

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

STANDARD APPLICATION FOR FEDERALLY SUBSIDIZED HOUSING

PART I

Standard Control No. _____

- A.** Name of Applicant: _____
Current Address: _____
City/Town/State: _____ Zip: _____
Mailing Address: _____
City/Town: _____ State: _____ Zip: _____
Home Telephone: _____ Work Telephone: _____
- B.** Type of housing you are applying for: (circle all that apply)
a. Family public housing **b.** Elderly/handicapped public housing
- C.** Do you need a wheelchair accessible unit? (circle one) YES NO

PART II HOUSEHOLD COMPOSITION

LIST THE HEAD OF HOUSEHOLD AND ALL OTHER PERSONS WHO WILL BE LIVING IN THE UNIT SHOULD WE BE ABLE TO FIND YOU ELIGIBLE. LIST NAME, THE RELATIONSHIP OF EACH PERSON TO THE HEAD OF HOUSEHOLD (SON, DAUGHTER, HUSBAND), BIRTH DATE, SEX, AND SOCIAL SECURITY NUMBER OF ALL PERSONS LISTED.

First name, middle initial, and last name of everyone to live in the household.	Relation to head of household	Sex	Date of Birth	Social Security Number
_____ Head of Household _____				

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PART II HOUSEHOLD COMPOSITION, *continued*

First name, middle initial, and last name of everyone to live in the household.	Relation to head of household	Sex	Date of Birth	Social Security Number
--	----------------------------------	-----	------------------	---------------------------

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

Please circle and/or fill in the appropriate answer.

1. Does anyone live with you now who is not listed on this application?
YES NO If yes, please explain: _____
2. Do you plan to have anyone live with you in the future who is not listed on this application?
YES NO If yes, please explain: _____
3. How many people live with you now? _____
4. How many bedrooms are in your current apartment? _____
5. Are you being displaced or evicted from your current housing unit?
YES NO If yes, please explain: _____
6. Were you, or a member of your household, a former participant of an SHA public housing or rental assistance program whose participation was terminated in bad standing or who currently owes back rent, fees or costs to SHA?
YES NO If yes, please explain: _____
7. Were you or a member of your household ever a participant in a Federal Housing Program?
YES NO If yes, please explain: _____

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PART III HOUSEHOLD INCOME

Please circle the appropriate answer for each of the following questions. Provide the details of your income in the charts in paragraphs 23 and 24 below.

- | | | | |
|-----|--|-----|----|
| 1. | Is any member of your household employed, part time, full-time or seasonal? | YES | NO |
| 2. | Does any member of your household expect to work during the next twelve months? | YES | NO |
| 3. | Does anyone in your household work for someone who pays them in cash? | YES | NO |
| 4. | Is any member of your household on leave of absence from work due to layoff, medical or maternity leave? | YES | NO |
| 5. | Does any member of your household receive or expect to receive child support? | YES | NO |
| 6. | Does any member of your household receive or expect to receive alimony payments? | YES | NO |
| 7. | Is any member of your household entitled to child support payments that he/she is not receiving? | YES | NO |
| 8. | Is any member of your household not receiving alimony payments that he/she is entitled to receive? | YES | NO |
| 9. | Does any member of your household receive or expect to receive unemployment benefits? | YES | NO |
| 10. | Does any member of your household receive or expect to receive welfare payments (TAFDC, SSI or EAEDC)? | YES | NO |
| 11. | Does any member of your household receive or expect to receive Social Security benefits? | YES | NO |
| 12. | Does any member of your household receive or expect to receive an income from a pension or annuity? | YES | NO |
| 13. | Does any member of your household receive regular cash contributions from anyone not living in the household or from any agency? | YES | NO |

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14.	Does any member of your household receive income from assets including, interest on checking or saving accounts, interest or dividends from certificates of deposits, stocks, bonds, or income from the rental of property?	YES	NO
15.	Does any member of your household receive or expect to receive an earned income tax credit?	YES	NO
16.	Do you own a home or any other real estate?	YES	NO
17.	Have you sold or given away any real property or any other assets in the past two years?	YES	NO
	If yes, please provide a description and value of the disposed of asset(s).		
18.	Do you pay for child care which enables you or another household member to work, attend school or post high school job training?	YES	NO
	If yes, give the name and address of the childcare provider, weekly cost and weekly wage of the household member enabled to work.		
19.	Do you pay for a care attendant or any equipment for a handicapped member of your household, that is necessary to permit the person or spouse or someone else in the household to work?	YES	NO
	If yes, give the name and address of the care provider, weekly cost and weekly wages of the household member enabled to work.		
20.	Do you pay for Medicare?	YES	NO
21.	Do you pay for any other kind of medical insurance?	YES	NO
	If yes, please list insurance company and monthly premium.		
22.	Do you have any medical bills not covered by insurance that you expect to pay during the next 12 months?	YES	NO
	If yes, please list the amount and description of the bills.		

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23. FOR EACH TYPE OF INCOME, PLEASE LIST THE TYPE (WAGES, TAFDC, SSI, ETC.), THE AMOUNT OF THE INCOME, AND HOW OFTEN RECEIVED (WEEKLY, MONTHLY, BI-MONTHLY, BI-WEEKLY, ETC.).

