

- 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!

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:*

**Housing Authority or Management Office Only**

**Is this waitlist closed? Any other questions or concerns?** *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

- ☐ **This particular waitlist is closed: The only open waitlists we have at present are:**  
\_\_\_\_\_
- ☐ **This is not the correct application. The correct application is available by/from:**  
\_\_\_\_\_
- ☐ **Any other info you wish to tell HousingWorks?**  
\_\_\_\_\_

**Your position or title at this housing program:** \_\_\_\_\_

**Your signature:** \_\_\_\_\_

**HousingWorks Fax: 617-536-8561**



<div><div></div><div></div><div></div><div></div></div>	Head of Household’s FIRST Name
	Head of Household’s MIDDLE Name
	Head of Household’s LAST Name

HoH’s SOCIAL SECURITY NUMBER		GENDER	HoH’s DATE OF BIRTH
<div></div>	<div></div>	<div></div>	<div></div>

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <b><u>NOT</u></b> write Spanish, Hispanic, Latino here – and do <b><u>NOT</u></b> write your country!
<div></div>	<div></div>

<div></div> YOUR MOTHER’S MAIDEN NAME
---------------------------------------

YOUR HOME TELEPHONE	SECOND TELEPHONE
<div></div>	
YOUR EMAIL ADDRESS	
<div></div>	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
<div></div>
<div></div>

SECOND CONTACT ADDRESS
This is:
<div></div>
<div></div>

TOTAL HOUSEHOLD SIZE	# BEDROOMS		How much money does your family receive in a year?
<div></div>	<div></div>	<div></div>	<div></div> .00

INCOME SOURCES
<div></div>

MOBILE RENTAL ASSISTANCE, if any
<div></div>

REQUESTED ACCOMMODATIONS
<div></div>

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
<div></div>

**HOLBROOK APARTMENTS**  
101 Longmeadow Drive  
HOLBROOK, MASSACHUSETTS 02343  
(617) 822-7350 V/TDD

OFFICE USE ONLY  
Date Received \_\_\_\_\_  
BR/Priority \_\_\_\_\_  
Update Status \_\_\_\_\_

**PRESENT LANDLORD**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Length of tenancy: \_\_\_\_\_  
Monthly Rent: \_\_\_\_\_ Utilities: \_\_\_\_\_

**PREVIOUS LANDLORD**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone: \_\_\_\_\_ Length of tenancy: \_\_\_\_\_  
Monthly Rent: \_\_\_\_\_ Utilities: \_\_\_\_\_

**APPLICANT**

Name: \_\_\_\_\_  
Present Address \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_  
Soc. Sec. # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone \_\_\_\_\_  
Former Address \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_

PLEASE LIST ALL APPLICANTS THAT WILL MAKE UP  
YOUR HOUSEHOLD:

Name	Soc. Sec. #	Date of Birth	Sex	Relationship to Head	FT Student

1.

Are you (or your spouse) age 62 or older?  
If not, do you (or your spouse) have a disability?

☐ Yes

☐ No
2.

Does any member of your household need a wheelchair accessible unit?

☐ Yes

☐ No

**INCOME SOURCES**

INCOME		ASSETS	
SOURCE	AMOUNT (annually)	SOURCE	AMOUNT
Social Security		Savings Accounts	
SSI		NOW/Checking Accounts	
SSDI		Stocks	
AFDC		Bonds	
Veteran's Assistance		Cert. of Deposit	
Pensions		Real Estate	
Other		Other	

**EMPLOYMENT** (Fill out below for every member employed)

Occupation \_\_\_\_\_

Annual Salary \_\_\_\_\_

Length of Employment \_\_\_\_\_

Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Annual Salary \_\_\_\_\_

Length of Employment \_\_\_\_\_

Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Annual Salary \_\_\_\_\_

Length of Employment \_\_\_\_\_

Phone \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

REFERENCES - BANKS

Name	Account #	Address

CREDIT - BANKS

Name	Account #	Address

OPTIONAL RACE INFORMATION

Please note that completing this section is optional. This information will only be for our fair housing reports.

