

- Don't staple the pages of the application together!
1. Providers need to easily access their own application first page.
 2. Removing staples from 1000 applications a week adds too much work.
 3. Some providers *scan* the application, and can't do this if you staple.
 4. If you include a letter, don't staple that either!

Fold here.
Suggestion: Use #10
double-window
envelopes.

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: Our only open waitlists at present 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 advise applicants to use our free search to locate OTHER HOUSING OPTIONS,
you eliminate hundreds of phone calls and reduce frivolous applications.*

www.housingworks.net



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!*

- ☐ 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:

☐ **Fully Accessible Wheelchair** Unit

☐ **No-Steps unit** (elevator to any floor)

☐ **First-Floor unit only**

☐ **Blind Accessible** Unit

☐ **Deaf Accessible** Unit

☐ Unit for **Environmental Allergies**

☐ Need an **Interpreter**

☐ **Domestic Violence Victim**

☐ **Personal Care Attendant**

- ☐ HoH's CAREER STAGE

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

☐ ANY VETERANS in HH?

☐ Yes☐ No
- ☐ 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

_____ ← # Adults

_____ ← # Children

_____ ← Total # in Household

☐ ANNUAL INCOME

☐ DOCUMENTED DISABILITY?

☐ 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)
- ☐ PREFERRED 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 _____

Pittsfield Housing Authority
65 Columbus Avenue, Suite 1
Pittsfield, Massachusetts 01201

(413) 443-5936
(413) 499-2771
Fax (413) 443-7294
TTY (413) 443-1940

DO NOT WRITE IN BOX

OFFICE USE ONLY
Date of receipt: _____
Time of Receipt: _____
Control Number: _____
Bedrooms 1 2 3 4 5
Race: _____
Priority Category: _____

**APPLICATION FOR
ELDERLY
STATE AND/OR FEDERAL AIDED HOUSING**

1. Name of Applicant _____

 Address of Current Residence _____

 City/Town _____ Zip Code _____

 Mailing Address _____

 City/Town _____ Zip Code _____

 Home Telephone _____ Work Telephone _____

2. **Type of Public Housing You are Applying For:** (check one)

 a. Family: ☐ Rental Assistance ☐ Conventional ☐ Both

 a. Elderly/handicapped: ☐ Rental Assistance ☐ Conventional ☐ Both

3. Members of household to live in Unit, including Head of Household:

Name: First, Middle initial and last name of all household members	Social Security Number*	Relation to head	Sex	Date of Birth	Occupation or Grade in School	Place of Birth
1.		HEAD				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						

4. **Veteran’s Preference and Special Needs:**

 Dates of Military Service: Month/Year _____ to Month/Year _____

 A copy of discharge or separation papers must be submitted with this application.

 Special needs: Please Specify: _____



5. Are you applying for Priority Housing? (circle one) YES ☐ NO ☐

If yes, you must fill out an Application for Priority Housing

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 ☐White ☐Other

7. Number of Bedrooms needed: 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

8. Is a change in the household composition expected? (check one) YES ☐ NO ☐

If YES, what type of change? _____ When? _____

Does anyone else live with you? (circle one) YES ☐ NO ☐

If yes, give names: _____

9. Public housing applicants only: DO you have a pet? (circle one) YES ☐ NO ☐

Which type of pet? _____ Pet's weight? _____

10. Income before Deductions:

Estimate the Gross Income anticipated for ALL Household Members from all sources for the net 12 months. Please include wages, including overtime, disability; net income form business or profession; trust income, interest, dividends, pensions and annuities; regular unemployment or disability compensation regular social security benefits and/or SSI; AFDC or public assistance; alimony; child support; gifts and other income. Specify all sources.

Household Income Member	Source of Income	Amount \$	Frequency per (week, month, etc)	Gross Income
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$
		\$		\$



11. Expenses

Extraordinary Expenses required by employer	\$
Other (i.e. expense for care of children or sick/incapacitated person, if necessary for employment)	\$
Unreimbursed Medical Expenses	\$
Alimony or Child Support Payments	\$
Health Insurance	\$
Other: Please list.	\$

Total Expenses \$

12. ASSETS

Do you own any real estate? (check one) YES ☐ NO ☐

If yes, please provide the address _____

List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

Household Member	Description of Asset	Value
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Have you sold or transferred any property or assets in the last four (4) years? YES ☐ NO ☐

IF YES: What was the date of the sale? Month_____ Day_____ Year_____ What was the amount of the sale: _____ What was the value of the mortgage at the time of the sale? _____

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 _____

14. References: List **two** references. These should not be relatives or household members.

(1) Name _____ Phone: () _____
Address: _____ City: _____ State: ____ Zip: _____
(2) Name _____ Phone: () _____
Address: _____ City: _____ State: ____ Zip: _____

19. List housing history for the last consecutive five years in reverse order, beginning with your current address. Please include month and year you resided at each address. If you've lived with relatives, please specify. If more space is needed, use a separate sheet or paper.

(1) **Address:** _____ from _____ to present
Landlord Name: _____ Telephone: _____

Landlord Address (please include street address, city, state, and zip code)

(2) **Address:** _____ from _____ to
Landlord Name: _____ Telephone: _____

Landlord Address (please include street address, city, state, and zip code)

(3) **Address:** _____ from _____ to
Landlord Name: _____ Telephone: _____

Landlord Address (please include street address, city, state, and zip code)

16. Have you, or any member or your household, ever received housing assistance from this or any other housing agency? (check one) YES ☐ NO ☐

If YES: Name of Head of Household at that time: _____
 Relation to Present Applicant: _____
 Name of Housing Agency: _____
 Address of Agency or group: _____
 Type of subsidized housing? (check one) ☐ Section 8 ☐ MRVP ☐ Elderly ☐ Projects
 Address at time of subsidy (please include street address, city, state, and zip code)

 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. 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 case of an emergency.
- Name: _____ Relationship: _____
- Address: _____
- City/Town: _____ State: _____ Zip _____
- Telephone: _____

I understand that this application is not a unit offer and that the Housing Authority is not obliged to offer me a unit until such time as they inform me in writing that I have been offered a unit pursuant to my application. Based on this application, I understand I should not make any plans to move or terminate my present tenancy until I have received a written offer from the Housing Authority. I certify that the information I have given in this application is true and correct and that any false statement or misrepresentation may result in the cancellation of my application. 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 from any parties to verify the truth of the information I have provided in this application. Signed under the pains and penalties of perjury.

US CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS

AT THE TIME RENTAL ASSISTANCE IS OFFERED, ALL FAMILY MEMBERS, IRRESPECTIVE OF AGE, WILL BE REQUIRED TO SUBMIT EVIDENCE OF US CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS, OR STATE THAT THEY DO NOT CLAIM US CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS.

Applicant's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

