

- Don't staple the pages of the application together!
1. Providers need to easily access their own application first page.
 2. Removing staples from 1000 applications a week adds too much work.
 3. Some providers *scan* the application, and can't do this if you staple.
 4. If you include a letter, don't staple that either!

Use #10 double-window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

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

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

- ☐ This particular waitlist is closed: The only open waitlists we have at present are:
-
- ☐ This is not the correct application. The correct application is available by/from:
-
- ☐ Any other info you wish to tell HousingWorks?
-

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8516



<input type="radio"/>	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
<input type="radio"/>	
<input type="radio"/>	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER		GENDER	HoH's DATE OF BIRTH
<input type="radio"/>		<input type="radio"/>	<input type="radio"/>

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
<input type="radio"/>	<input type="radio"/>

<input type="radio"/>	YOUR MOTHER'S MAIDEN NAME
-----------------------	---------------------------

YOUR HOME TELEPHONE	SECOND TELEPHONE
<input type="radio"/>	
YOUR EMAIL ADDRESS	
<input type="radio"/>	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
<input type="radio"/>
<input type="radio"/>

SECOND CONTACT ADDRESS
This is:
<input type="radio"/>
<input type="radio"/>

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
# Adults		
# Children		
Total #		.00

INCOME SOURCES
<input type="radio"/>

MOBILE RENTAL ASSISTANCE, if any
<input type="radio"/>

REQUESTED ACCOMMODATIONS
<input type="radio"/>

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
<input type="radio"/>

PRE-APPLICATION

COPLEY GARDENS, ROCKLAND, MA

RETURN TO: South Shore Housing (781) 422-4200
169 Summer Street (800) 242-0957
Kingston, MA 02364 TDD: (781) 422-4200

FOR OFFICE USE ONLY

Income Category _____

Bedroom Size _____

Waiting List # _____

PLEASE PRINT If you need assistance in filling out this form, please make a request and assistance will be provided.

APPLICANT NAME _____

PRESENT ADDRESS _____

MAILING ADDRESS (if different) _____

TELEPHONE # _____SOCIAL SECURITY # _____

1. List all persons expected to reside in your household. Include their relationships, age, sex, date of birth, income and source of income.

NAME	RELATIONSHIP	AGE	SEX	DATE OF BIRTH	GROSS WEEKLY INCOME	SOURCE OF INCOME
	SELF					

2. ASSETS
Value of all Bank Accounts and CD's: _____
Do you or any household member own or have any interest in any real estate, life insurance, IRA's, bonds, or other form of capital? No/YesIf yes, please list the value. _____

3. Does the family require a wheelchair accessible unit? No/Yes

4. Do you currently hold a certificate for rental assistance? No/Yes
If yes: Are you currently under lease? No/Yes If not, when does your certificate expire? _____
What housing agency issued your certificate? _____

APPLICANT'S SIGNATURE _____ DATE_____

WARNING: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or willful misrepresentation to any Department or Agency of the U. S. as to any matter within its jurisdiction.

Please indicate your race and ethnicity. Circle the appropriate category.

1. White3. American Indian/Native Alaskan1. Hispanic
2. Black4. Asian/Pacific Islander2. Non-Hispanic

"The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname."