

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](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 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 \_\_\_\_\_

## LEO AFFORDABLE HOUSING APPLICATION

Please read carefully and fill out as completely as possible. The information requested below will remain confidential. If you have questions concerning the application, please call LEO Affordable Housing at (781) 581-7220 EXT 231.

### Household Information

Applicant \_\_\_\_\_ Current Address \_\_\_\_\_

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

Telephone (day) \_\_\_\_\_  
(eve) \_\_\_\_\_

Number of bedrooms required \_\_\_\_\_

*List all persons (including applicant) who will occupy the unit and fill in the following information for each.*

NAME	DATE OF BIRTH	SEX	SOCIAL SECURITY #	RELATIONSHIP TO APPLICANT

### Income Information

*Please state gross income before payroll deductions. Information is requested for income verification purposes only and is not intended to disqualify any applicant due to source of income.*

*For Applicant:*

Amount of income \$ \_\_\_\_\_ per \_\_\_\_\_ (wk./mo./yr.)

Source of income (name, address, telephone of employer)

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

Position/Title \_\_\_\_\_ Length of time in position \_\_\_\_\_

*For Other Household Member:*

Amount of income \$ \_\_\_\_\_ per \_\_\_\_\_ (wk./mo./yr.)

Source of income (name, address, telephone of employer)

\_\_\_\_\_

\_\_\_\_\_

Position/Title \_\_\_\_\_ Length of time in position \_\_\_\_\_

Please list below all household income from other sources, such as Social Security, veteran's benefits, pensions, AFDC, SS, Emergency Aid to Elders, Disabled and Children (EAEDQ, alimony, child support, Unemployment Compensation,, bank interest, stocks, or bonds.

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_ per (wk./mo./yr.)

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_ per (wk./mo./yr.)

Source \_\_\_\_\_ Amount \$ \_\_\_\_\_ per (wk./mo./yr.)

**Please list all other income. Use other sheets if necessary.**

**Assets**

**YES**

**NO**

Do you own a house or other property?

YES

NO

Do you own stocks or bonds?

YES

NO

Do you own your own business?

YES

NO

Do you have any bank accounts?

YES

NO

If you answered yes to any of these questions, please describe and state value and income, including interest income.

***Savings and Checking Accounts:***

Bank (name/address) \_\_\_\_\_

Acct. # \_\_\_\_\_ Balance \$ \_\_\_\_\_

Bank (name/address) \_\_\_\_\_

Acct. # \_\_\_\_\_ Balance \$ \_\_\_\_\_

***Property, Stocks, Bonds, Business(es) you own:***

Asset \_\_\_\_\_ Value \$ \_\_\_\_\_ Income \$ \_\_\_\_\_

Asset \_\_\_\_\_ Value \$ \_\_\_\_\_ Income \$ \_\_\_\_\_

## Debts

Please list all loans, charge accounts and credit cards, the balance owed, monthly payment and name, address and phone number of lender or creditor. Please include car and personal loans.

Lender/Creditor	Amount of Loan	Balance Owed	Monthly Payment
-----------------	----------------	--------------	-----------------

---

---

## Housing History

### Current Address

Do you rent or own? \_\_\_\_\_

If you rent, present landlord's name, address, phone #

---

Length of time at current address \_\_\_\_\_

Monthly rent or mortgage \$ \_\_\_\_\_ Does this include utilities? \_\_\_\_\_

If not, what do you currently pay for utilities per month? \_\_\_\_\_

Oil \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Electricity \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Why do you want to relocate? \_\_\_\_\_

### Previous address

Did you rent or own? \_\_\_\_\_

If you rented, former landlord's name, address, phone #

---

Length of time at current address \_\_\_\_\_

Monthly rent or mortgage \$ \_\_\_\_\_ Does this include utilities? \_\_\_\_\_

If not, what do you currently pay for utilities per month? \_\_\_\_\_

Oil \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Electricity \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Why did you relocate? \_\_\_\_\_

## References

Credit (firms or individuals with whom you've had credit)

Name/Address/Phone	Acct. #	Amt. Borrowed
--------------------	---------	---------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Other Information

Your responses to the questions in this section enable the LEO Affordable Housing program to prioritize qualifying applicants.

