

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

**THIS SECTION FOR APPLICANT:**

Date Generated:

← Mail this form to the address at left.

**Dear**

Fold on this line —

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

**THIS SECTION FOR WAITLIST ADMINISTRATOR:**

**IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!**

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

[support@housingworks.net](mailto: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 \_\_\_\_\_

**Date Time Received.** Application will be stamped to show when it was received:

**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!*  GENDER  
Male, Female, etc.

- HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER  HEAD OF HOUSEHOLD'S DATE OF BIRTH
- ETHNICITY: Hispanic/Latino  Non-Hispanic/Non-Latino  RACE: Asian , Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- 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)

Address Line 1 Apt # or "care of" name:  
 City State Zip

- PREFERRED MAILING ADDRESS

Address Line 1 Apt # or "care of" name:  
 City State Zip

- # BEDROOMS NEEDED?  SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
  - Disability
  - Elder
  - Local Resident
  - Local Employee
  - Local Student
  - Homeless Vet.
  - Fleeing Dom. Viol.
  - Rent-burdened 40%
  - Rent-burdened 50%
  - HUD VAWA Certification
  - Victim of Hate Crime.
  - Displaced by:  Urban Renewal  Sanitary Code  Natural Forces  Other: \_\_\_\_\_

Channing Terrace Apartments  
 26 Channing Street  
 Worcester, MA 01605  
 T 508.757.9239 \* F 508.757.3665

The waitlist at Channing Terrace Apartments for 1, 2 & 3 bedroom low – income, subsidized apartments was open for one day only on December 12, 2017 and remains closed at this time.

**We are currently accepting applications from families and individuals who have a Section 8 Housing Choice Voucher or meet the following income guidelines for 1, 2 & 3 Bedroom Apartments:**

<b>1 Bedroom Rent</b>	<b>\$</b>	<b>825-922</b>
<b>Minimum Income Required</b>	<b>\$</b>	<b>26,053</b>
# of people in household		Maximum Income
1	\$	30,000
2	\$	34,300
3	\$	38,600

<b>2 Bedroom Rent</b>	<b>\$</b>	<b>990-1,166</b>
<b>Minimum Income Required</b>	<b>\$</b>	<b>31,263</b>
# of people in household		Maximum Income
2	\$	34,300
3	\$	38,600
4	\$	42,850

<b>3 Bedroom Rent</b>	<b>\$</b>	<b>1,143-1,458</b>
<b>Minimum Income Required</b>	<b>\$</b>	<b>36,095</b>
# of people in household		Maximum Income
3	\$	38,600
4	\$	42,850
5	\$	46,300
6	\$	49,750

**\*\*We cannot accept applications from 1, 2 & 3-bedroom applicants whose income is below the Minimum Income Required to Apply or do not have a Section 8 Housing Choice Voucher issued by a Housing Authority or other non-profit Agency. \*\***

**\*\*Applications received from 1, 2 & 3-bedroom applicants who do not meet minimum income or not holding a Section 8 Housing Choice Voucher will be returned to the applicant. \*\***

**If you have any questions about apartments at Channing Terrace Apartments, please call our Management Office at 508-757-9239 or MA Relay 711**





# WESTON ASSOCIATES

## Rental Application

Date of Application \_\_\_\_\_

<b>Applicant</b>
Applicant Name _____
Applicant Address _____ _____
Applicant Social Security # _____
Applicant Date of Birth _____
Applicant Telephone # _____

<b>Co-Applicant</b>
Co-Applicant Name _____
Co-Applicant Address _____ _____
Co-Applicant Social Security # _____
Co-Applicant Date of Birth _____
Co-Applicant Telephone # _____

<b>Applicant Current Landlord Information</b>
Current Address _____ _____
Length of Time at Current Address _____
Current Landlord, _____
Current Landlord Address _____ _____
Current Landlord Telephone _____

<b>Prior Landlord Information</b>
Prior Address _____ _____
Length of Time at Prior Address _____
Prior Landlord _____
Prior Landlord Address _____ _____
Prior Landlord Telephone _____

If the Co-Applicant has different current and prior landlord information to the Applicant, please specify

\_\_\_\_\_

<b>Employment</b>		
List all Full & Part-Time employment for all household members		
Household Member	Name/Address of Employer	Gross Earnings
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

<b>Sources of Other Income</b>		
List all other sources of income for all household members		
Household Member	Name/Address of Employer	Gross Earnings
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

<b>Assets</b>		
List all assets including but not limited to: Cash, Checking and Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate Holdings, Cash Value of Life Insurance Policies, etc.		
Household Member	Type of Assets	Institutions
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Preferences</b>		
Do you qualify for the following MassHousing Preferences?		
a) 1 <sup>st</sup> Priority: Homelessness due to Displacement by Natural Forces	Yes _____	No _____
b) 2 <sup>nd</sup> Priority: Homelessness due to Displacement by Public Action (Urban Renewal)	Yes _____	No _____
c) 3 <sup>rd</sup> Priority: Homelessness due to Displacement by Public Action (Sanitary Code Violations)	Yes _____	No _____
d) 4 <sup>th</sup> Priority: Involuntary Displacement by Domestic Violence	Yes _____	No _____
<i>Before being granted a preference, you will be given the opportunity to show that you qualify for these preferences.</i>		

<b>Emergency Contact</b>	
Name _____	Relationship _____
Address _____ _____	Telephone _____

