

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: 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!

For Landlords Only!

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 mm/dd/yyyy ☐ GENDER
M, F, T, etc.

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

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: 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 check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a 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 _____



Massachusetts TTY Relay Service (800) 439-2370

Instructions: Please follow carefully - Incomplete applications will be returned

1. **Complete all areas.** If an item does not apply to you, mark “N/A” on that line.

1. **Signatures are required by all adult applicants**

3. **Return your application to:**

**Parker Hill
170 Parker Hill #7
Boston MA 02120
Fax: (617) 232-7215**

Note: Pets are only allowed in our senior citizen properties or for persons with disabilities who require a service animal.

Your application is being returned because:

☐ **You did not complete all areas or you did not sign the application.**

**THIS SPACE FOR OFFICE USE ONLY**

Date Sent Out By Office ____/____/____

Date Returned To Office ____:____am/pm

Time Received By Office _____

Mgr. Signature: _____

ID Number: _____ BR size _____

SITE NAME: Parker Hill**HMR Corporate Office: (617) 471-0300; Fax: (617) 471-7690****Massachusetts TTY Relay Service (800) 439-2370**

PLEASE NOTE that, in many states, you can now dial 711 to reach your local TTY relay service, both with voice & TTY. If the number listed above does not seem to work for your state, please try dialing 711.

Incomplete applications will be returned - All items need to be completed - If any items do not apply enter "no" or "N/A" on that line.

Are you an employee, related to or have you done business with anyone employed at this property or employed by HMR or the Owner? **YES NO**

Applicant's Full Name:	Date of Birth	Age	Social Security Number
Other Residents Names:	Relationship to Applicant	Date of Birth	Age Social Security Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Residence History - Your FULL present address**Your CURRENT Phone Number:**

()

Landlord Name: _____

Landlord Address: _____

Rent paid per month \$ _____

Landlord Phone: () _____

Reason for Moving?: _____

If length of time at current address is LESS than 5 consecutive years, please complete ATTACHED LANDLORD HISTORY for EACH non-related adult household member.

Length of time at present address? _____ **to Present Day**

Do you anticipate changes in your family composition during the next 12 months? **__YES __NO**
IF YES, WHAT? _____

List Income Received By All Family Members Age 18 or Older (attach another page if necessary)**Employee:** _____

Company Name: _____

Address _____

Name of Supervisor: _____

Position _____

Current GROSS monthly income: _____

DATE OF HIRE: _____**Employee:** _____

Company Name: _____

Address _____

Name of Supervisor: _____

Position _____

Current GROSS monthly income: _____

DATE OF HIRE: _____

***Please list all states that you have resided in:** _____

Other Household Income - If any items below do not apply, enter "no" or "none" on that line

LIST GROSS MONTHLY AMOUNTS

Social Security Benefits	\$ _____	Unemployment Benefits	\$ _____
Supplemental Security Benefits	\$ _____	Public Assistance	\$ _____
Pensions	\$ _____	Workman's Compensation	\$ _____
Veterans Benefits	\$ _____	Disability	\$ _____
Annuities	\$ _____	Child Support	\$ _____
Dividends	\$ _____	Alimony	\$ _____

Other Income (tips, commissions etc.). _____

Do you anticipate any changes in this income in the next 12 months? Yes _____ No _____

If Yes, explain: _____

STUDENT STATUS:

of household members K-12 _____, part-time college _____, full-time college _____

Amount of Student Financial Aid received during current taxpayer year: _____

List ALL bank accounts held by household members (checking, savings, IRA's, CD's etc.)

*Please attach a separate sheet with **all additional asset accounts**, if necessary.

1) Bank/Firm Name:	_____	Acct. Type:	_____
Address:	_____	Acct. #	_____
Name(s) on Account	_____	S.S. #	_____
2) Bank/Firm Name:	_____	Acct. Type:	_____
Address:	_____	Acct. #	_____
Name(s) on Account	_____	S.S. #	_____

Stocks/Savings Bonds:	NO. _____	Maturity _____	Value\$ _____
	NO. _____	Maturity _____	Value\$ _____
Life Insurance Policy No. :	_____	Cash Value \$	_____
Company:	_____	Address:	_____

Does Any Applicant Have Equity in a House? Yes ____ No ____ How Many? ____ Market Value? _____

Does Any Applicant Have Equity in Land? Yes ____ No ____ How Many? ____ Market Value? _____

Has any applicant disposed of any assets at less than Fair Market Value? (Example: Given money away to a relative, set up irrevocable trust fund)? Yes ____ No ____ If yes, describe asset: _____

