

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10
double-window envelope, saving you time.

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

Date Generated:

Fold on this line —

Dear

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

THIS SECTION IS 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 _____

← *Date Time Stamp – for Office Use Only*

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER <u>or</u> ITIN? <input type="checkbox"/> Yes <input type="checkbox"/> No		DATE OF BIRTH		GENDER	
Enter the last four digits of your SSN or ITIN		Type birthyear first, using dashes YYYY-MM-DD		F M T-MTF T-FTM	
ETHNICITY: (Hispanic or Non-Hispanic, Client Refused)		RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)			

REQUESTED ACCOMMODATIONS: Do you need any of these? ☒ = **X** ☐ I don't need any of the accommodations listed below

<input type="checkbox"/> Fully Accessible Wheelchair Unit	<input type="checkbox"/> Bathroom modifications	<input type="checkbox"/> Vision Impaired Unit	<input type="checkbox"/> Need an Interpreter
<input type="checkbox"/> No-Steps unit (elevator to any floor)	<input type="checkbox"/> Hearing Impaired Unit		<input type="checkbox"/> Domestic Violence Victim
<input type="checkbox"/> First-Floor unit only	<input type="checkbox"/> Unit designed for Environmental Allergies		<input type="checkbox"/> 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,**

HOUSEHOLD SIZE AND COMPOSITION:			ANNUAL INCOME	DOCUMENTED DISABILITY?
← # Adults	← # Children	← Total # in Household	\$.00	<input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT HOUSING STATUS: ☐ Homeless ☐ Housing Loss 14 days ☐ Fleeing Dom. Violence ☐ 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:
		<input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Cellphone

BEST 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 or PO: Apt # or c/or 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 or PO: Apt # or c/or Name:

City, State, and Zip Code: _____

City: _____ State: _____ Zip: _____

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

 	<input type="checkbox"/> Disability	<input type="checkbox"/> Elder	<input type="checkbox"/> Local Resident	<input type="checkbox"/> Local Employee	<input type="checkbox"/> Local Student	<input type="checkbox"/> Homeless Veteran
	<input type="checkbox"/> Rent-burdened 40%	<input type="checkbox"/> Rent-burdened 50%	<input type="checkbox"/> Fleeing domestic violence	<input type="checkbox"/> HUD VAWA Certificate		
	<input type="checkbox"/> Victim of Hate Crime	<input type="checkbox"/> Community Based Housing				
	Displaced by: <input type="checkbox"/> Urban Renewal	<input type="checkbox"/> Sanitation Code	<input type="checkbox"/> Natural Forces	<input type="checkbox"/> Other:		

RAYNHAM HOUSING AUTHORITY
75 MILL STREET
RAYNHAM, MA. 02167

Control # _____

Name _____

STANDARD APPLICATION FOR RURAL DEVELOPMENT HOUSING

1. Name of Applicant _____

2. Current Address _____ City/Town _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

2. Type of Public Housing Needed: Elderly Handicapped

3. Are there any special accommodations needed? ____ Please specify _____

4. Number of Bedrooms: 1 2

5. Members of Household to Live in Unit, including Head of Household:

First name, middle initial and last name of everyone to live in Household	Relation to head	Gender	Age	Date of Birth	Social Sec. #	Income	Income Source
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1. _____

2. _____

TOTAL FAMILY INCOME \$ _____

EQUAL HOUSING OPPORTUNITY



75 Mill Street • Raynham, Massachusetts 02767
(509) 924-9404 • TDD 800-545-1833, Ext. 252 • Fax (508) 822-9340
Executive Director Kelly Coyne Wilson

Charles Carey
Rick Teixeira
Sharon Schum
Robert Magnon
Virginia Jacques

GUIDELINES FOR USDA RURAL DEVELOPMENT HOUSING

1. Applicant must be 62 years of age or be handicapped / disabled.
2. Income must not exceed \$50,350.00 for one person or \$57,550.00 for two people.
(Net income -- after deductions: i.e. medical, ins.)
3. No asset limit (But income from asset cannot exceed income limits).
Verification is needed from realtor on value of assets (house, mobile home, etc.)
4. Must show documentation to verify all information on application.
(Please include verification of date of birth, i.e. copy of birth certificate or driver's license.
5. An eligible applicant will be selected from a waiting list(s) identifying the category on basis of the applicant's unit size needed, income level (very low, low, moderate income, or ineligible).
The eligible applicant will further be selected on a first come-first served basis.
6. The **Weonit Woods Development** does allow small dogs.
The **Pinewood Terrace Development** does not allow dogs.

In accordance with Federal Law and U.S. Department of Agriculture policy,
this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.
To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Ave S.W.
Washington D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD)



Equal Housing Opportunity.



6. 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		Name and Address of Employer or Source of Income	Gross Income For Next 12 Months
	Salaries, Wages, Including Overtime/Tips		\$
	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 \$. _____

7. EXPENSES

Health Insurance	
Un-reimbursed Medical Expenses	
Other	

TOTAL EXPENSES \$ _____

Household Member	Asset Type/Asset Value	(Office Only)	Income	Imputed Income
	\$		\$	
	\$		\$	

9. Does anyone in your household own a car? (circle one) YES NO

Make of Car _____ Year _____ Reg. Number _____

Make of Car _____ Year _____ Reg. Number _____

10. Reference: 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: _____

11. List Addresses Cor the Last Five Years in Reverse Order:

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

(2) Address: _____ Apt. No. _____ from: _____ to _____
City/Town _____ State _____ Zip _____
Name of Landlord: _____ Telephone: () _____
Address: _____

(2) Address: _____ Apt. No. _____ from: _____ to _____
City/Town _____ State _____ Zip _____
Name of Landlord: _____ Telephone: () _____
Address: _____

12. Do you have any Pets? (circle one) YES NO

If yes, please describe _____

13. 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: _____ City/Town: _____ State: _____ Zip: _____
Telephone: () _____

14. Criminal Record:

Have you or any member of your household who will live in the unit ever been charged with a felony?
(circle one) YES NO

If YES, please explain: _____

Have you or any member of your Household who will live in the unit ever been charged with a misdemeanor? YES NO

If YES, please explain: _____

Do you or any member of your household who will live in the unit have any criminal matters pending? YES NO

If YES, please explain: _____

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

Applicant's signature: _____ Date _____

Co-Applicant's Signature: _____ Date _____

Reviewer's Signature: _____ Date _____

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal Laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and disability 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.

Ethnicity: ____ Hispanic or Latino ____ Not Hispanic or Latino

Race: (Mark one or more) ____ American Indian/Alaska Native ____ Asian ____ White
____ Black or African American ____ Native Hawaiian or Other Pacific Islander

GENDER: ____ Male ____ Female

APPLICANT'S CERTIFICATION:

I understand that this applicant is not an offer of housing. I understand that the Housing Authority will make no more than one offer of any 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 that was granted on the prior application for a 3 year period.

I understand that by signing the above, I consent to release wage matching data to R.H.S. and the Raynham Housing Authority for purposes of income verification needed in processing my application.

I understand that by signing the above, I certify that the unit will serve as the household's primary residence.

Based on this application, I understand I should not make my 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 denial 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.

Signature _____ Date _____
Co-Applicant Signature _____ Date _____

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this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.
To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 1400 Independence Ave S.W.
Washington D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD)

Equal Housing Opportunity.