

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

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

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many 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 Received. Application will be stamped to show when it was received:

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
Male, Female, etc.
- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native,
Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ 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 Explain: |
| <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 Details

- ☐ 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

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____



SOMERVILLE HOUSING AUTHORITY

30 Memorial Road, Somerville, Massachusetts 02145

Telephone (617) 625-1152 TDD (617) 628-8889

PRELIMINARY APPLICATION FOR FEDERAL-AIDED HOUSING

PLEASE PRINT

Federal Control No. _____
SHA Use Only

Applicant Name of _____

Current Address: _____

City/Town/State: _____ Zip _____

Mailing Address: _____ Apt # _____

City/Town: _____ State _____ Zip _____

Home Telephone _____ Work Telephone _____

A. Type of housing you are applying for: (circle all that apply)

Family public housing

Elderly/handicapped public housing

B. Do you need a wheelchair accessible unit? (Circle one) YES NO

List the money each family member receives, include the type (wages, SSI, TAFDC, etc.) and how often the money is received (monthly, weekly, etc.).

Household Member First Name	Income Type	Income Amount	Frequency Received
--------------------------------	----------------	------------------	-----------------------

1. _____

2. _____

3. _____

4. _____

Total Income \$ _____

If you need translation services, please call the receptionist at (617)625-1152.

Si usted necesita servicios de traduccion, porfavor llamar a la Operadora al telefono (617) 625-1152.

Si vous avez besoin des services d'interpretation s'il vous plait appeler lereceptioniste au (617) 625-1152

List all assets owned by the household members (checking accounts, savings accounts, stocks, real property, etc.), the value of the asset and the interest or other income received from it.

Household Member First Name	Asset Type	Asset Current Value	Interest Income	Imputed Value
--------------------------------	---------------	------------------------	--------------------	------------------

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

List all household members you expect to live with you once you obtain a subsidized housing unit.

Household Member Name First, Middle, Last Name	Date of Birth	Relationship to Head of Household	Sex	Social Security No.
---	------------------	--------------------------------------	-----	------------------------

1. _____ Head of Household _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

C. Is your present housing subsidized (circle one) Yes No

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D. What is the head of household's race (circle one)

- | | | |
|-------------|------------------------------|--------------------|
| 1. White | 2. Black | 3. American Indian |
| 4. Hispanic | 5. Asian or Pacific Islander | 6. Other specify |

E. Number of Bedrooms (*SHA use only*) 1 2 3 4 5

F. Preferences. Circle the status that best described your housing situation (circle one):

1. I am not displaced
2. I have been displaced by fire or natural forces
3. I have been or will soon be displaced by Government action
4. I have been or will soon be displaced by no-fault eviction.
5. I have been or will soon be displaced by domestic violence.
6. I have been or will soon be displaced by code enforcement.
7. I have a medical emergency

**If you circled any of the above, you will be sent an Emergency Application Package
The package must be completed and returned to the Somerville Housing Authority**

(*SHA use only*) Date Preference Application Sent _____

G. Which statement best describes your housing (circle one)

1. Substandard 2. Without housing or about to be homeless 3. Standard or not known

What is your monthly rent? \$ _____

H. Family Status. Circle the statement that best describes your family (circle one)

1. The head of household or spouse is 62 years of age or older
2. The head of household or spouse is disabled or handicapped
3. The head of household or spouse is handicapped
4. The head of household or spouse *is not* 62 years of age, handicapped or disabled
5. The head of household or spouse is 50 years of age but not yet 62

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I. Military Status (*You will be required to provide us with a DD 214 to be eligible for this preference*)
(Please circle one)

1. I am currently a member of the military **2.** I am a veteran **3.** I have no military service

Please list dates of Service from _____ to _____

2. I am the widow of a veteran Yes No

J. Are the husband and wife present in the household (circle one) Yes No

K. Do you reside in Somerville, work in Somerville or have a firm commitment to work in Somerville (circle one)?

Yes No

If yes, list your current Somerville residence or current or future place of employment.

Address _____ Tel. No. _____

L. Criminal Record: The SHA will obtain Criminal Offender Record Information for all applicants and household members 17 years of age or older.

Have you or any member of your household who will live in the unit been convicted of a misdemeanor or a felony?

Yes No

Are you or any member of your household registered or required to register as a sex offender?

Yes No

If yes, please explain: _____

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Applicants Certification

I understand that this application is not an offer of housing. I understand that I will have to provide proof of all the facts before the Somerville Housing Authority can make a final decision on my eligibility. Based on this application, I understand that I should not make any plans to move with assistance from the Somerville Housing Authority.

I understand it is my responsibility to inform the Somerville Housing Authority in writing of any change of address, household size, or change in circumstances as I have described them in this application. I understand I must respond promptly to all Somerville Housing Authority inquiries or my application may be cancelled.

I certify that the information provided in this application is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are criminal offenses punishable under state and federal law. I also understand that false statements or information are grounds for rejection of this application or termination of tenancy.

Signed under the pains and penalties of perjury

Signature of applicant: _____ Date: _____

Signature of spouse or co-head: _____ Date: _____

SHA reviewer: _____ Date: _____

***Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000, imprisoned for not more than five years, or both.

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