- ☐ American Indian
- ☐ Asian
- ☐ Black
- ☐ Hispanic
- ☐ White
- ☐ Other

Are you now or have you ever lived in subsidized/Government assisted housing? ☐ Yes ☐ No

If yes, please give the address \_\_\_\_\_

Have you ever been evicted? ☐ Yes ☐ No Reason \_\_\_\_\_

In case of emergency, contact \_\_\_\_\_  
\_\_\_\_\_ Phone \_\_\_\_\_

I  
CERTIFICATION OF ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

I/We have ☐ have not ☐ disposed of any asset(s) for less than fair market value in the last 24 months. If asset(s) were disposed of for less than fair market value, describe below.

Asset Disposed of	Date of Disposition	Fair Market Value	Amount Received

Signature of Applicant

\*\*\*\*\*

I understand that this is a preliminary application. I also understand that additional information may be requested at a later date to complete the processing of applicants. My/Our signature(s) below gives consent to management to verify the information contained in this application. I understand that this in no way guarantees me an apartment and that falsifying any information will be grounds for rejection of my application.

Signature of Applicant Co-Applicant Date



PROFESSIONALLY MANAGED BY CMJ MANAGEMENT COMPANY  
Financed by the Massachusetts Housing Finance Agency  
and the U.S. Department of Housing and Urban Development



QUEEN ANNE’S GATE APARTMENTS  
148 COLONE’S LANE  
WEYMOUTH, MASSACHUSETTS 02189

PRIORITY CHECKLIST

In order to help process your application more efficiently, please read the following pages and check off any of the circumstances that presently apply to you.

☐ SUBSTANDARD HOUSING.

- A unit is substandard because it:  
  
\_\_\_\_\_ is dilapidated;  
\_\_\_\_\_ does not provide safe and adequate shelter, and  
\_\_\_\_\_ endangers the health, safety, or well being of a family; or  
\_\_\_\_\_ has one or more critical defects, or a combination of intermediate defects in sufficient number or extent to require considerable repair or rebuilding. (These defects may involve original construction, or result from continued neglect or lack of repair or serious damage to the structure.)  
\_\_\_\_\_ does not have operable indoor plumbing;  
\_\_\_\_\_ does not have usable flush toilet in the unit for exclusive use of the family;  
\_\_\_\_\_ does not have a usable bathtub/shower in the unit for exclusive use of the family;  
\_\_\_\_\_ does not have electricity, or has inadequate or unsafe electrical service;  
\_\_\_\_\_ does not have a safe or adequate source of heat;  
\_\_\_\_\_ should, but does not, have a kitchen; or  
\_\_\_\_\_ has been declared unfit for habitation by an agency or unit of government.
- In defining substandard housing, an applicant who is a "homeless family" meets the criteria of substandard housing. A "homeless family" includes an individual or family who:  
  
\_\_\_\_\_ lacks a fixed, regular and adequate nighttime residence and has a primary nighttime residence that is:
  - a supervised publicly/private operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters and transitional housing);
  - an institution that provides a temporary residence for individuals intended to be institutionalized;
  - a public/private place not designed for, or ordinarily used for sleeping for human beings;  
\_\_\_\_\_ "Homeless family" does not include an individual imprisoned or otherwise detained pursuant to an act of Congress or a State law.  
  
\_\_\_\_\_ Single room Occupancy Housing is not considered substandard solely because it does not contain sanitary or food preparation facilities.

☐ INVOLUNTARILY DISPLACED.