1. Have you recently been displaced, or will you soon be displaced from your home through no fault of your own? \_\_\_\_\_

If yes, please answer the following:

- \_\_\_\_\_ \* Have you received a notice to quit (eviction notice?)
- \_\_\_\_\_ \* Have you received a court eviction notice (summons and complaint)?
- \_\_\_\_\_ \* Date of eviction notice or displacement ^Reason for displacement (for example, natural disaster such as fire or flood, public action such as urban redevelopment, building condemned, other reason
- \_\_\_\_\_ \* Are you or members of your household currently living in a shelter, your car, or on the street?

2. Are you a battered person (including children) who is currently living in temporary housing or are you being referred by a shelter or other such agency and without permanent housing? \_\_\_\_\_

3. Are you presently living in housing which has lead paint with a child under six years old? \_\_\_\_\_

If yes, has the local board of health cited the lead paint violation? \_\_\_\_\_

Do you have any children under six who have tested positive for lead paint poisoning from your current living situation? \_\_\_\_\_

4. Are you currently doubled up (living with another family?) \_\_\_\_\_

If so, how many people live there? \_\_\_\_\_

How many bedrooms? \_\_\_\_\_

5. LEO plans to develop a Mutual Housing Association hich residents control their apartments and jointly manage ownership of the building. Are you interested and able in becoming involved in the volunteer activities and communities of a cooperative? .

6. Please describe any cooperative, community, neighborhood, or volunteer activities in which you have been involved. Please include names or organizations, contact people, number of years involved, and what tasks or project you are or were involved in. We are mainly interested in this information to determine your qualifications for participating in the Mutual Housing Association resident controlled housing.

---

---

---

---

---

7. Does any member of your household qualify as a person with a disability which necessitates special housing facilities? \_\_\_\_\_ If yes, please explain.

---

8. Do you or any members of your household have a criminal record? \_\_\_\_\_ If yes, please explain.

---

9. Do you currently have a Section 8 Certificate or MRVP Voucher? \_\_\_\_\_

10. Ethnic origin (Response to this question is optional.) \_\_\_\_\_ Asian \_\_\_\_\_ Black  
\_\_\_\_\_ Hispanic \_\_\_\_\_ Native American \_\_\_\_\_ White \_\_\_\_\_ Other

11. How did you find out about LEO Affordable Housing?

---

I DECLARE THAT THE ABOVE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND ANY FALSE STATEMENT MADE IS SUFFICIENT CAUSE FOR REJECTION OF MY APPLICATION AND/OR TERMINATION OF MY TENANCY. I HEREBY AUTHORIZE LEO AFFORDABLE HOUSING AGENTS AND DESIGNEES TO QUESTION INDIVIDUALS AND AGENCIES IN ORDER TO OBTAIN INFORMATION-RELEVANT TO THIS APPLICATION FOR HOUSING. BY SIGNING THIS APPLICATION, YOU GIVE US PERMISSION TO REQUEST REPORTS FROM CREDIT REPORTING AGENCIES, CREDIT REFERENCES AND OTHER SOURCES DISCLOSED IN THIS APPLICATION.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Lynn Economic Opportunity, Inc.**

LEO Affordable Housing Program

113 Munroe Street Lynn, Massachusetts 01901

PHONE (781) 581-7220

FAX (781) 581-5320

Dear Applicant:

Enclosed please find an application for Lynn Economic Opportunity, Inc.'s Affordable Housing Program you requested.

Lynn Economic Opportunity, Inc. (LEO) owns and operates affordable apartment units in Lynn. **Tenants pay for all heat and utilities.** All apartments have been rehabilitated. Children are very welcome. **Pets are not allowed. LEO'S Affordable Housing Program is not a Rent Subsidy Program.**

Applicants must be income eligible to be considered for tenancies.

Please read the application carefully and fill out as completely as possible (incomplete applications will not be considered).

**To expedite your application, please attach copies of your household's monthly income\_or 4 weeks pay stubs.**

If you have any questions, please call LEO Affordable Housing Program at (781) 581-7220 Ext. 231  
Return your application to the above address to my attention. Yours truly,

Frances A Taggart

Housing Liaison

encl./ LAHP Application



## Housing History, Page 1

**Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns):** To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

### CURRENT RESIDENCE

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to: \_\_\_\_\_ or present

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### PRIOR RESIDENCE

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

## Housing History, Page 2

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

## Housing History, Page 3

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

### RESIDENCE BEFORE THAT

### DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
Street and Apt# City State Zip

Landlord's Name and Address \_\_\_\_\_

Landlord Tel: \_\_\_\_\_

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A