

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

Mail this application to the address you
see at left.

App Generated:

Dear

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

Fold here

 **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 _____



IPSWICH HOUSING AUTHORITY

One Agawam Village
Ipswich, MA 01938

DO NOT WRITE IN BOX

OFFICE USE ONLY

Date of receipt: _____
Time of Receipt: _____
Control Number: _____
Bedrooms: 0 1 2 3 4 5 _____
Race: AI A B H O W
Priority Cat: _____
Preference: _____
Language: _____

STANDARD APPLICATION FOR STATE-AIDED / FEDERAL AIDED HOUSING

1. Name of Applicant _____
Current Address _____ Apt. No. _____
City/Town _____ Zip Code _____
Home Telephone _____ Work Telephone _____
2. **Type of Public Housing Needed:** (Check One)
a. Family Rental Assistance Conventional Both
b. Elderly/ Handicapped Rental Assistance Conventional Both
3. **Veteran's Preference** (Only for Family Housing) You may apply for Veteran's Preference if you are a wartime Veteran, the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of a wartime Veteran. A copy of the Veteran's discharge or separation papers must be submitted with this application.
Dates of U.S. Military service: Month _____, _____ to Month _____, _____
A copy of the Veteran's discharge or separation papers must be submitted with this application.
4. Special needs: Specify _____
5. Are you applying for Emergency Housing? (check one) ☐ Yes ☐ No
If "Yes" then you **MUST** fill out an **Emergency Application**.
6. **Racial Designation:** (Responding to this question is optional.) Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority Category.
(check one) ☐ American-Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Other ☐ White
7. **Number of Bedrooms:** (check one) 0 1 2 3 4 5 6 7
8. Members of household to live in Unit, including Head:

First name, middle initial, and last name of everyone to live in the household	Relation to Head	Sex	Date of Birth	Occupation or Grade in School	Social Security Number
1	HEAD				
2					
3					
4					
5					
6					
7					
8					
9					

9. Is a change in the household composition expected? (check one) ☐ Yes ☐ No
If yes, what type of change? _____ When? _____

10. **INCOME BEFORE DEDUCTIONS**

Estimate the Gross Income anticipated for ALL Household Members from all sources for the next 12 months. Specify all sources.

Household Member Name	Income Type	Name and Address of Employer or Source of Income	Gross Income For Next 12 Months
	Salaries, Wages, Including Overtime/Tips		
	Salaries, Wages, Including Overtime/Tips		
	V.A Disability		
	Net Income From Business or Profession		
	Trust Income, Interest & Dividends		
	Pensions and Annuities		
	Regular Unemployment or Disability Compensation		
	Regular Social Security Benefits and/or SSI		
	T. A. F. D. C. or Public Assistance		
	Regular Alimony, Support Payments, Gifts		
	Other Income		
TOTAL GROSS INCOME			

11. **EXPENSES**

Extraordinary Expenses required by Employer	
Expense for Care of Children or Sick/Incapacitated Person, if Necessary for Employment	
Unreimbursed Medical Expenses	
Alimony or Child Support Payments	
State Use Only Health Insurance	
Other	
TOTAL EXPENSES	

12. **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	Description of Assets	Value of Applicant's Equity

13. Does anyone in your household own a car? (check one) ☐ Yes ☐ No
- Make of Car _____ Year _____ Reg. Number _____
- Make of Car _____ Year _____ Reg. Number _____
- Make of Car _____ Year _____ Reg. Number _____

14. References: List two references. These should not be relatives or household members.
- (1) Name _____ Telephone # _____
- Address: _____ City: _____ State: _____ Zip: _____
- (2) Name _____ Telephone # _____
- Address: _____ City: _____ State: _____ Zip: _____