Date Disposed ____/____/____ Amount Disposed \$ _____

Have you ever lived at ANY Housing Management Resources site before? Yes _____ NO _____

If **YES**, please provide dates of residency AND name of site: _____

Does any member have any other asset not listed above (excluding personal property)? Yes _____ No _____

Automobile Information:

Vehicle Make:	_____	Plate #	_____	Year	_____	Color	_____
Vehicle Make:	_____	Plate #	_____	Year	_____	Color	_____

Do you receive Rental Assistance? _____

Have you or any member of your household ever been evicted from any housing? _____

If yes, describe: _____

Have you or your Co-applicant ever been convicted as a sex offender? _____ Yes _____ No

Have you or your Co-applicant ever been Convicted of a Felony? _____ Yes _____ No

If Yes, Explain..... _____

Have you or your Co-applicant ever been Convicted for Illegal Use, Possession, Manufacture, or Distribution of a Controlled Substance? _____ Yes _____ No

Do You or your Co-applicant *currently* use, manufacture, or distribute illegal drugs? _____ Yes _____ No

Are you or anyone in your household an addict or abuser of illegal drugs or alcohol? _____ Yes _____ No

Have you or anyone in your household ever been treated for drug or alcohol abuse? _____ Yes _____ No

Have you or anyone in your household ever been convicted of a sex related crime? _____ Yes _____ No

Have you or anyone in your household ever been subject to a lifetime registration in a State Sex Offender registration program? _____ Yes _____ No

How did you hear about this Housing? **via the HousingWorks.net website**

In case of Emergency, Notify which Relative? _____

Relationship: _____ Phone: _____

Address: _____

When do you wish to move-in? _____

Are you applying for an accessible and/or elderly unit? _____ Yes _____ No

Do any members of your household require a reasonable accommodation to participate in the application process? _____ Yes _____ No

Do you have any pets that will be in the unit? _____ Yes _____ No

Certification Statement:

I/We certify that the information supplied is accurate to the best of my knowledge, that I/We have not willingly supplied false information and give Housing Management Resources, Inc as managing agent, authorization to contact any references and/or agency that I/We have listed on this application. I further understand and agree, that a credit report, sex offender report will be obtained and Landlord references (current and past) will be contacted. Also, I/We will occupy this unit as my/our permanent residence and I/We do/will not maintain a separate subsidized rental unit. I/We fully understand the Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or Agency of the United States.

Applicant's Signature: _____ DATE _____

Spouse Signature: _____ DATE _____

Co-Applicant Signature: _____ DATE _____

Other Adult Signature: _____ DATE _____

Other Adult Signature: _____ DATE _____

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for the unauthorized disclosures or improper use of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning and applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h).





Please list ALL places you have lived in LAST FIVE CONSECUTIVE YEARS
EACH NON-RELATED ADULT HOUSEHOLD MEMBER MUST COMPLETE THIS FORM

Applicant Name: _____

PAST Address: _____

(Please include complete address, CITY, STATE and ZIP CODE)

Length of time: _____

Landlord Name: _____ Landlord Phone: _____

Landlord Address: _____

(Please include complete address, CITY, STATE and ZIP CODE)

Applicant Name: _____

PAST Address: _____

(Please include complete address, CITY, STATE and ZIP CODE)

Length of time: _____

Landlord Name: _____ Landlord Phone: _____

Landlord Address: _____

(Please include complete address, CITY, STATE and ZIP CODE)

Applicant Name: _____

PAST Address: _____

(Please include complete address, CITY, STATE and ZIP CODE)

Length of time: _____

Landlord Name: _____ Landlord Phone: _____

Landlord Address: _____

(Please include complete address, CITY, STATE and ZIP CODE)

Applicant Name: PAST Address: _____

(Please include complete address, CITY, STATE and ZIP CODE)

Length of time: _____

Landlord Name: _____ Landlord Phone: _____

Landlord Address: _____

(Please include complete address, CITY, STATE and ZIP CODE)

APPLICATION FOR ASSISTED HOUSING

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Housing Management Resources, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Housing Management Resources is a management company that provides low rent housing to eligible households, elderly households and single people. Housing Management Resources is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability handicap or familial status. In addition, Housing Management Resources has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change Housing Management Resources can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- If you, or a member of your household, have a disability or handicap and think you might need or want a reasonable accommodation, or qualify for a handicap adjustment to income under the USDA, Rural Development program, or any other adjustment you are eligible for, you may request it at any time in the application process or after admission. This is up to you. If you would prefer not to discuss your situation with the management company, that is your right.
- The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national original, sex, religion, age, disability, marital or familial status. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC, 20250-9410 or call (202) 720-5964 (voice or TDD). Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410.

