

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

THIS SECTION FOR APPLICANT:

Use Adobe Acrobat Reader and print to
- "Custom Scale 100%"
Then, both addresses will appear in the
windows of a #10 double window envelope.

Mail this application to the address at left.
Do not fax!

Date You Downloaded the Application: Fold on this line

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

THIS SECTION FOR WAITLIST ADMINISTRATORS ONLY:

Landlord: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ 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 _____

Please write exactly like this: J a n e

Did you know? You can update us using your CELLPHONE instead! <https://form.jotform.com/waitlistupdate/hws-wl-update-form>

HEAD OF HOUSEHOLD’S (HoH) FIRST NAME in the row below:

HEAD OF HOUSEHOLD’S (HoH) COMPLETE MIDDLE NAME in the row below:

HEAD OF HOUSEHOLD’S (HoH) LAST NAME (EX: BAEZ GONZALEZ) SUFFIX

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN? Yes No

We will reject all forms with a partial SSN or ITIwN

DATE OF BIRTH GENDER

M M - D D - Y Y Y Y F M T-MTF T-FTM

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

Hispanic non-Hispanic

REQUESTED ACCOMMODATIONS: Do you need any of these: I don’t need any of the accommodations listed below

Fully Accessible Wheelchair Unit Bathroom modifications Vision Impaired Unit Need an Interpreter: _____

No-Steps unit (elevator to any floor) Hearing Impaired Unit Domestic Violence Victim

First-Floor unit only Unit designed for Environmental Allergies Live-In Aide or PCA

HEAD OF HOUSEHOLD’S CAREER STAGE: Employed Unemployed Retired FT Student PT Student

ANY VETERANS IN YOUR HOUSEHOLD: Yes No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

I do not have mobile rental assistance Mobile Section 8 voucher MRVP AHVP VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household: Any Felony/Conviction? Yes No → Any Misdemeanor Conviction? Yes No

Other HH 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 Breed, Size, Weight, Color:

HOUSEHOLD SIZE AND COMPOSITION: ANNUAL INCOME DOCUMENTED DISABILITY?

Adults # Children Total # in Household \$ Yes No

CURRENT HOUSING STATUS: Homeless Housing Loss 14 days Fleeing Dom Viol At risk of homelessness Stably Housed

HAVE YOU BEEN DISPLACED: No by Accessibility/health issues by Addiction behaviors by Cost of living by Pandemic by fire/flood/earthquake

by Domestic Violence or Sexual Assault by Urban development, eminent domain by Condemnation of home, code violations by Threat to life or safety

PREFERRED TELEPHONE NUMBER: SECOND TELEPHONE PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

City State: zip: Email Mail Cellphone

EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #): where I currently live a shelter a P.O. Box a "care of" address a co-applicant’s address

Street and Apt # or PO Box: Apt # or c/o Name:

CITY, STATE, AND ZIP CODE:

City State: zip:



BACKUP ADDRESS same as above a shelter a P.O. Box a "care of" address a co-applicant’s address

Street and Apt # or PO Box: Apt # or c/o Name:

CITY, STATE, AND ZIP CODE:

City State: zip:

BEDROOMS NEEDED→ ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?



Disability Elder Local Resident Local Employee Local Student Homeless Veteran

Rent-burdened 40% Rent-burdened 50% Fleeing domestic violence HUD VAWA Certificate

Victim of Hate Crime Community Based Housing

Displaced by: Urban Renewal Sanitation Code Natural Forces Other: _____

PRE-APPLICATION

CRANBERRY MANOR APTS., W. WAREHAM, MA (ALL TWO
BEDROOM UNITS)

RETURN TO: South Shore Housing (781) 422-4200
169 Summer Street 1-800-242-0957
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

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/Yes If yes, please list the value.

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

4. Have you and your family been displaced during the last year? No/Yes
If yes, please describe.

5. 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. White
2. Black
3. American Indian/Native Alaskan
4. Asian/Pacific Islander
1. Hispanic
2. 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."