

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:



← **APPLICANTS: MAIL TO THIS ADDRESS.
DO NOT FAX THIS APPLICATION!**

Dear

Fold on this line —

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

Date Generated:

FOR WAITLIST ADMINISTRATORS ONLY

LANDLORD: Are any of your waitlists CLOSED or NEWLY OPEN?

If so, tear off this top page. Fill out below and fax this one page to us at 617-536-8561.

(Alternately, email it to support@housingworks.net)

The changed status of your waitlists will reach thousands of housing advocates and applicants.

You also boost your Fair Housing and ADA compliance exponentially because our site works for applicants with disabilities and limited English proficiency.

☐ 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:



Name of Property MILL POND APARTMENTS

Today's Date: _____ Time: _____ AM PM

A. HOUSEHOLD HEAD(S)

Last First Middle Social Security #
1. Name _____ Name _____ Initial _____

Last First Middle Social Security #
2. Name _____ Name _____ Initial _____

Present Address _____ City _____, State _____

Zip Code _____ Home Phone _____ Work Phone _____

Email address (if available): _____

Providing your email should facilitate the process of completing your application as you will be notified of missing documentation faster than if we can only send notifications via postal mail. If you do not provide your email address or do not have an email address, we will contact you via postal mail.

Ethnic Origin (optional) circle one: White Black Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native Hispanic or Latino Asian Other

B. HOUSEHOLD COMPOSITION: Begin with Household Head(s) followed by other family members who will occupy the apartment.

	Name (First, Last)	Relationship to Head #1	Sex	Date of Birth (Mo-Day-Year)	Occupation If student, give grade
1.					
2.					
3.					
4.					

I certify that at least one member of the household listed above is 62 years old or older please check one:
☐ Yes ☐ No

Do you have a Social Security Number? ☐ Yes ☐ No

- **If No: Were you age 62 or older as of January 31, 2010, and was receiving HUD rental assistance at another location on January 31, 2010?** ☐ Yes ☐ No

C. PRESENT/PREVIOUS HOUSING:

No. of Bedrooms _____ No. of Occupants _____ Rent \$ _____

Is Present Housing Subsidized? _____ If Yes, your share of Rent \$ _____

Name of Present Landlord _____

Address of Landlord _____ Town _____

Length of Time at Present Address: _____

Previous Address _____ Town _____

Name of Previous Landlord: _____

Address of Previous Landlord: _____

Length of Tenancy _____

Have you or any adult household member lived in a State other than Massachusetts? (circle one) Yes No

If "Yes" please provide the following information including address and state resided: _____

D. NAME OF EMPLOYER _____ Tel. No. of Employer _____

Address of Employer: _____

Gross Wages \$ _____ Length of Employment _____

If Other Household Member is Employed, Please Fill Out the Following:

Name of Family Member _____

Name of Employer _____ Tel. No. of Employer _____

MILL POND APARTMENTS does not discriminate in its housing practices. In compliance with HUD's Final Rule – Equal Access to Housing in HUD programs Regardless of Sexual Orientation or Gender Identity it is our policy to ensure that this housing is open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender identity, or marital status, and without regard to race, religion, color, handicap, sex, familial status, national origin, and age.

E. Amount of Other Sources of Income: (Please indicate gross amount **BEFORE** taxes or other deductions.)

Social Security \$ _____ Veteran's Benefit \$ _____

Pension \$ _____ Name of Pension Fund _____

S.S.I. \$ _____ Alimony \$ _____

A.F.D.C. \$ _____ Unemployment \$ _____

Child Support \$ _____ Other Income \$ _____

F. Asset Information Name of Bank Amount

Savings & Checking (attach additional pages if necessary)

Accounts: _____

Savings Certificates _____

Stocks /Bonds _____

Whole Life Insurance Policy: Cash Value \$ _____ Name of Ins. Company _____

Property Owned: Address: _____ Value: \$ _____

Assets Disposed of Within Last 2 Years for Less than Market Value: Please Explain: _____

Please read carefully and answer the following questions:

Yes No

Are you or any member of your household enrolled as a full or part time student at an institution of higher education? _____

Are you or any member of your household subject to a state sex offender lifetime registration program in any state(s)? If yes, please list all the states? _____

Have you or any member of your household been charged with a misdemeanor in the last 10 years? _____

Have you or any member of your household been convicted of a felony? _____

Do you or any member of your household use or are involved in the sale of illegal drugs? _____

Have you or any member of your household been denied housing because of a drug offense? _____

Have you or any member of your household ever been evicted from federally-assisted housing? _____

Do you own a Pet? Yes () No () If yes, Kind of Pet: _____

Age of Pet: _____ Weight: _____



Does any member of your household have a disability that requires special housing facilities? If "yes", please fill out the attached "Special Housing Needs" form. _____

In case of Emergency, whom should we call?

Name _____ Relationship _____

Address: _____ Telephone: _____

Please note that this is a **PRELIMINARY APPLICATION**. Additional information may be requested later to complete the processing of this application. Signed release forms will be required so that information may be obtained from sources such as but not limited to the Social Security Administration, Dept. of Social Welfare, Health Care Providers, Credit and Criminal Reporting Agencies. Because this development is financed by the Department of Housing and Urban Development, it is a **CRIMINAL OFFENSE** to make a **WILLFULLY FALSE STATEMENT OR MISREPRESENTATION** on this rental application. I/We certify that the information provided is accurate and complete, to the best of my knowledge.

I/We hereby certify that I/we have received a notice from the management agent regarding the right to reasonable accommodation for persons with disabilities.

I certify that the information provided is accurate and complete, to the best of my knowledge.

Applicant's Signature(s) _____ Date: _____

_____ Date: _____

How did you find out about this affordable housing opportunity?

(Please be as specific as possible, if found "online" please provide web address, newspaper) _____.

