

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 _____



174 South Common Street, Lynn, MA 01905
(781) 581 - 8760 / (800) 439 - 2370 (TDD)

APPLICATION FOR FEDERAL FAMILY PUBLIC HOUSING
CURWIN CIRCLE

Please check all that apply: if none apply, please check No Preference.

- ☐ Lynn Resident: A head of household or spouse who is a resident of the City of Lynn, or who has been notified that they have been hired to work in the City of Lynn.
- ☐ Working Family: A head of household or spouse who has income derived from wages, or who are 62 years of age or older, or are receiving social security income disability, or any other payments based on an individual's inability to work, or who are enrolled in an educational or job training program.
- ☐ Victim of Domestic Violence Actual or threatened physical violence directed against one or more members of the applicant's family by a spouse or other family member of the applicant's household.
- ☐ No Preference:

The above preferences will be granted only after verifications have been provided when requested by the LHAND.

Please Print Legibly

1. Head of Household _____
2. Current Address: _____
City or Town: _____ State: _____ Zip: _____
3. Current Mailing Address: _____
4. Home Phone: _____ Work Phone: _____
5. Is anyone in your Household a member of a minority group? If yes, please indicate all minority group(s) to which they belong by checking the appropriate group(s) listed below. An answer to this question is not mandatory for completion of this application.
☐ Native American ☐ Asian ☐ Afro - American ☐ White ☐ Hispanic ☐ Non – Hispanic
6. Please provide the full name including middle initial of all household members who will be living in the unit, their relationship to the Head of Household, date of birth, place of birth, sex, occupation or school level, and Social Security Number. If any of this information is not provided, the application will be considered incomplete and will not be processed

:

NAME LAST, FIRST, MIDDLE INITIAL	RELATIONSHIP TO HEAD	DATE OF BIRTH	PLACE OF BIRTH	SEX (M/F)	OCCUPATION OR SCHOOL LEVEL	SOCIAL SECURITY #
	HEAD					



EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
Working Together Celebrating 50 Years of People Helping People

7. Are you and each member of your household a U.S. Citizen, or do you and each household member at least possess eligible immigrant status which can be verified with the U.S. Immigration and Naturalization Service?
☐ Yes ☐ No
8. Do you or any members of your household need a physically modified. wheel chair accessible unit?
☐ Yes ☐ No

If you checked "Yes", please specify any special needs you. or any members of your household may require:

9. Total Household Income: List below all money earned or received by everyone living in the household. This includes money from wages. self—employment. child support, contributions, social security, retirement, disability. workman's compensation, TAFDC, SSI, Veteran benefits, rental property income. stock dividends, interest. earned income credit. and all other sources:

Family Member's Name	Source address. rate. and type of income for all household members.

10. Has any household member 18 or older, ever lived in public housing? ☐ Yes ☐ No
If yes. when? _____ where? _____ \

11. I understand that this application is not an offer of housing. **I certify that the information contained in this application is true and complete under pains and penalty of perjury.** I authorize the LHAND to make inquiries to verify the information I have provided on this application. I understand that it is my responsibility to inform the LHAND of any change in address, income, or household composition.

Applicants Signature _____ Date _____

FOR LHAND USE ONLY

Application is complete? ☐ Yes ☐ No

Applicant contacted in order to complete application? _____

Outcome: _____

Assigned ID: _____ Entered into ?? by _____ Date: _____

Additional Information: _____

