

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to  
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10  
double-window envelope, saving you time.

← **Mail this application to the address at left.**

**Do not fax!**

Date Generated:

Fold on this line —

**Dear**

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

**SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:**

**LANDLORD: IF REJECTING THIS APPLICATION**, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto:support@housingworks.net)

**HousingWorks**  
**P.O. Box 231104**  
**Boston, MA 02123**  
**617-536-8561 fax**

☐ **This waitlist is closed. The only waitlists open at present are:**

\_\_\_\_\_

\_\_\_\_\_

☐ **This is not the right application. We have enclosed the correct application.**

☐ **You do not appear to qualify for this property, because:** \_\_\_\_\_

Name of Waitlist Administrator optional \_\_\_\_\_

Phone of Waitlist Administrator optional: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

← *Date Time Stamp – for Office Use Only*

HEAD OF HOUSEHOLD’S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD’S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD’S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes ☐ No

DATE OF BIRTH

GENDER

Enter the last four digits of your SSN or ITIN

Type birthyear first, using dashes YYYY-MM-DD

F M T-MTF T-FTM

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused) RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = **X** ☐ I don’t need any of the accommodations listed below

- ☐ Fully Accessible Wheelchair Unit
- ☐ Bathroom modifications
- ☐ Vision Impaired Unit
- ☐ Need an Interpreter
- ☐ No-Steps unit (elevator to any floor)
- ☐ Hearing Impaired Unit
- ☐ Domestic Violence Victim
- ☐ First-Floor unit only
- ☐ Unit designed for Environmental Allergies
- ☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD’S CAREER STAGE: ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD: ☐ Yes ☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

- ☐ I do not have mobile rental assistance
- ☐ Mobile Section 8 voucher
- ☐ MRVP
- ☐ AHVP
- ☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

- Head of Household:

Any Felony/Conviction?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ No
- Other HH 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 Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

ANNUAL INCOME

DOCUMENTED DISABILITY?

← # Adults ← # Children ← Total # in Household \$ .00 ☐ Yes ☐ No

CURRENT HOUSING STATUS: ☐ Homeless ☐ Housing Loss 14 days ☐ Fleeing Dom. Violence ☐ At risk of homelessness ☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No ☐ by Accessibility/health issues ☐ by Addiction behaviors ☐ by Cost of living ☐ by Pandemic ☐ by fire/flood/earthquake ☐ by Domestic Violence or Sexual Assault ☐ by Urban development, eminent domain ☐ by Condemnation of home, code violations ☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER:

SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES: ☐ Email ☐ Mail ☐ Cellphone

BEST EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #): ☐ where I currently live ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant’s address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

BACKUP ADDRESS

☐ same as above ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant’s address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

# BEDROOMS NEEDED→

ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ Fleeing domestic violence ☐ HUD VAWA Certificate
- ☐ Victim of Hate Crime ☐ Community Based Housing
- Displaced by: ☐ Urban Renewal ☐ Sanitation Code ☐ Natural Forces ☐ Other: \_\_\_\_\_



# Apartments at Pleasant Street School

Ayer Housing Authority

18 Pond Street, Ayer, MA 01432  
Phone (978) 772-2771 Fax (978) 772-2132

## Supportive Low Income Housing for Persons 62 and Older

A HUD 202 Senior Housing Development

Name of Applicant: \_\_\_\_\_

Address of Current Residence: \_\_\_\_\_

City/Town/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Members of household to live in unit, including Head of Household:

Name: First, Middle, Last	Relationship	Social Security Number*	Sex	Date of Birth	Occupation
	HEAD				

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

Do you have any special needs due to a disability or reasonable accommodation? Specify:

\_\_\_\_\_

Do you need a wheelchair accessible apartment? (Circle one) **YES** **NO**

**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

White

Other (specify) \_\_\_\_\_



**INCOME BEFORE DEDUCTIONS**

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

Type of Income	Source of Income, Name of Employer	Gross Monthly Amount	Gross Amount for Next 12 Months
Salaries, Wages Including Overtime/Tips			\$
Net Income from Business or Profession			\$
Trust Income, Interest & Dividends			\$
Pensions and Annuities			\$
Unemployment or Disability Compensation			\$
Regular Social Security Benefits and/or SSI			\$
VA Disability Income			\$
Public Assistance			\$
Regular Alimony Support Payments, Gifts			\$
Other Income			\$

