

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

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



HOUSINGWORKS
For Everyone

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 _____

Do you anticipate a change in household size? YES / NO If yes, explain: _____

Please list the estimated gross income anticipated for all members of your household for the next 12 months

Income source: (Wages, Social Security, SSI, Pension, Annuity, TANF, Child Support, Alimony, Veterans Benefit, Others)

| Household Member | Source of Income | Amount | Frequency (weekly / monthly) |
|------------------|------------------|--------|------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

You may qualify for certain deductions such as medical and child care, please list below

| Household Member | Type of Expense | Amount |
|------------------|-----------------|--------|
| | | |
| | | |
| | | |
| | | |

Please list all assets for every member of your household. (Asset includes bank accounts, stock, bond, mutual funds, real estate, etc...)

| Household Member | Type of Assets | Principal Value of Asset |
|------------------|----------------|--------------------------|
| | | |
| | | |
| | | |
| | | |

Have you sold or transferred any assets in the last four years? YES / NO If, yes type of asset: _____

Date of sale / transfer: _____ Amount of rec'd: _____ Value of at time of sale: _____

Have you or any member listed on this application ever been convicted of a crime other than parking violations?

If yes, please explain: _____

Emergency Reference: (Name of person not living with you that we may contact in the event we are unable to reach you.)

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____ Tel# _____

In order to qualify for the "local preference", you must be living or working in the Town of Norwood at the time of your application and at the time your name comes to the top of the Waiting List. If you move into Norwood after your application has been processed, you must complete a new application in order to receive a "local preference".

I understand this application is not an offer for a unit. I understand I should not make any plans to move or to terminate my present tenancy. I understand that it is my responsibility to inform the Norwood Housing Authority in writing of my change in my address, household income or household composition. I authorize the Norwood Housing Authority to make inquiries from 3rd parties to verify the accuracy of the information I have provided on this application. I certify under the pains and penalties of perjury that the information I have given is true and complete.

Applicant's Signature: _____ Date: ____/____/____

(Please attach addition explanation or documentation that you would like the authority to consider)