

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"/> 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 for Environmental Allergies | <input type="radio"/> Personal Care Attendant |

- ☐ 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

Return Completed Application to:

Auburn Housing Authority

200 Oxford Street North

Auburn, MA 01501

tel: 508.832.3852

fax: 508.832.5684



A U B U R N
Housing Authority

Housing Application

Instructions:

To be placed on the waiting list for housing within the Auburn Housing Authority properties, *all* questions must be completed in the spaces provided AND the application must be signed by the head-of-household. ***If the application is not complete, or it is not signed, it will be returned to you, and your application will be delayed. You will not be placed on the waiting list until the application is completed properly and is returned.***

Because of the number of applications AHA receives, there is a waiting list for our rental properties. All housing is offered to qualified applicants on a first-come, first-serve basis.

Unfortunately, there is no emergency housing available.

General Applicant Information

PLEASE PRINT

Name of Applicant (*Head of Household*):

<i>First</i>	<i>M.I.</i>	<i>Last</i>

Applicant Address:

<i>Street Address</i>	<i>Apartment #</i>

<i>City</i>	<i>State</i>	<i>Zip</i>

Mailing Address (if different):

<i>Street Address</i>	<i>Apartment #</i>

<i>City</i>	<i>State</i>	<i>Zip</i>

Applicant Phone Number:

Social Security Number:

City:
State/Country:

Applicant Date of Birth:

Applicant Place of Birth:

Family Information

Please provide complete information for all persons in your household who will be housed with you at an AHA Location.

PLEASE PRINT

Complete Name	Relationship	Sex	Social Security #	Date of Birth	Birth Place (City and State)
1.	Self				
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Is there anyone in your household who is pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> NO	What is the anticipated due date?
Please indicate the pregnant person's name:	
Will this person continue to live in the household? <input type="checkbox"/> Yes <input type="checkbox"/> NO	
If Yes, do you know the sex of the unborn baby? <input type="checkbox"/> Girl <input type="checkbox"/> Boy <input type="checkbox"/> Don't know	

Income Sources

Annual Total =

Please enter ALL income sources for everyone in the household. Information provided should be the TOTAL GROSS amount PER MONTH for each source. (Gross amount means before any taxes or deductions are taken out).

Income Source	Gross Monthly Amt.	Income Source	Gross Monthly Amt.
Wages	\$	Child Support	\$
Social Security Amount	\$	Pension	\$
SSI		Asset Income	\$
Public Assistance (Welfare)	\$	Other, please specify	\$

Do you own your own home or any other property? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Housing Information

Have you, or anyone in your household ever lived in AHA property or Section-8 assisted living? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes: Please provide the name of the person on the lease, the location of where he/she live, and the date of occupancy		
Name	AHA Property	Date of Occupancy
Do you, or anyone in your household have any special housing requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please specify:		
<div><input type="checkbox"/> Wheelchair Accessibility</div> <div><input type="checkbox"/> Hearing Impairment</div> <div><input type="checkbox"/> Other, please specify</div> <div><input type="checkbox"/> Visual Impairment</div> <div><input type="checkbox"/> Special Equipment Need</div>		
Are you required to provide notice to your current Landlord? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, how much notice is required?

Notes: You will be notified as soon as it is your turn on the waiting list. At that time, you will be notified of the steps that are required to complete the application qualification process. Included in our process is a police record check for all household members 18 years of age and older, and landlord verifications for current and previous residences. Specific instructions will be provided to you at such time as it is required.

The following information is used for statistical purposes only, and is not considered in any decisions regarding housing.

Race: (Check One)	<input type="checkbox"/> White	<input type="checkbox"/> Black	Ethnicity: (Check One)	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Indian	<input type="checkbox"/> Asian		<input type="checkbox"/> Non-Hispanic

Please indicate how you learned about the Auburn Housing Authority: (Check all the apply)			
<input type="checkbox"/> AHA signs	<input type="checkbox"/> Billboards/Signs	<input type="checkbox"/> Friend/Family	<input type="checkbox"/> AHA Tenant
<input type="checkbox"/> Church/Synagogue	<input type="checkbox"/> School	<input type="checkbox"/> Social Services Agency, please specify:	
<input type="checkbox"/> Town NET Office	<input type="checkbox"/> Renters' Guide	<input type="checkbox"/> Other, please specify:	

(Turn Page)

Certification

I certify that all the information provided in this application is true and complete. I understand that there is a waiting list, and that acceptance of this application does not guarantee me housing. ***It is my responsibility to notify Auburn Housing Authority, in writing, if there are many changes in the information provided in this application, including any changes in mailing address, telephone number and the number of people who will be living with me.*** I authorize AHA to make inquiries for the purpose of verifying this information.

“If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please contact the Auburn Housing Authority at (508) 832-3852.”

NOTE: It is not necessary to send in any supporting documentation with your application.
We will notify you what will be needed at the appropriate time.

Applicant (Head of Household) Signature

Date

***The Auburn Housing Authority does not discriminate on the basis of race,
sex, age, national origin or handicap.***