

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

Mail this application to the address you
see at left.

Dear

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

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 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: At present, our only open waitlists 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 direct applicants to try our free search to locate OTHER HOUSING OPTIONS,
you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

www.HousingWorks.net



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

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ 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

- ☐ BEST 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

OFFICE USE ONLY

Gloucester Housing Authority
P.O. Box 1599, Gloucester, Ma. 01931-1599
(978) 281-4770, ext. 118

Date of Receipt: _____ Time: _____
 Control #: _____ BR Size: _____
 Race: AI A B H O W Local Res. Pref: _____
 Priority: _____ Verf./Doc. Received: _____

POND VIEW – PRELIMINARY SECTION 8 PROJECT BASED APPLICATION
(PLEASE PRINT)

1. Applicant Name: _____
 Home Address: _____
 City/Town: _____ State: _____ Zip Code: _____
 Mailing Address: _____ Apt. #: _____
 City/Town: _____ State: _____ Zip Code: _____
 Home Telephone: _____ Work Telephone: _____

2. Bedroom Size: 2BR ☐ 3BR ☐ 4BR ☐ 2BR Barrier-free* ☐

***Applicants for 2BR barrier-free must submit certification from MassRehab that they are eligible for the Community based Housing Program.**

3. Racial Designation: check one (Not mandatory. For HUD statistical purposes only)
☐ American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Other _____

4. Members of household to live in Unit, including Head of Household:

Name (First, Middle Initial & Last)	Relation-ship	Social Security Number	Sex	Date of Birth	Gross Income Per Month (before deductions)	Source of Income (Wages, Soc. Sec., SSI, TAFDC, etc.)

Total Household Income: \$ _____

5. **PREFERENCES:** (check all that apply)
- ☐ Local Resident (living or working in Gloucester)
 - ☐ Displaced by Natural Disaster (flood, earthquake, etc.)
 - ☐ Displaced by Public Action (urban renewal, Board of Health, GHA, etc.)
 - ☐ Victim of Domestic Violence (must have occurred within last 60 days)

Applicant's Certification: I understand that this form is not an offer of housing. Based on this form I should not make any plans to move or to end my present tenancy. I understand that it is **my responsibility** to inform the Housing Authority in writing of any change of address, income or household composition or my application will be canceled. I certify that the information that I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in rejection of my application. **Signed under the pains and penalties of perjury.**

Applicant's signature: _____ Date: _____

Spouse/Other Adult signature: _____ Date: _____