- \_\_\_\_\_ A disaster, such as fire or flood, has made the unit uninhabitable.
- \_\_\_\_\_ Code enforcement, public improvement or development program activities by a U.S. agency or a State or local governmental body or agency.
- \_\_\_\_\_ The housing owner has taken an action which forces the applicant to vacate the unit:  
  
\_\_\_\_\_ the action was beyond the applicant's ability to control or prevent;  
\_\_\_\_\_ the action occurred despite the applicant's having met all previously imposed conditions of occupancy; and  
\_\_\_\_\_ the action was not a rent increase.
- \_\_\_\_\_ The applicant has vacated a housing unit because of domestic violence, or the applicant lives in a unit with a person who engages in domestic violence.  
  
\_\_\_\_\_ Domestic violence means actual or threatened physical violence directed against one or more members of the applicant's family by a spouse or other member of the applicant's household. The violence must have occurred recently or is of a continuing nature.  
\_\_\_\_\_ The applicant's family members provide information on criminal activities to a law enforcement agency based on a threat assessment, and a law enforcement agency recommends re-housing the family to avoid or minimize a risk of violence against family members as a reprisal for providing such information.
- \_\_\_\_\_ One or more members of the applicant's family have been the victim of one or more hate crimes, and the applicant has vacated a housing unit because of such crime, or the fear associated with such crime has destroyed the applicant's peaceful enjoyment of the unit.  
  
\_\_\_\_\_ Hate crime means actual or threatened physical violence or intimidation that is directed against a person or his or her property and that is based on a person's race, color, religion, sex, national origin, handicap, or familial status. It must have occurred recently or is of a continuing nature.  
\_\_\_\_\_ A member of the family has a mobility or other impairment that makes the person unable to use critical elements of the unit, and the owner is not legally obligated to make the changes to the unit that would make critical elements accessible to the disabled person as a reasonable accommodation.  
\_\_\_\_\_ Disposition of a multifamily rental housing project by HUD under Section 203 of the Housing and Community Development Amendments of 1978.

☐ **RENT BURDENED.**

- \_\_\_\_\_ A rent burden exists if the applicant pays more than 50 percent of gross monthly income for rent and utilities.
- \_\_\_\_\_ The definition of income is the one used to compute eligibility and Total Tenant Payment (TTP)
- \_\_\_\_\_ Rent is the amount due on a monthly basis to the family's current landlord under a lease or rental agreement.
- \_\_\_\_\_ The amount of tenant-paid utilities may be determined by using the utility allowances established by the PHA for its Section 8 existing Program; however, the family may choose to document the actual average monthly utilities for the past 12 months (or for an appropriate recent period if a full 12 month's information is not attainable.)
- \_\_\_\_\_ A family does not qualify for this preference if the applicant has been paying more than 50 percent of its income for rent for less than 90 days.

☐ **OVER-CROWDED CONDITIONS**

- \_\_\_\_\_ Currently living in over-crowded conditions, defined as more than two people per bedroom, or in circumstances violating the state or local codes pertaining to over-crowded conditions.

☐ **NONE OF THE ABOVE APPLY TO ME**

\_\_\_\_\_  
Applicant Signature:

\_\_\_\_\_  
Applicant Signature:

ATTACHMENT TO APPLICATION

I understand that this is a preliminary application. I also understand that additional information may be requested at a later date to complete the processing.

In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and accurate and that the owner/manager/employee/agent may rely on this information when investigating and accepting this application. Applicant hereby authorizes the owner/manager/employee/agent to make independent investigations to determine my credit, financial and character standing. Applicant also agrees to declare U.S. citizenship or submit evidence of eligible immigrant status for each family member. Applicant authorizes any person, or credit-checking agency having any information of him/her to release any and all such information to the owner/manager/employee or their agents or credit agencies.

Applicant hereby releases and forever discharges, from any action whatsoever, in law and equity, all owners , managers, and employees, or agents, both of Landlord and their credit checking agencies in connection of processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that a credit report (rental history, arrest and/or conviction records, and retail credit history) will be done through the facilities of the Info Center, Inc. Feeding Hills, MA 01030, Consumer Phone 413-562-5650.

The above statements are made under the penalties of perjury and all must be verified. No campers, commercial vehicles, or waterbeds without written consent from Management.

Leasing Agent: \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_