

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

The information requested in this form is required by the government agency regulating this project.

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.

ROSE HILL MANOR
476 Boston Road, Billerica 01821

PRELIMINARY APPLICATION FOR HOUSING

Please Print Clearly

This is a preliminary application for housing at

Rose Hill Manor

Preliminary applications are used to pre-qualify prospective applicants for the waitlist list as specified in the Tenant Selection Plan located at the management office. All applicants are asked to complete a full application upon being selected from the waiting list and may be interviewed for housing only after the receipt of the full application.

Please complete all sections of this application and all applicable attachments and return to Maloney Properties, 27 Mica Lane, Wellesley MA 02481. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to you for completion, and, as such, will not be placed on the waiting list. Everyone age 18 and over in the household as well as the Head, Co-head, and Spouse must report all income and sign on the last page.

Head of Household Name: _____

Address: _____
Street Apt.# City State Zip

Daytime Phone: _____ Evening Phone: _____ Cell Phone: : _____ - _____ - _____

BR's in current unit: _____

Do you need a wheelchair accessible unit? (This question is asked for the sole purpose of providing an equal opportunity to enjoy your housing.) ☐ Yes ☐ No

Do you require any accessible features in your unit? (This question is asked for the sole purpose of providing an equal opportunity to enjoy your housing.) ☐ Yes ☐ No

PLEASE LIST ALL PERSONS WHO WILL RESIDE IN THE APARTMENT

Name	Relationship to Head of Household	Birth Date	Social Security Number	Full-Time Student Y/N
1.	HEAD			
2				



Equal Opportunity Housing



Please list all sources of income for all household members. NOTE” “**Income**” refers to all money received as a result of employment, Social Security Benefits, Pension, Veteran’s Benefits, Unemployment Compensation, Public Assistance, and interest earned from assets. Under “Annual Amount” please indicate the total annual income from the named source, PRIOR to deductions (taxes, etc.).

Household Member Name	Source of Income	Annual Amount

Please list all household members’ assets. NOTE” “**Assets**” refers to money held in checking accounts, savings accounts, trust accounts, certificates of deposit, credit unions, savings bonds, life insurance policies, mutual funds, stocks, bonds, annuities, 401(K), Keogh, investment properties, etc.

Household Member Name	Amount	% Interest

How were you referred to this property?	
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Have you ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	



Equal Opportunity Housing



Race/National Origin – Race/National Origin information will be used for statistical purposes only, and will not affect the status or selection of applications. Answering this questions is completely optional.

☐ Asian ☐ Black ☐ Latino ☐ Native American Indian ☐ Caucasian ☐ Other

Briefly describe you reasons for applying at this location:

I hereby certify that this will be my permanent residence. I understand I must pay a security deposit for this apartment prior to occupancy. I understand that my eligibility and suitability for housing will be based on applicable income limits and by management's selection criteria. I certify that all information in this application is true to the best of my knowledge. I understand that intentional false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I understand that this is a preliminary application to determine my eligibility for available waitlists, and that I will be required to complete a full application when my name nears the top of the waiting list. I understand all changes to this application, including but not limited to address change, family composition change, and annual household income change must be made to the management office in writing, and that failure to do so may result in my application being cancelled. All household members aged 18 or older must sign below.

Signature (Head of Household): _____

Signature: (Other): _____

Maloney Properties, Inc. does not discriminate on the basis of any protected status, including disability, in the admission of, or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't English and as a result have limited English proficiency, the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Kathy Broderick coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact here with any questions or concerns relation to Maloney Properties compliance with nondiscrimination requirements: Telephone (781) 943-0200 x 255 or Relay #711 or mail Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481



Equal Opportunity Housing

