

- 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:*

**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 – <i>the adult family member filling this out = the Head of Household</i>		
<input type="radio"/>			
	Head of Household’s MIDDLE NAME		
<input type="radio"/>			
	Head of Household’s LAST NAME (ex: Baez Gonzalez)	Suffix	
<input type="radio"/>			

<input type="radio"/>	Your Mother's LAST Name WHEN SHE WAS A CHILD	
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Answer this: <input type="radio"/> Yes <input type="radio"/> No   Does the HoH have a Social Security Number? <i>If “Yes” you must provide the <u>full</u> SSN!</i>				
Head of Household’s SOCIAL SECURITY NUMBER		Head of Household’s DATE OF BIRTH		GENDER
		Month	Day	Year
<input type="radio"/>		<input type="radio"/>		<input type="radio"/>

ETHNICITY   Also provide your race at right!	RACE:   Asian , Black, White, Native American, Pacific Islander, Multi- Do <b><u>NOT</u></b> write Spanish, Hispanic, Latino here – and do <b><u>NOT</u></b> write your
<input type="radio"/>	<input type="radio"/>

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

HoH’s CAREER STAGE				
<input type="radio"/>	<input type="radio"/> Employed	<input type="radio"/> Unemployed	<input type="radio"/> Retired	<input type="radio"/> FT Student
	<input type="radio"/> PT Student			
MOBILE RENTAL ASSISTANCE, if any				
<input type="radio"/>	<input type="radio"/> I do not have mobile rental assistance	<input type="radio"/> Mobile Section 8 voucher	<input type="radio"/> MRVP	<input type="radio"/> AHVP
	<input type="radio"/> VASH or			

CRIMINAL RECORD AND SEX OFFENDER RECORD				
<input type="radio"/>	Head of Household - Any <b>Felony/Conviction?</b>	<input type="radio"/> Yes <input type="radio"/> No	Any <b>Misdemeanor Conviction?</b>	<input type="radio"/> Yes <input type="radio"/> No
	<b><u>Other</u> Members:</b> Any <b>Felony Convictions?</b>	<input type="radio"/> Yes <input type="radio"/> No	Any <b>Misdemeanor Conviction?</b>	<input type="radio"/> Yes <input type="radio"/> No
	Is <u>anyone</u> in HH subject to a <b>lifetime sex offender registration</b> in any state? <input type="radio"/> Yes <input type="radio"/> No			

HOUSEHOLD SIZE AND COMPOSITION				ANNUAL INCOME (write the yearly amount!)	
<input type="radio"/>	← # Adults	← # Children	← Total # in Household	<input type="radio"/>	.00

BEST TELEPHONE NUMBER TO USE		SECOND TELEPHONE (if you have one)
<input type="radio"/>		
<input type="radio"/>	BEST EMAIL ADDRESS	
<input type="radio"/>	SECOND EMAIL ADDRESS	

BEST MAILING ADDRESS	
Street Address (including Apartment Number) or P.O. Box	
<input type="radio"/>	
City, State, and Zip Code:	
<input type="radio"/>	

SECOND MAILING ADDRESS	
Street Address (including Apartment Number) or P.O. Box:	
<input type="radio"/>	
City, State, and Zip Code:	
<input type="radio"/>	

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

**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.

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

**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 on 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  
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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*



Admissions Office  
174 South Common Street  
Lynn, MA 01905

**APPLICANT'S DECLARATION OF RESIDENCY  
AND AUTHORIZATION TO RELEASE INFORMATION**

Control Number:

I hereby declare that I am "homeless" as defined by the state regulations, and that I am a resident of

\_\_\_\_\_ the City/Town:

(check one)

☐ from which I was displaced through no fault of my own.

☐ in which I am temporarily housed.

I certify that I have not declared myself a resident in any other city or town for the purpose of obtaining local resident preference, and I hereby authorize other local housing authorities and nonprofit agencies to release information to the Lynn Housing Authority & Neighborhood Development (LHAND) to verify this certification. If my temporary address changes, and I need to change my declaration of local residency, I will immediately notify the LHAND, and I authorize other local housing authorities and nonprofit agencies to immediately notify the LHAND of the change.

**Signed under the pains and penalties of perjury.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date