

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 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:

 **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**



**HOUSINGWORKS**  
For Everyone

**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:
  - Fully Accessible Wheelchair** Unit
  - Blind Accessible** Unit
  - Need an **Interpreter**
  - No-Steps unit** (elevator to any floor)
  - Deaf Accessible** Unit
  - Domestic Violence Victim**
  - First-Floor unit only**
  - Unit designed for **Environmental Allergies**

- 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 \_\_\_\_\_

**ACCEPTABLE TYPES OF VERIFICATION OF INCOME, ASSETS AND FAMILY. PLEASE SUPPLY THE VERIFICATION WHICH ONLY APPLIES TO YOUR SITUATION\*\*\*\*\***

\_\_\_\_\_ Four (4) recent consecutive  
\*\*\*\*\* pay stubs for working people

\_\_\_\_\_ A current letter from the Social  
\*\*\*\*\* Security office verifying your  
your SSA or SSI. Such letters are  
usually called "Report of Social  
Security Benefits"

\_\_\_\_\_ An up-to-date letter from welfare statement  
\*\*\*\*\* showing amount your receive  
(NOT A COPY OF A CHECK)

\_\_\_\_\_ Copy of lease or rent receipt  
\*\*\*\*\*

\_\_\_\_\_ For children 18 years of age or  
older, proof of student status

\_\_\_\_\_ Copy of court order covering  
alimony or child support payments

\_\_\_\_\_ Copy of Social Security card

\_\_\_\_\_ Copy of Alien Card  
\*\*\*\*\*

\_\_\_\_\_ Last three (3) months of  
checking account statements

\_\_\_\_\_ Copy of stub of pension  
check annuity check, etc.

\_\_\_\_\_ Credit union statement

\_\_\_\_\_ Copy of saving bank  
statement for the past  
three (3) months

\_\_\_\_\_ Copy of IRA or Keough

\_\_\_\_\_ Copy of birth certificate  
for all family members

\_\_\_\_\_ Copy of unemployment

\_\_\_\_\_ Copy of letter from social  
\*\*\*\*\* services agency assisting  
with your support such as  
Jewish Family Services

\_\_\_\_\_ Statement from family  
\*\*\*\*\* members assisting with your  
your support

In certain cases, it may be necessary that we request additional verification. Photocopies will be made free of charge if the above documentation is brought into the office.

**PLEASE NOTE: AN APPLICATION WILL BE RETURNED TO YOU IF NOT COMPLETELY FILLED OUT, SIGNED OR ACCOMPANIED BY PROOF OF INCOME AND ASSETS.**

**Failure to disclose all income, assets and family composition may disqualify you for the program.**

If you have any questions regarding the completion of this application, please call 617-552-5501 and we will attempt to assist you. Your cooperation in providing all verification will enable us to process your application more quickly.

THIS BOX IS FOR OFFICE USE ONLY

***Athol-Orange Housing Authorities***

**21 Morton Meadows**

**Athol, Ma. 01331**

**978-249-4848**

**978-249-9604 (fax)**

Date of receipt: \_\_\_\_\_  
Time of Receipt: \_\_\_\_\_  
Control Number: \_\_\_\_\_  
Bedrooms: \_\_\_\_\_  
Race: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_  
Priority Category: \_\_\_\_\_  
Preference Category: \_\_\_\_\_  
Language: \_\_\_\_\_

**PRELIMINARY APPLICATION FOR  
STATE-AIDED HOUSING**

**Incomplete applications will not be processed.**

Please complete all information requested on the application.

If a question is not applicable please write N/A. Make sure you sign the last page.

**(PLEASE PRINT)**

1. Name of Applicant: \_\_\_\_\_  
 Address of Current Residence: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City/Town/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_  
 Best Telephone # to reach applicant: first number listed above

2. Which town(s) are you applying to: **(circle one)** Athol Orange Both

3. **Type of Public Housing You are Applying For:**

- Family     Elderly     Non Elderly, Handicapped     MRVP Project-based

**Note: To be eligible for elderly/handicapped housing you must be at least 60 years old or handicapped. If handicapped, your handicap must be other than a history of alcohol or substance abuse.**

4. Do you need a first floor unit? (Check one)     YES     NO

**\*If a first floor needed you must submit medical documentation of the necessity\***

**The Athol-Orange Housing Authorities do not have any wheel chair accessible units.**



5. Number of bedrooms needed: (check one)     0     1     2     3     4

6. Members of household to live in unit, including applicant:

First & Last Name	Relationship To Applicant	Racial Designation* (Indicate by a-e)	Ethnic Designation** (Indicate by a or b)	Social Security Number***	Sex	Date of Birth	Source of & Annual Amt. Of Income or Student Status or At Home
	<b>Applicant</b>						

\***Racial Designation:** (a) American Indian or Alaska Native; (b) Black or African American; (c) Native Hawaiian or Other Pacific Islander, (d) White; (e) Other (specify).

\*\***Ethnic Designation:** (a) Hispanic/Latino or (b) Not Hispanic/Latino

Responding to these questions is optional. Your status with respect to tenant selection procedures may be affected by this information. "Minority" does not include "White" unless there is also a designation of another race or "Hispanic/Latino".

\*\*\*This information will be used to verify income, assets, and criminal record information.

7. **Expenses:**

Un-reimbursed Medical Expenses:	\$
Alimony or Child Support Payments:	\$
Health Insurance:	\$
Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment)	\$



8. Assets: List the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust funds, real estate, etc. Do not include clothing, furniture or motor vehicles.

Household Member	Asset Type	Asset Value	Interest or Income

(Office Only) \_\_\_\_\_ (Asset Imputed Value and Income)

9. (a) **Veteran’s Preference** You may apply for Veteran’s Preference if you are a wartime veteran, the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of a wartime veteran. N/A for the MRVP Program.

(1) Do you want to apply for Veteran’s Preference? (check one)     YES     NO

If you wish to apply for the Veteran’s Preference, list the dates of U.S. Military service. Include service dates for service in the U.S. Army, Navy, Marine Corps, Coast Guard, Air Force or National Guard.

Service Dates: From: \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_

**A copy of the Veteran’s Department of defense Form DD214 must be submitted with this application.**

10. Are you employed in the town of Athol? If so, where? \_\_\_\_\_

11. Are you employed in the town of Orange? If so, where? \_\_\_\_\_

12. Are you currently living in non-permanent, transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? (check one)     YES     NO

13. Do you want to apply for Emergency Housing? (check one)     YES     NO  
 If Yes, you must fill out an **Emergency Application**.  
 (Office Use Only: Sent \_\_\_/\_\_\_/\_\_\_)



**APPLICANT'S CERTIFICATION:**

I understand that this application is not an offer of housing. I understand that I will have to fill out a Standard Application and provide proof of all facts before a final decision of my eligibility can be made by the Housing Authority. Based on this application, I understand I should not make any plans to move. **I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition.** I understand that I must respond promptly to all Housing Authority inquiries or my application may be canceled. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the cancellation of my application.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.**

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

Reviewer's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*ALL Housing Authority properties are "smoke free".\*\*\***