15. **List Addresses for the Last Five Years in Reverse Order:**

- (1) Address: _____ Apt. No. _____ to present
- City/Town: _____ State: _____ Zip: _____
- Name of Landlord: _____ Telephone: _____
- (2) Address: _____ Apt. No. _____ Years _____
- City/Town: _____ State: _____ Zip: _____
- Name of Landlord: _____ Telephone: _____
- (3) Address: _____ Apt. No. _____ Years _____
- City/Town: _____ State: _____ Zip: _____
- Name of Landlord: _____ Telephone: _____

16. Have you, or any member or your household, ever received housing assistance from this or any other ?

(check one) ☐ Yes ☐ No

If yes: Name of Head of Household at that time: _____

Relation to Present Applicant: _____

Name of Housing Agency: _____

Date Moved Out: _____

Reason Moved Out: _____

Did you leave as a tenant in good standing? (check one) ☐ Yes ☐ No

If NO, please explain: _____

17. Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of this Housing Authority? (If so, this will not necessarily disqualify your Application.)

(check one) ☐ Yes ☐ No

If YES, please explain:

18. Do you have any pets? (check one) ☐ Yes ☐ No

19. **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 cases of an emergency.

Name: _____ Relationship: _____

Address: _____ Telephone: _____

20. **Criminal Record:**

Have you or any member of your household who will live in the unit been convicted of a misdemeanor in the last five years? (check one) ☐ Yes ☐ No

Have you or any member of your household who will live in the unit been convicted of a felony in the last ten years? (check one) ☐ Yes ☐ No

If YES, please explain:

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate Conventional unit. If I do not accept that offer, I will lose any priority or preference status and my application will be put at the bottom of the waiting list. If I am offered a Rental Assistance Certificate and am not able to locate a unit, my application will be cancelled, but I can apply again.

Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from the Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition. I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I understand that the Housing Authority is granted access to Criminal Offender Record Information (CORI), including conviction data and pending criminal charges, for the purposes of tenant selection (M.G.L. Chapter 6. s.168) only in the establishment of final eligibility and qualification. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the cancellation of my application.

Applicant's Signature

Date: _____

Interviewer/Reviewer's Signature

Date: _____

SIGNED UNDER PAINS AND PENALTIES OF PERJURY.

Fair Information Practices Act Statement of Rights

Local Housing Authorities collect information about applicants and tenants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest, and to verify the accuracy of information submitted. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by the housing authority to provide information. However, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regards to the information collected about you.

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference. This form must be signed, dated and mailed with your application to each authority where you apply for housing.

Date_____

Signature_____





Ipswich Housing Authority
One Agawam Village
Ipswich, Massachusetts 01938
978-356-2860

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____

Address: _____

I, the above named individual, have authorized the Ipswich Housing Authority to verify the accuracy of the information that I have provided to the Housing Authority from the following sources (specify):

I hereby give you my permission to release this information to the Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your cooperation in this matter.

Date signed: _____

(Signature)

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE
DATE NOTED ABOVE.**



Ipswich Housing Authority
One Agawam Village
Ipswich, Massachusetts 01938
978-356-2860

APPLICANT'S RECEIPT

DO NOT LOSE THIS RECEIPT. THIS IS YOUR RECORD OF YOUR STATE-AIDED HOUSING APPLICATION. IT IS A RECEIPT FOR THE APPLICATION(S) CIRCLED BELOW.

Emergency Application

State and Federal Housing Application

Transfer Application

I understand that my application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list, and, if I reapply, my application will not receive any priority or preference status for three years.

Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from the Housing Authority. **I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition.** I authorize the Housing Authority 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 any false statement or misrepresentation may result in the cancellation of my application. I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board for all adult members of the household.

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult members of the household. To ensure your privacy, the Housing Authority's waiting lists are kept by control number rather than by name. If you have questions about your application, or want to notify the Housing Authority of a change, please use the control number listed in the upper right hand corner of this receipt.

Applicant's Signature _____ Date _____

Applicant's Address _____

Applicant's Control Number _____

Reviewed by: _____ Date _____