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

**ASSETS**

Do you own any real estate? (Circle one) **YES** **NO**

If yes, please provide the address: \_\_\_\_\_

Have you sold or transferred any property in the past five years? (Circle one) **YES** **NO**

If **YES**: Date of transfer: \_\_\_\_\_ Address of Property: \_\_\_\_\_

Please list below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture, or cars. Use additional sheets if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account Number
		\$		
		\$		
		\$		
		\$		

## EXPENSES

Unreimbursed Medical Expenses	\$
Disability Expenses (i.e. durable medical equipment, personal care assistance)	\$
Health Insurance and Long-Term Care Premiums	\$
Other	\$

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

## PREFERENCES:

**Are you requesting an Ayer preference? (circle one) Yes No**

If yes, documentation will be required. You are eligible for this preference if you live or work in the town of Ayer.

**Does anyone in your household own a car? (Circle one) YES NO**

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Plate Number \_\_\_\_\_

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Plate Number \_\_\_\_\_

## REFERENCES

List two references. These should not be relatives or household members.

(1) Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

List Addresses for each Adult Household Member for the Last Five Years in Reverse Order:

(1) Address: \_\_\_\_\_ Dates: from \_\_\_\_\_ to present  
City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Did this landlord bring any court action against you? (Circle one) **YES NO**

(2) Address: \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_  
City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Did this landlord bring any court action against you? (Circle one) **YES NO**

(3) Address: \_\_\_\_\_ Dates: from \_\_\_\_\_ to \_\_\_\_\_  
City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Did this landlord bring any court action against you? (Circle one) **YES NO**

Have you, or any member of your household, ever received housing assistance from this or any other housing agency? (Circle 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: \_\_\_\_\_

When you moved out, were you in compliance with the lease and other program requirements?

(Circle one) **YES NO**

If **NO**: Please explain: \_\_\_\_\_

Do you have any pets? (Circle one) **YES NO** If **YES**, how many? \_\_\_\_\_

Please describe: \_\_\_\_\_

**Emergency Reference:** Name of a relative or friend NOT planning to live with you. We will contact his person if we are not able to reach you or in case of an emergency.

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

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

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Criminal Record:**

Have you or any member of your household who will live in the unit been charged or convicted of a felony or misdemeanor? (Circle one) **YES NO**

If **YES**: Please explain: \_\_\_\_\_

Do you or any member of your household who will live in the unit have any criminal matters pending?

(Circle one) **YES NO**

If **YES**: Please explain: \_\_\_\_\_

---

**APPLICANT'S CERTIFICATION:**

I understand that this application is not an offer of housing. I understand that a Housing Authority will make no more than one offer of an appropriate housing unit. If I do not accept that offer, my application will be removed from the waiting list; and if I reapply, my application will not receive any preference that was granted on the prior application for a three- (3) year period.

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 a 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 statement or misrepresentation may result in the denial of my application. I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches for all adult members of the household.

I acknowledge receipt of the Fair Information Practices Statement of Rights for all adult members of the household.

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

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

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

## FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Ayer 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 and prosecutors. Otherwise, the information will be kept confidential and only used 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 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. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative has 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 we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file.

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

SIGNATURE \_\_\_\_\_

HEAD OF HOUSEHOLD

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

SPOUSE/CO-HEAD/OTHER

DATE \_\_\_\_\_

# **AYER HOUSING AUTHORITY**

18 Pond Street, Ayer, Massachusetts, 01432

AGENCY CODE: AYEHA

The Ayer Housing Authority has been certified by the Criminal History Systems Board for access to your criminal record.

## **CORI REQUEST FORM**

### APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE)

\_\_\_\_\_  
PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY #

\_\_\_\_\_  
MOTHER'S MAIDEN NAME

(Requested but not required)

FORMER ADDRESSES: \_\_\_\_\_

\_\_\_\_\_  
SEX: \_\_\_\_\_ HEIGHT \_\_\_\_ ft. \_\_\_\_ in.

WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

**\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF  
GOVERNMENT ISSUED PHOTOGRAPHIC  
IDENTIFICATION: \_\_\_\_\_**

REQUESTED BY: \_\_\_\_\_  
SIGNATURE OF CORI AUTHORIZATION EMPLOYEE

## GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

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

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

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

Banks and Other Financial Institutions, Courts, Law Enforcements, Criminal History Systems Boards, Agencies, Credit Bureaus, Employers, Past and Present Landlords, Providers of: Alimony, Child Care, Child Support, Handicapped Assistance, Medical Care, Pensions/Annuities, School and Colleges, U.S. Social Security Administration, U.S. Department of Veteran Affairs, Utility Companies, Welfare Agencies and Enterprise Income Verification System.

I hereby give you my permission to release this information to the Ayer 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 Ayer 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 cooperation in this matter.

\_\_\_\_\_  
(signature) Date signed: \_\_\_\_\_

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

## INCOME/ASSET VERIFICATION

*I HEREBY AUTHORIZE AYER HOUSING AUTHORITY TO VERIFY MY INCOME, ASSETS AND OTHER BENEFITS THAT I AM ELIGIBLE FOR OR HAVE RECEIVED IN THE PAST including utilizing the Enterprise Income Verification System (EIV) to verify wage income, unemployment income, and social security benefit information. (federal tenants only)*

THIS FORM WILL BE SENT TO THE FOLLOWING: (check all that apply)

**TO WHOM IT MAY CONCERN:**

THE ABOVE NAMED PARTY HAS AUTHORIZED AYER HOUSING AUTHORITY TO VERIFY HIS/HER INCOME/ASSETS. PLEASE COMPLETE AND RETURN THIS FORM IN THE ENCLOSED SELF-ADDRESSED STAMPED ENVELOPE TO **AYER HOUSING AUTHORITY, 18 POND STREET, AYER, MA 01432.** THANK YOU FOR YOUR COOPERATION.

**EMPLOYMENT:** Please list last 6 payments of employment earnings, if applicable:

AVERAGE HRS PER WEEK: \_\_\_\_\_ HEALTH/DENTAL INS.\$ \_\_\_\_\_ WEEKLY  
DATE OF INITIAL HIRE \_\_\_\_\_ DATE OF TERMINATION: \_\_\_\_\_

**BENEFITS FROM:** PUBLIC ASSISTANCE \$ \_\_\_\_\_ PER MONTH  
SSA, SSI, PENSION \$ \_\_\_\_\_ PER MONTH  
UNEMPLOYMENT \$ \_\_\_\_\_ PER MONTH

**OTHER INCOME:** (CHILD SUPPORT, FOSTER CARE PAYMENTS, ETC.)  
\$ \_\_\_\_\_ PER WEEK MONTH YEAR

**BANK ACCOUNTS, ASSETS, ETC.:** (Please list additional accounts on back side)

CURRENT BALANCE \$ INTEREST RATE

COMPLETED BY: SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

## Mass Rehabilitation Commission Certificate On Application for Community-Based Housing

Dear Certifier:

The Community Based Housing Program (CBH) provides affordable housing for individuals with disabilities who are living in institutions and seek an alternative in the community or those who are at risk of institutionalization. The CBH Program seeks to ensure that, through the availability of CBH, individuals with disabilities will be able to live as independently as they are able, in their own homes.

You have been asked to complete this certification for the individual named below who is applying to reside in a CBH-funded unit. An appropriate signatory is a licensed medical, psychological or allied mental health and human services professional who has knowledge of the individual for some duration or a person designated by MRC as a certifier.

-----  
Applicant's Name: \_\_\_\_\_

☐Yes ☐No Applicant has a disability defined as: An individual who has a physical or mental impairment that is of a permanent or long and continued duration and that substantially limits one or more major life activities is considered a person with a disability, excepting individuals who are persons with disabilities who are eligible for housing developed with Facility Consolidation Funds (FCF) funds; this exception is required by the legislation. Major life activities include: self care, learning, receptive and expressive language, mobility, cognitive functioning, emotional adjustment and economic self-sufficiency.

☐Yes ☐No Applicant is not eligible for housing developed with FCF funds, i.e. a current client of The Department of Mental Health or Department of Mental Retardation. (A "yes" answer confirms the applicant is NOT eligible for FCF)

☐Yes ☐No Applicant is institutionalized or at risk of institutionalization in a nursing facility, long term rehabilitation center or hospital

Explanation (please state if the individual is currently institutionalized)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the foregoing information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

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

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

Phone: \_\_\_\_\_