

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:
- | | | |
|--|--|---|
| <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 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	_____ Copy of stub of pension check annuity check, etc.
_____ A current letter from the Social ***** Security office verifying your your SSA or SSI. Such letters are usually called "Report of Social Security Benefits"	_____ Credit union statement
_____ An up-to-date letter from welfare statement ***** showing amount your receive (NOT A COPY OF A CHECK)	_____ Copy of saving bank statement for the past three (3) months
_____ Copy of lease or rent receipt *****	_____ Copy of IRA or Keough
_____ For children 18 years of age or older, proof of student status	_____ Copy of birth certificate for all family members
_____ Copy of court order covering alimony or child support payments	_____ Copy of unemployment
_____ Copy of Social Security card	***** Copy of letter from social services agency assisting with your support such as Jewish Family Services
_____ Copy of Alien Card *****	***** Statement from family members assisting with your your support
_____ Last three (3) months of checking account statements	

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.

Athol-Orange Housing Authorities

21 Morton Meadows

Athol, Ma. 01331

978-249-4848

978-249-9604 (fax)

THIS BOX IS FOR OFFICE USE ONLY

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
	Applicant						

***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".*****

