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.

Use #10 double window envelop old on the line, a addresses will fit addresses will fit

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

App Generated:
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## DO NOT LEAVE ANY QUESTION UNANSWERED!

0	HEAD OF HOUSEHOLD'S FIRST NAME							
0	HEAD OF HOUSEHOLD'S <u>COMPLETE</u> MIDDLE NAME							
0	HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ)							
0	YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD							
A N I	SWER THIS: O Yes O No Does the HoH have a Social Security Number? If "Yes" you must provide the full SSN!							
O	HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER O HEAD OF HOUSEHOLD'S DATE OF BIRTH O GENDER							
-								
0	ETHNICITY O RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial							
0	REQUESTED ACCOMMODATIONS       Fill in the circle for anything you need:         O       Fully Accessible Wheelchair Unit       O       Blind Accessible Unit       O       Need an Interpreter         O       No-Steps unit (elevator to any floor)       O       Deaf Accessible Unit       O       Domestic Violence Victim         O       First-Floor unit only       O       Unit designed for Environmental Allergies							
0	HoH's CAREER STAGE OANY VETERANS in HH? O Yes O No O Employed O Unemployed O Retired O FT Student O PT Student							
0	PERMANENT MOBILE RENTAL ASSISTANCE, if any O I do not have mobile rental assistance O Mobile Section 8 voucher O MRVP O AHVP O VASH or similar							
0	CRIMINAL RECORD AND SEX OFFENDER         Head of Household:       Any Felony/Conviction?       O Yes O No       Any Misdemeanor Conviction? O Yes O No         Other Members:       Any Felony Convictions?       O Yes O No       Any Misdemeanor Conviction? O Yes O No         Is anyone in HH subject to a lifetime sex offender registration in any state?       O Yes O No							
0	ANY PETS? O Yes O No Describe:							
0								
0	CURRENT HOUSING STATUS O Homeless O Housing Loss in 14 days O Homeless under other federal status							
	O Homeless because Fleeing domestic violence O At risk of homelessness O Stably Housed							
0	BEST TELEPHONE NUMBER TO USE O SECOND TELEPHONE							
0	EMAIL ADDRESS							
0	WHERE YOU LIVE OR BACKUP ADDRESS							
0	BEST MAILING ADDRESS							
0	# BEDROOMS NEEDED? O SPECIAL CIRCUMSTANCES? ( <u>some programs may grant you priority status</u> ) O Disability O Elder O Veteran O Fleeing Domestic Violence O Rent-burdened Displaced by O Public Action O Sanitary Code O Natural Forces O Other							

PRE-APPLICATION	FOR ELDERLY	ONLY						
IOUSING ASSISTAN	Income Category Bedroom Size							
<b>IEADOWBROOK</b>	MEADOWBROO 40 units ALL 1 B	DOK WAY, CARVER, MA 02330 1 BR - 1 <sup>st</sup> and 2 <sup>nd</sup> Floor					Bedroom Size Waiting List #	
RETURN TO:	HallKeen Manag C/o Housing Solu 165 County Road Plympton, MA 02	tions Phor		.936.8733 .936.8657				
PLEASE PRINT If you r	need assistance in fillin	g out this form, pleas	se make a	request and	assistance will be pro	vided.		
APPLICANT NAME:								
RESENT ADDRESS:	(0,)					·····		
	(Street)				(Town)	(Zip	,	
• List all persons exp	pected to reside in you	r household. Include	their relati	onships, age	, sex, date of birth, in	acome and source of income		
NAME	REL	ATIONSHIP	AGE	SEX	DATE OF BIRTH	GROSS MONTHLY INCOME	SOURCE OF INCOME	
		SELF						
ASSETS Value of all Bank	Accounts and CDs:							
Do you or any hou	sehold member own o	r have any interest in	any Real	Estate, Life	Insurance, IRA's, Bo	nds, or other form of capital?	YES / NO	
If YES, please list	the value							
Does the family re	quire a wheelchair acc	essible unit? YES / 1	NO					
. Can you take a sec	cond floor? YES/NO							
5. Do you currently hold a voucher for Rental Assistance? YES / NO What Housing Authority issued your Certificate?								
If Yes: Are you cu	arrently under lease? Y	es / No If not, wh	ien does yo	our voucher	expire?			
APPLICANT SIGNATURE:						DATE:		
	1001 of Title 18 of the ment or Agency of the					ements or willful misrepresen	tation to any	
Please indicate your race a	nd ethnicity. Circle	the appropriate ca	tegory in	each colur	nn.			
. White 3. American Indian . Black 4. Asian/Pacific Is		<ol> <li>Hispanic</li> <li>Non-Hispanic</li> </ol>						
		2. Hon Hispanie						

handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.

