

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"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit            | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit             | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit for <b>Environmental Allergies</b> | <input type="radio"/> <b>Personal Care Attendant</b>  |

- ☐ 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

Amherst Housing Authority  
33 Kellogg Avenue  
Amherst, MA 01002  
(413) 256-0206  
(413) 256-8128  
TDD Available

DO NOT WRITE IN THIS BOX

OFFICE USE ONLY	
Date of receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Race:	AI    A    B    H    O    W
Priority Cat:	_____
Preference:	_____
Language:	_____

**STANDARD APPLICATION FOR STATE-AIDED HOUSING –**

**667    AHVP  
Chestnut Court  
Ann Whalen**

1. Name of Applicant \_\_\_\_\_
- Current Address \_\_\_\_\_
- City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
- Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

1. Unit Needs: Please Specify: \_\_\_\_\_  
(ie . . . Wheelchair accessible unit, unit without stairs, unit with visual or audio aids, other)

3. Are you applying for Emergency Housing: (check one)      Yes      No  
If yes, you must fill out an Emergency Application.

4. Racial Designation: (Responding to this question is optional.) Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority Category.

(circle one)    American-Indian    Asian    Black    Hispanic    Other    White

5. Members of household to live in Unit, including Head:

First Name, middle initial, and last name of everyone to live in the household	Relation to Head	Sex	Date of Birth	Social Security Number
1.	HEAD			
2.				

6. Is Veteran's Preference: You may apply for Veteran's preference if you are a Veteran and if you currently reside in Amherst

Dates of Military Service Month: \_\_\_\_\_, \_\_\_\_\_ to Month \_\_\_\_\_, \_\_\_\_\_

## 7. INCOME BEFORE DEDUCTIONS

Estimate the Gross Income anticipated for **ALL** Household Members from all sources for the next 12 months. Specify all sources.

Household Member	Income Type	Name and Address of Employer or Source of Income	Gross Income For Next 12 Months
	Salaries, Wages, Including Overtime/Tips		
	V.A. Disability		
	Net Income From Business/Profession		
	Pensions and Annuities		
	Regular Unemployment or Disability Comp.		
	Regular Social Security Benefits and/or SSI		
	A. F. D. C. or Public Assistance		
	Regular Alimony, Support Payments,		
	Gifts Other Income		

**TOTAL GROSS INCOME** \_\_\_\_\_

## 8. EXPENSES

Extraordinary expenses required by employer	
Expense for care of children, or sick or incapacitated person, if necessary for employment	
Unreimbursed Medical Expenses	
Alimony or Child Support payments	
Health Insurance	
Other	

**TOTAL EXPENSES** \_\_\_\_\_

9. **ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. **DO NOT** include clothing, furniture or cars.

Household Member	Description of Asset s	Value of Applicant's Equity
		\$
		\$

10. Does anyone in your household own a car? (check one) Yes No

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. Number \_\_\_\_\_

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. Number \_\_\_\_\_

11. **List Addresses for the Last Five Years in Reverse Order**

<b>1. Current Address:</b>	<b>From: To Present</b>	<b>Name &amp; Address of Landlord:</b>	<b>Telephone:</b>
<b>2. Address:</b>	<b>From: To:</b>	<b>Name &amp; Address of Landlord:</b>	<b>Telephone:</b>
<b>3. Address:</b>	<b>From: To:</b>	<b>Name &amp; Address of Landlord:</b>	<b>Telephone:</b>
<b>4. Address:</b>	<b>From: To:</b>	<b>Name &amp; Address of Landlord:</b>	<b>Telephone:</b>
<b>5. Address:</b>	<b>From: To:</b>	<b>Name &amp; Address of Landlord:</b>	<b>Telephone:</b>

*If you need additional space, please attach an additional sheet of paper.*

12. Have you, or any member of your household, ever received housing assistance from this or any other housing agency? (check one) Yes No

If yes: Name of Head of Household at that time: \_\_\_\_\_

Relation to Present Applicant: \_\_\_\_\_

Name of Housing Agency: \_\_\_\_\_

Date Moved Out: \_\_\_\_\_

Reason Moved Out: \_\_\_\_\_

Did you leave as a tenant in good standing? (check one) Yes No

If NO, please explain:

13. Are you a Board Member, employee, or a member of the immediate family of an employee of this Housing Authority? (If so, this will not necessarily disqualify your Application.)

