

- Don't staple the pages of the application together!
1. Providers need to easily access their own application first page.
 2. Removing staples from 1000 applications a week adds too much work.
 3. Some providers *scan* the application, and can't do this if you staple.
 4. If you include a letter, don't staple that either!

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:*



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: Our only open waitlists at present 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 advise applicants to use our free search to locate OTHER HOUSING OPTIONS, you eliminate hundreds of phone calls and reduce frivolous applications.

www.housingworks.net



HOUSINGWORKS
For Everyone.

<input type="radio"/>	Head of Household’s FIRST NAME
<input type="radio"/>	Head of Household’s MIDDLE NAME
<input type="radio"/>	Head of Household’s LAST NAME

<input type="radio"/>	YOUR MOTHER’S MAIDEN NAME	
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<input type="radio"/>	HoH’s SOCIAL SECURITY NUMBER	<input type="radio"/>	HoH’s DATE OF BIRTH	<input type="radio"/>	GENDER

<input type="radio"/>	ETHNICITY Also provide your race at right!	<input type="radio"/>	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!

<input type="radio"/>	REQUESTED ACCOMMODATIONS <input type="radio"/> = <input checked="" type="radio"/> Do you need a:
	<div><div><input type="radio"/> Fully Accessible Wheelchair Unit</div><div><input type="radio"/> No-Steps unit (elevator to any floor)</div><div><input type="radio"/> First-Floor unit only</div></div> <div><div><input type="radio"/> Blind Accessible Unit</div><div><input type="radio"/> Deaf Accessible Unit</div><div><input type="radio"/> unit designed for Environmental Allergies</div></div> <div><div><input type="radio"/> Need an Interpreter</div><div><input type="radio"/> Domestic Violence Victim</div></div>

<input type="radio"/>	HoH’s CAREER STAGE
	<div><input type="radio"/> Employed</div> <div><input type="radio"/> Unemployed</div> <div><input type="radio"/> Retired</div> <div><input type="radio"/> FT Student</div> <div><input type="radio"/> PT Student</div>

<input type="radio"/>	TOTAL HOUSEHOLD SIZE	DESCRIBE PETS	<input type="radio"/>	YEARLY INCOME
	<div><div>← # Adults</div><div>← # Children</div><div>← Total #</div></div>			

<input type="radio"/>	YOUR HOME TELEPHONE	SECOND TELEPHONE
<input type="radio"/>	YOUR EMAIL ADDRESS	

BEST MAILING ADDRESS	
This is:	
<input type="radio"/>	
<input type="radio"/>	
SECOND MAILING ADDRESS	
This is:	
<input type="radio"/>	
<input type="radio"/>	

# BEDROOMS NEEDED?	SPECIAL CIRCUMSTANCES? - some programs may assign you a priority status.
	<div><div><input type="radio"/> Disability</div><div><input type="radio"/> Elder</div><div><input type="radio"/> Veteran</div><div><input type="radio"/> Fleeing Domestic Violence</div></div> <div><div><input type="radio"/> Displaced by:_____</div><div><input type="radio"/> Rent-burdened</div><div><input type="radio"/> Other</div></div>

AHL
Affordable Housing Associates of Lynn, Inc.
52 Andrew Street
Lynn MA 01901
(781) 584-8852

Applications for housing units and or rooms with Affordable Housing Associates (aka AHL) may be screened according to the following criteria and may be denied due to any one or combination of factors.

1. Criminal Offender Record Inquiry for all members of the household over age 14
2. Sexual Offender Record Inquiry for all members of the household over age 14
3. Household Composition meets occupancy standards for size of unit
4. Ability to pay rent on time, this may include length of time at current job or verification of subsidy
5. Credit Report
6. Home Visit and/or previous landlord reference

The following information must be attached to this application in order for the application to be processed. Copies of original paperwork can be made at the office.

