

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

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

Application #: _____
Date Received: _____
Time: _____
Race: A I A B H O W BR Size: _____

**APPLICATION FOR SINGLE ROOM
OCCUPANCY (SRO) REHAB UNIT - 95 Prospect St.**

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 (978) 281-4770, extension #102, to see if your CORI has been received.

1. Name of Applicant: _____
Maiden Name: _____
Current Address: _____
City/Town/ State: _____ Zip Code: _____
Home Telephone: _____ Work Telephone: _____

2a. **Have you been continually homeless for a year or more, or have you had at least 4 episodes of homelessness in the past 3 years?** [] YES [] NO

2b. Member of Household to live in unit:

First, middle initial & last Name of everyone to live in The household	Relation To Head	Sex	Date of Birth	Social Security #	Maiden Name
1.	HEAD				

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

Household Member	Income Type	Income Amount/Frequency Rec'd

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 Equity

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

American Indian Asian Black Hispanic White Other (specify): _____

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

7. Are you a Full Time Student? (Circle one) YES NO If yes, where? _____

8. Are you currently a homeless individual? YES NO If yes, you must provide third-party professional verification of homelessness)

9. Are you currently employed in Gloucester? (Circle one) YES NO

If yes, name of Employer: _____

10. Have you or any member of your household, ever received housing assistance from this or any housing agency or group? This includes Rental Assistance programs. (Circle one) YES NO

If yes, Name of Housing Authority: _____

Name of Head of Household at that time: _____

Relation to present applicant: _____ Date Moved Out: _____

Reason: _____

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

If NO, explain: _____

11. Criminal Record: Have you, or any member of your household been convicted of any crime? (Circle one) YES NO If YES, please explain:

Pursuant to Federal Regulations, 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 Programs.

12. Have you ever lived in another State? (Circle one) YES NO
If YES, address (including state and Zip Code) of where you previously lived:

Address City/Town State Zip Code

When did you reside here? From 19_____ to _____.

13. 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 GHA. 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 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 may be cancelled 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.

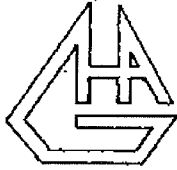
I certify that the information I provided in this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are criminal offenses punishable under state and federal laws. I also understand that false statements or information are grounds for rejection of this application or termination of tenancy. **Warning! Section 1 of Title 18 of the U.S. Code makes it a criminal offense to make willful statements of misrepresentation of any Department Agency of the U.S. as to any matter within its jurisdiction. SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY**

Applicant's Signature

Date

Interviewer/Reviewer's Signature

Date



Gloucester Housing Authority, P.O. Box 1599, Gloucester, Ma. 01931-1599

YOU MUST BE HOMELESS TO QUALIFY FOR THIS PROGRAM.

**APPLICATIONS WITHOUT THE ATTACHED PROOF OF
HOMELESSNESS WILL BE DEEMED IN-COMPLETE AND IN-ELIGIBLE.**

As an applicant for one of the McKinney Funded Single Room Occupancy (YMCA, 95 Prospect St.) program you must provide documentation/proof of homelessness in order to be determined preliminarily eligible.

A homeless person is someone who is living:

- In emergency shelter

- In places not meant for human habitation (i.e. streets, car, parks)

- In transitional or supportive housing who originally came from the streets or shelter.

If Homeless in a Shelter provide:

Letter from Shelter staff on letterhead.

If Homeless from the street provide:

Third party documentation/letter from:

Outreach worker, Food Pantry/soup kitchen staff, Health Care for the Homeless, Religious representatives. If cannot verify thru these, written statement certifying homelessness.

If Homeless from transitional housing provide:

Letter from transitional housing staff and proof of homelessness prior to entering transitional housing from Outreach worker, Food Pantry/soup kitchen staff, Health Care for the Homeless, Religious representatives or written statement from self.