(check one) Yes No

If YES, please explain:

14. Do you have any pets? (check one) ☐ Yes ☐ No

If yes, please describe: \_\_\_\_\_

15. EMERGENCY REFERENCE: Name of a relative or friend not planning to live with you. We will contact this person if we are not able to reach you in case of an emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

16. CRIMINAL RECORD:

Have you or any member of your household who will live in the unit been convicted of a misdemeanor in the last five years?

(check one) Yes No

Have you or any member of your household who will live in the unit been convicted of a felony in the last ten years?

(check one) Yes No

If YES, please explain:

**APPLICANT'S CERTIFICATION:**

I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate Conventional unit. If I do not accept that offer, I will lose any priority or preference status and my application will be put at the bottom of the waiting list.

Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from the Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statements or misrepresentation may result in the cancellation of my application. All household members age 18 or over must sign below.

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Applicant's Signature

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Date

---

Household Member's Signature

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Date

---

Interviewer/Reviewer's Signature:

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Date

The Amherst Housing Authority does not discriminate against applicants, tenants, or members of the public based on race color, religion, national origin, sex, language, sexual orientation, political beliefs or affiliations military service, disability or age. If you are handicapped and you need some assistance in completing applications for housing, or need some other accommodations in the application process, please tell us.

The Authority checks criminal records from The Criminal History Systems Board for all applicants and household members over the age of 17.

**EQUAL HOUSING OPPORTUNITY**

**Amherst Housing Authority**

**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

I, the above named individual, have authorized the Amherst Housing Authority to verify the accuracy of the information which I have provided to the Housing Authority, from the following sources (specify):

I hereby give you my permission to release this information to the Amherst Housing Authority 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 Amherst Housing Authority within five (5) days of receipt of this request.

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

Thank you for your assistance and cooperation in this matter.

\_\_\_\_\_  
Signature

Date signed: \_\_\_\_\_

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR  
FROM THE DATE NOTED ABOVE**



## FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Housing Authority collects information about applicants and tenants for its housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of information submitted. When permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators or prosecutors. Otherwise, the information will be kept confidential and used only by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by a housing authority to provide information, however, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regard to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how it will collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the housing authority holds about you. If you object, it will investigate your objection, and either correct the problem or make your objection part of the file. If you are dissatisfied, you may file a grievance under the housing authority's grievance procedure.

**I have read and understood this Fair Information Practices Act Statement of Rights and have received a copy for future reference.**

Date: \_\_\_\_\_  
\_\_\_\_\_ *Applicant's signature*

**NOTICE TO ALL APPLICANTS:**  
**REASONABLE ACCOMMODATIONS ARE AVAILABLE FOR APPLICANTS WITH**  
**MENTAL AND/OR PHYSICAL DISABILITIES**

Local Housing Authority (LHA) does not discriminate against applicants on the basis of mental or physical disabilities. In addition, the LHA has an obligation to provide “reasonable accommodation” on account of a disability if an applicant or a household member is limited by the disability and for this reason needs such an accommodation. A reasonable accommodation is a change that the LHA can make to its facilities or practices that will assist an otherwise eligible person with a disability to overcome the limitations imposed by his or her disability and to be able to participate in the LHA’s housing or programs. Such a change must be financially and programmatically feasible for the housing authority.

An applicant household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to the LHA, and to avoid disturbing neighbors), but an accommodation may be the basis by which the household is able to meet those obligations of tenancy.

The LHA has an Accommodation Coordinator. If you need an accommodation because of a disability, please complete the attached form and return it to the LHA. You must also submit medical documentation verifying the existence of a disability, and the need for an accommodation to overcome these limitations and to participate in the LHA’s housing or programs. Within thirty (30) days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the LHA can reasonably do to accommodate you on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result you need an accommodation, you may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.

