Don't staple the pages of this application together!

- 1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
- 2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

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

HousingWorks Fax: 617-536-8561

0	Head of Household's FIRST Name					
	Head of Household's MIDDLE Name					
0	Head of Household's LAST Name					
0						
	HoH's SOCIAL SECURITY NUMBER GENDER HoH's DATE OF BIRTH					
0						
	ETHNICITY RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Also provide your race at right! Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!					
0	0					
0	YOUR MOTHER'S MAIDEN NAME					
	YOUR HOME TELEPHONE SECOND TELEPHONE					
0	YOUR EMAIL ADDRESS					
0						
	CURRENT ADDRESS OR LONG-TERM CONTACT ADDRESS					
0	This is:					
0						
	SECOND CONTACT ADDRESS This is:					
0						
0						
	TOTAL HOUSEHOLD SIZE # BEDROOMS How much money does your family receive in a year?					
0	# Adults # Children Total # O O O					
	INCOME SOURCES					
0						
	MOBILE RENTAL ASSISTANCE, if any					
0						
0	REQUESTED ACCOMMODATIONS					
	SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE					
	S. LOUIZ SILOSING PROCESTRICE TRACE TRACE TRACE TO AGGION PROCESTE CILIDAD					
0						



471 Broadway Lynnfield, MA 01940 781-593-1088 35 Market Street 2nd Floor Lowell, MA 01852 www.bridgewell.org

PRE-APPLICATION FORM - OPENING OF MAINSTREAM VOUCHER PROGRAM WAITING LIST

Bridgewell, Inc. & Middlesex North Resource Center Inc. (MNRC) administer 200 Mainstream Vouchers for disabled individuals and families where HoH is disabled in the Greater Lynn and Greater Lowell areas. Beginning on Wednesday April 6, 2016, Bridgewell Inc. & MNRC will accept pre-applications to increase the number of applicants on our waiting list for the Mainstream Voucher Program.

Pre-applications may also be obtained in one of the following ways beginning April 6, 2016 through April 15, 2016:

- Website Applicants may print a pre-application from our website at www.bridgewell.org. Scroll to the Featured Highlights section of the home page for more information.
- In Person Applicants may pick up a pre-application at the Bridgewell Inc. Main Office, located at 471 Broadway, Lynnfield, MA, between the hours of 9:00am 4:00pm local time.
- By Mail Applicants may call the Bridgewell Inc. Main Office at (781) 593-1088 between the hours of 9:00am 4:00pm local time to request a pre-application to be mailed.

Applicants will be determined eligible and qualified in accordance with the applicable Mainstream Voucher program rules and regulations of the US Department of Housing and Urban Development (HUD) and Bridgewell Inc. This program subsidizes decent, safe and sanitary housing for disabled individuals and families who meet the income qualifications designated below:

Income Limits	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
Lowell	\$30,650	\$35,000	\$39,400	\$43,750	\$49,000	\$50,750	\$54,250	\$57,750
Lynn	\$33,600	#38,400	\$43,200	\$48,000	\$51,850	\$55,700	\$59,550	\$63,400

Information and Instructions to apply for the program are as follows:

- 1. To be eligible for placement on the waiting list, the head of household, co-head of household or spouse must be disabled.
- 2. Applicants must only submit one (1) application per household. If duplicate applications are received, the household will become ineligible and will not be placed on the waiting list. All pre-applications must be complete and legible.
- 3. Original pre-applications will be accepted <u>by mail only</u> to Bridgewell Inc., Attn: Mainstream Voucher Lottery, 471

 Broadway, Lynnfield, MA 01940. Pre-applications that are faxed, hand delivered, emailed or mailed to any other address than the address stated above will not be accepted.
- 4. All Pre-applications must be postmarked no later than April 22, 2016. All pre-applications must be received by mail no later than April 29, 2016. Late applications will not be accepted. Bridgewell Inc. is not responsible for non-delivery of mail.
- 5. A random selection lottery will be conducted to select 200 eligible pre-applications for placement on the waiting list. ONLY THOSE PRE-APPLICATIONS WILL BE PLACED ON THE WAITING LIST. This random selection lottery will be conducted by computer and in accordance with HUD regulations and the Bridgewell Inc. Administrative Plan.
- 6. Once the 200 pre-applications have been selected, those applicants will be asked to complete a more detailed application and must provide income, asset and other verifications in order to be placed on the waiting list. Only those applicants selected in the lottery will be notified of their eligibility status on the waiting list by August 15, 2016. Bridgewell Inc. will screen each application using Criminal Records Information from the Criminal History Systems Board.
- 7. Local preference will be given to eligible applicants who live, work or have been hired to work in Lynn, MA or Lowell, MA.

PLEASE PRINT THE FOLLOWING INFORMATION

Name:				
Address:	City, State & Zip:			
Mailing Address (if different):				
Telephone Number:	Social Security #:			
Total Annual Income of the Household:				
Is the Head of Household, Co-Head of Household or spouse dis Do you or any adult member(s) of your household currently wo Have you or any adult member(s) of your household been rece	· ,			