- _____ Application is complete and signed by Head of Household
- _____ Proof of all Income is attached – (4 weekly paystubs, 2 biweekly paystubs, 1 monthly)
- _____ Birth Certificate or US Government Picture Id Card for all household members over 14
- _____ Social Security Card for all household members over 14
- _____ LHAND Release Form for all Household members over 14*
- _____ CORI Release Form for all household members over 14 *

*Additional copies of these forms can be obtained at the office.

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APPLICATION FOR HOUSING

Please check the box for the apartment you are interested in applying for, you will be notified of the location when a vacancy occurs.

_____ Andrew Street Rooming House (rooms only), _____ 2 Bedroom Unit, _____ 3 Bedroom Unit

All applications must be returned to: Admissions Office, LHAND, 174 S. Common Street (Caggiano Plaza), Lynn MA 01905. For questions regarding the application, please contact the LAND Admissions Office at 781-581-8760. LHAND is the management agent for AHL. This application must be returned completed in full in order to be accepted.

HEAD OF HOUSEHOLD INFORAMTION

Name: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Date of Birth: _____ Social Security Number: _____

Do you have Eligible Citizen/Resident Status in the United States? (please circle) yes no

MAILING ADDRESS IF DIFFERENT FROM ABOVE

Mailing address: _____

City: _____ State: _____ Zip Code: _____

PLEASE COMPLETE THE FOLLOWIING INFORMATION

Will anyone else be living in the unit? This includes children under the age of 18 (please circle) yes no

1 _____

2 _____

3 _____

4 _____

Is any member of the household to be considered the Co-Head of Household: Yes No

If yes, please list _____

INCOME INFORMATION

Please list ALL sources of income used to pay rent:

Type and amount of income (i.e. employment, SSI, SSDI) and if working, employer’s name and address.

Please attach proof of income

Head of Household type and amount: _____

Employer/Company Name: _____

Supervisor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Person 2 type and amount _____

Employer/Company Name: _____

Supervisor: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please list any additional income on a separate piece of paper:

RENTAL HISTORY

Have you ever been or do you have any evictions on record? (please circle)

Head of Household yes no

Person 1 yes no

Person 2 yes no

Current Landlord: _____ from: _____ to present

Address: _____

Previous Landlord: _____ from: _____ to: _____

Address: _____

Previous Landlord: _____ from: _____ to: _____

Address: _____

EMERGENCY CONTACT & PERSONAL REFERENCES

Please list the name and contact info for an emergency and two personal references:

Emergency contact: _____

I understand that the LHAND acting as management agent for AHL requests this information as part of the application process and that this application is not an offer of housing. The LHAND and AHL are equal opportunity housing providers and do not discriminate of the basis of race, color, national origin, religion, sex, age, disability, family status or any other basis prohibited by law. I understand that it is the policy of the landlord not to refuse to rent or otherwise determine against a qualified individual with a disability because of that person’s need for a reasonable accommodation as required by ADA.

I hereby authorize the potential landlord to contact, obtain and verify the accuracy of information contained in this application from all previous landlords and references provided. I also hereby release from liability the potential landlord and its representatives for seeking, gathering and using such information to make tenancy decisions and all other persons or organizations for providing such information or immediate termination of my tenancy if I am a tenant, whenever it may be discovered.

If I am accepted into tenancy, I acknowledge that there is no specific length of tenancy and that this application does not constitute an agreement or contract for tenancy. Accordingly, either the landlord or myself can determine the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law. I understand that I will be required to provide satisfactory proof of identity at time of lease up. Failure to submit such proof shall result in denial of tenancy.

I also understand that it is my responsibility to inform the LHAND acting as management agent for AHL of any change of address. I further understand that a criminal offender background check (CORI) and sexual offender background check (SORI) will be performed for members of my application fourteen (14) and older according to Federal Law.

I represent and warrant that I have read and fully understand the foregoing and that I seek housing under these conditions.

