

Applicant: Write your full name and address,
including your apartment # and zipcode.

Mail this application to the address you
see at left.

Fold here

Dear

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

App Generated:



ATTN: WAITLIST ADMINISTRATOR



**Is this wait list closed? Anything else you want to tell the 900
Housing Advocates and the nearly 250,000 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: Our only open waitlists at present 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 advise applicants to use our free search to locate OTHER HOUSING OPTIONS,
you eliminate hundreds of phone calls and reduce frivolous applications.*

www.housingworks.net



DO NOT LEAVE A SINGLE 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:

☐ Fully Accessible Wheelchair Unit

☐ Blind Accessible Unit

☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)

☐ Deaf Accessible 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
- ☐ 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 MAILING ADDRESS)
- ☐ PREFERRED 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 _____



GLOUCESTER HOUSING AUTHORITY
P.O. BOX 1599
GLOUCESTER, MA 01931-1599

OFFICE USE ONLY

Application #: _____

Date received: _____

Time: _____

Race: AI A B H W O BR Size: _____

**APPLICATION FOR REHAB UNIT
MASS. RENTAL VOUCHER PROGRAM
(M.R.V.P.)**

Be advised that as per current regulations, the Gloucester Housing Authority (GHA) will request a C.O.R.I. from the Criminal History Board for you and all adult household members. This process usually takes about 2-6 weeks to complete. Keep in mind that it is your responsibility to periodically contact this office at (978) 281-4770, extension #118, to see if your C.O.R.I. has been received.

1. Name of Applicant _____

Mother’s Maiden Name: _____

Current Address _____

City/Town _____ Zip Code _____

Home Telephone _____ Work Telephone _____

2. Members of household to live in Unit, including Head.

First name, middle initial, and last name of everyone to live in the household	Relation to Head	Sex	Date of Birth	Social Security #	Occupation or Grade in School
1	HEAD				
2					
3					
4					
5					
6					
7					
8					

3. **INCOME:** Estimate the income received by each household member, including the type (wages, AFDC, SSI, etc; the amount, and how often received (weekly, monthly, etc.)

Household Member	Income Type	Income Amount/Frequency Received
1		
2		
3		

4. **ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. DO NOT include clothing, furniture or cars.

Household Member	Type/Description of Assets	Current Amount / Value of Applicant’s Equity
1		
2		

5. This information is used for statistical purposes only and your response is option. Are you: (Circle one):

☐ American-Indian ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Other _____

6. Number of bedrooms needed: (circle one) SRO 1 2 3 4

7. Do you currently rent in Gloucester? (circle one) ☐ YES ☐ NO If yes, Rent Amount \$ _____

8. Are you currently employed in Gloucester? (check one) ☐ YES ☐ NO

If yes, name of Employer: _____

9. Have you, or any member or your household, ever received housing assistance from this or any other housing agency? This includes Rental Assistance Programs. (check one) ☐ YES ☐ NO

If yes: Name of Head of Household at that time: _____

Name of Housing Agency: _____

Relation to Present Applicant: _____ Date Moved Out: _____

Reason Moved Out: _____

Did you leave as a tenant in good standing? (check one) ☐ YES ☐ NO

If NO, please explain: _____

10. Criminal Record: Have you, or any member of your household been convicted of any crime? (check one) ☐ YES ☐ NO

Pursuant to 803 CMR 5.00, the GHA will request and use Criminal Offender Records Information from the Criminal History Systems Board to assist it in evaluating the eligibility of a tenant or authorized occupant for Section 8/MRVP programs.

11. Emergency Reference: Name of a relative or friend not planning to live with you. We will contact this person if we are not able to reach you or in case of an emergency.

Name: _____ Relationship: _____

Street: _____ City: _____

State: _____ Zip Code: _____ Telephone: _____

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that I will have to fill out a standard application and provide proof of all facts before a final decision on my eligibility can be made by the Gloucester Housing Authority. Based on this application, I understand that I should not make any plans to move.

I understand that it is **MY RESPONSIBILITY** to inform the GHA in writing of any change of address, income, or household size, or other change in my circumstances as I have described them in this application. I authorize the GHA to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that I must respond promptly to all Housing Authority inquiries, updates, or requests for information; or my application maybe canceled resulting in my name being **REMOVED** from the waiting list. I understand that any false statement or misrepresentation may result in the cancellation of my application.

I certify that the information provided in this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are criminal offenses punishable under state -and federal laws. I also understand that false statements or information are grounds for rejection of this application or termination of tenancy. **Warning! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful statements of misrepresentation to any Department or Agency of the U.S. as to any matter within its jurisdiction.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

_____ Applicant's Signature	_____ Date
_____ Other Adult Household Member Signature	_____ Date
_____ Interviewer/Reviewer's Signature	_____ Date

Gloucester Housing Authority

Post Office Box 1599
Gloucester, MA 01931
978-283-1234

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

I, the above named individual, have authorized the Gloucester Housing Authority to verify the accuracy of the information that I have provided to the Housing Authority from the following sources (specify):

Any individual or organization, including any government organization may be asked to release information. For example, information may be released from:

BANKS AND OTHER FINANCIAL INSTITUTIONS
COURTS
LAW ENFORCEMENT AGENCIES
CREDIT BUREAUS
EMPLOYERS, PAST AND PRESENT
LANDLORDS
PROVIDERS OF:
ALIMONY
CHILD CARE

CREDIT
HANDICAPPED ASSISTANCE
MEDICAL CARE
PENSIONS/ANNUITIES
SCHOOLS AND COLLEGES
U.S SOCIAL SECURITY
UTILITY COMPANIES
WELFARE AGENCIES

I hereby give you my permission to release this information to the Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your cooperation in this matter.

Date signed: _____

(Signature)

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE
DATE NOTED ABOVE.**

Gloucester Housing Authority

259 Washington Street
Post Office Box 1599
Gloucester, Massachusetts 01931-1599
TEL 978-283-1234
FAX 978-281-6945

Applicant's Name

Control Number

Applicant's Address

APPLICANT'S RECEIPT

DO NOT LOSE THIS RECEIPT. THIS IS YOUR RECORD OF YOUR STATE-AIDED HOUSING APPLICATION. IT IS A RECEIPT FOR THE APPLICATION(S) CIRCLED BELOW.

Preliminary Application

Emergency Application

Standard Application

Transfer Application

I understand that my application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list, and, if I reapply, my application will not receive any priority or preference status for three years.

Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from the Housing Authority. **I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition.** I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the cancellation of my application. I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board for all adult members of the household.

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult members of the household. To ensure your privacy, the Housing Authority's waiting lists are kept by control number rather than by name. If you have questions about your application, or want to notify the Housing Authority of a change, please use the control number listed in the upper right hand corner of this receipt.

Applicant's Signature _____

Date _____

Reviewer's Signature _____

Date _____

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Housing Authority collects information about applicants and tenants for its housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of information submitted. When permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators or prosecutors. Otherwise, the information will be kept confidential and used only by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by a housing authority to provide information, however, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regard to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how it will collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the housing authority holds about you. If you object, it will investigate your objection, and either correct the problem or make your objection part of the file. If you are dissatisfied, you may file a grievance under the housing authority's grievance procedure.

I have read and understood this Fair Information Practices Act Statement of Rights and have received a copy for future reference.

Date: _____

Applicant's signature