

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

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

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 Received. Application will be stamped to show when it was received:

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
Male, Female, etc.
- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native,
Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ 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

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

Housing Application

Please complete the following application and return it to

Centerville Woods

395 Essex Street

Beverly, MA 01915

(978) 922-5043

All items must be completed in order to determine your eligibility. **Incomplete applications will be returned.** If an item does not apply to you, please mark "N/A" on that line. Every applicant will be required to go through a formal interview before eligibility is determined.

A. General information – Please circle one

Mr.

Mrs.

Ms.

Mis.

App ID: _____

Name: _____ State Id # or Drivers License # _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____ E-Mail Address: _____

Property Name: _____

Unit Size: **1BR 2BR**

Please Circle Your Preference: **1st floor 2nd floor 3rd floor**

B. Household Composition – List all persons including yourself, who will be living in the apartment

Name (List Head of Household first)	Relationship	Birth Date	Soc Sec Num
1.	HoH		
2.			
3.			
4.			
5.			

C. Income – All Sources of regularly received income must be listed, regardless of recipient's age

Family Member Name	Sources of income	Amount
	Wages – Gross Monthly Amount Employer Name:	\$
	Wages – Gross Monthly Amount Employer Name:	\$
	Social Security/Pension - Gross Monthly Amount	\$
	AFDC – Gross Monthly Amount	\$
	Child Support/Alimony - Monthly Amount	\$
	Interest Income – Gross Monthly Amount (i.e., interest earned from bank accounts, CDs, stocks, bonds, etc.)	\$
	Other Monthly Income	\$

Over →



D. References – Current Landlord

Name _____ Address _____ State _____ Zip Code _____ Phone Number _____
Rental Began: _____ Current Rent: \$ _____ per _____

E. Previous Landlords

Name of Landlord	Address	Phone Number	Apartment Address	Period Rented
1.				From: To:
2.				From: To:
3.				From: To:

F. Professional References (example: teachers, principals, past/present employers, clergy, physicians, etc.) Please do not list relatives or friends.

Name of Professional Reference	Address	Phone Number
1.		
2.		

G. Other Information

Have you ever been evicted or served with a *Notice to Quit*? Yes ☐ No ☐ If yes, describe reason(s): _____

List any vehicles that you own: Yr./Make: _____ License Plate _____

Yr./Make: _____ License Plate _____

Do you own a pet? Yes ☐ No ☐ If yes, describe _____

H. Signatures

Signed: (X) _____
Head of Household Date

(X) _____
Spouse/Co-Tenant Date

Harbor Management Date

Please sign ALL Black Checkmarks

Authorization

I/we do hereby authorize Centerville Woods/Harbor Management and its staff to contact any agencies, offices, credit bureaus, landlords or professional references for the purpose of verifying th information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

(X) _____
Applicant Signature Date

(X) _____
Co-Applicant Signature Date

Authorization

I/we do hereby authorize Centerville Woods/Harbor Management and its staff to contact any agencies, offices, credit bureaus, landlords or professional references for the purpose of verifying th information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

(X) _____
Applicant Signature Date

(X) _____
Co-Applicant Signature Date

Authorization

I/we do hereby authorize Centerville Woods/Harbor Management and its staff to contact any agencies, offices, credit bureaus, landlords or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

(X) _____
Applicant Signature Date

(X) _____
Co-Applicant Signature Date