YOU MUST ATTACH A COPY OF BIRTH CERTIFICATE OR US GOVERNMENT ISSUED PICTURE ID AS WELL AS A SOCIAL SECURITY CARD OFR EVERY MEMBER OF THE HOUSE OVER AGE 14.

Signature: _____ Date: _____

Signature of co-head or household, if applicable: _____ Date: _____



LANDLORD REFERENCE LIST

The Lynn Housing Authority & Neighborhood Development requires all applicants to provide the names and current addresses of all landlords for the applicant and household members for a period of five (5) years prior to the present time. The Lynn Housing Authority & Neighborhood Development will contact all individuals listed below to obtain an adequate reference.

Current residence:_____ **From:**_____ **To Present Time**

1) Landlord Name:_____

Landlord Address:_____ Phone:_____

Previous residence:_____ **From:**_____ **To:**_____

2) Landlord Name:_____

Landlord Address:_____ Phone:_____

Previous residence:_____ **From:**_____ **To:**_____

3) Landlord Name:_____

Landlord Address:_____ Phone:_____

Previous residence:_____ **From:**_____ **To:**_____

4) Landlord Name:_____

Landlord Address:_____ Phone:_____

Previous residence:_____ **From:**_____ **To:**_____

5) Landlord Name:_____

Landlord Address:_____ Phone:_____



AUTHORIZATON FOR THE RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

I, the above-named individual, consent to allow the Lynn Housing Authority & Neighborhood Development, to obtain information from the following sources, for the purpose of verifying my eligibility in assisted housing programs:

1. Any person having knowledge of my conduct or activities such as any past or present employee, landlords, schools and colleges, or
2. Any credit bureau, retail merchant's association, bank, financial institution, or other credit-extending organization, or
3. Any clerk of courts or law enforcement agencies in a city, county or state of the Federal Government, or
4. Providers of alimony, child care, child support, credit, handicapped assistance, medical care, pension/annuities, the U.S. Social Security Administration, the U.S. Department of Veterans' Affairs, utility companies and Welfare agencies.
 - a. All rental history, medical expenses, child care expenses and family composition;
 - b. All records maintained by the Social Security Administration relating to me, my employment record, wages paid and/or statement of earnings;
 - c. All income information and employment records including, but not limited to, letters of recommendation, any and all disciplinary notices, earnings records, wage rates;
 - d. All records maintained by the Department of Transitional Assistance;
 - e. All criminal record(s) maintained by the Department of Probation and any Criminal Offender Record Information from the Criminal History Systems Board;
 - f. All State or Federal electronic verification systems;
 - g. Other;

I hereby give you my permission to release this information to the Lynn Housing Authority & Neighborhood Development subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Lynn Housing Authority and Neighborhood Development within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

THIS AUTHORIZATION IS VALID FOR A PERIOD OF 15 MONTHS FROM THE DATE NOTED BELOW OR SO LONG AS I AM A TENANT OF THE LYNN HOUSING AUTHORITY & NEIGHBORHOOD DEVELOPMENT OR A PARTICIPANT IN ANY PROGRAM ADMINISTERED BY THE LYNN HOUSING AUTHORITY & NEIGHBORHOOD DEVELOPMENT, WHICHEVER IS LATER.

Signed: ✍ _____

Date: ✍ _____

Social Security Number: ✍ _____

Date of Birth: ✍ _____



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ Lynn Housing Authority & Neighborhood Development (LHAND) _____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to _____
(Organization)

to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____
(Organization)

with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that
_____, must first provide me
(Organization)
with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY
Department of Criminal Justice Information Services
200 Arlington Street, Suite 2200, Chelsea, MA 02150
TEL: 617-660-4640 | TTY: 617-660-4606 | FAX: 617-660-5973
MASS.GOV/CJIS



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____

* Last **SIX** digits of Social Security Number: ____ -- ____ ☐ No Social Security Number

Sex: _____ Height: ____ ft. ____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date