the lease must be met.)
Please specify:

() Other (for example, a change in the way the HA communicates with you). Please specify:

3. This request for **reasonable** accommodation is necessary so that I can: Please specify:

I have attached documentation to verify the disability and the need for the reasonable accommodation I have requested. In order to verify this information the HA may contact the following physician, psychiatrist, licensed psychologist, licensed nurse practitioner, licensed social worker, rehabilitation professional, nonmedical service agency whose function is to provide services to the disabled, or other expert in the field of: _____

Name: _____

Title of professional or expert: _____

Agency, Facility or Institution (if any) _____

Address: _____

Telephone: _____

I understand that the information obtained by the HA will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

Please return this form as promptly as possible so that the HA may make a determination on this request:

Signed: _____ Date: _____
[Head of household or authorized representative]

Witness: _____ Date: _____

* If on behalf of a minor child, please indicate whether you are the parent or guardian. Where the individual with the disability is over 18 and is not the head of household, he or she should sign the authorization for verification.