Household Member First Name	Income Type	Income Amount	Frequency Received
1.			
2.			
3.			
4.			

24. ASSETS

LIST ALL ASSETS (CHECKING ACCOUNTS, SAVINGS ACCOUNTS, STOCKS, BONDS, REAL PROPERTY) CURRENTLY OWNED BY THE HOUSEHOLD.

Household Member First Name	Asset Type	Asset Current Value	Interest/ Income	Asset-Imputed Value (SHA Office Only)
1.				
2.				
3.				
4.				
5.				

PART IV APPLICANT STATUS

Please circle and/or fill in the appropriate answer.

1. Is your current housing subsidized? YES NO
2. What is the head of household's race?
- | | |
|--------------------|---------------------------|
| 1. White | 4. Hispanic |
| 2. Black | 5. Asian/Pacific Islander |
| 3. American Indian | 6. Other _____ |

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3. If you are applying for elderly/handicapped housing or if you will live alone, which answer best describes your household?
- a. Household head over 62
 - b. Household head disabled or handicapped
 - c. Household head over 50 years of age but under 62
 - d. Household head pregnant or securing custody of minor children
 - e. Household head displaced by government action or a federally declared disaster
 - f. None of the above
4. Do you or members of your household have special medical needs requiring any modified or handicapped accessible accommodations in your dwelling unit?

YES NO

If yes, please explain. _____

5. Veteran's Preference. You may apply for Veteran's Preference if you are a Veteran, the Spouse, Surviving spouse, dependent parent or child, or divorced spouse with a dependent child of the Veteran. A copy of the Veteran's discharge or separation papers must be submitted with this application.

Dates of Military Service: From _____ To _____

6. Number of bedrooms needed to house family?

1 2 3 4 5 (SHA use only)

7. Do you currently work or do you have a firm commitment of employment in Somerville?

YES NO

If yes, where? _____

8. Please circle the circumstances most relevant to your household.

- a. I am not displaced
- b. Displaced or by fire or natural forces
- c. Displaced or will soon be displaced by government action
- d. Displaced or will soon be displaced by no-fault eviction
- e. Displaced or will soon be displaced by domestic violence
- f. Displaced or will soon be displaced by Code Enforcement
- g. I have a medical emergency

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9. My current rent is \$_____ a month, and has been this amount since _____, _____

10. Please circle the type of building you live in now.

a. Single family

b. Row house

c. Two family

d. Garden apartment

e. Three family

f. High rise

g. Other, specify: _____

11. Please circle the utilities and utility type you pay for, and state the average monthly amount that you pay.

	UTILITY	TYPE		AMOUNT
a.	Heat	Electric	Oil	Gas _____
b.	Cooking fuel	Electric		Gas _____
c.	Lights	Electric		_____
d.	Hot Water	Electric	Oil	Gas _____

(SHA use only) a. over 50% b. 50% or less

12. Have you received any money from an energy assistance program to help pay your utilities?

YES NO

If yes, how much? _____

13. Please circle the answer that best describes your current housing.

a. Substandard

b. Homeless

c. Standard or not known

If you circled a or b, please describe the circumstances below.

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14. Do any of the following circumstances apply to your current housing situation?

If so, please circle where appropriate.

- | | | | |
|----|-----------------------|----|-------------------------------------|
| a. | Dilapidated | e. | Without electricity |
| b. | Without plumbing | f. | Without heat |
| c. | Without toilet | g. | Without kitchen |
| d. | Without tub or shower | h. | Declared unfit for human habitation |

If you circled one of the above letters, please describe the condition of your housing unit below.

15. List the following information for the last five years in reverse order:

- (a) Address: _____ from _____ to present
Name of Landlord: _____ Telephone _____
Address of Landlord: _____
- (b) Address: _____ from _____ to _____
Name of Landlord: _____ Telephone _____
Address of Landlord: _____
- (c) Address: _____ from _____ to _____
Name of Landlord: _____ Telephone _____
Address of Landlord: _____

16. References: List two people who know you well. These should not be relatives or household members. They may be employers, neighbors, clergy or social workers.

- (a) Name: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip code _____

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(b) Name: _____ Telephone: _____
Address: _____
City: _____ State: _____ Zip code: _____

- 17.** Emergency Contact: 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: _____ Telephone: _____

- 18.** Do you have any pets?: (circle one) YES NO

If yes, please describe: _____

Criminal Record: Pursuant to 803 CMR 5.05(1) the SHA will obtain Criminal Offender Record Information for all applicants and household members 17 years and older.

- 19.** Have you or any members of your household who will live in the unit been convicted of a misdemeanor in the last five years?

(circle one) YES NO DON'T KNOW

- 20.** Have you or any member of your household who will live in the unit been convicted of a felony in the last ten years?

(circle one) YES NO DON'T KNOW

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

(circle one) YES NO DON'T KNOW

If you answered yes to #19, #20, or #21 above, please explain:

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Applicant's Certification:

I understand that this application is not an offer of housing. I understand that eligible Applicants for family housing will be offered one suitable unit at Mystic View Apartments. If the applicant refuses the offer, the application will be dropped to the bottom of the waiting list. I understand that eligible applicants for elderly/handicapped housing will be offered a suitable unit in another building if the first unit offer is refused. If the applicant refuses the second offer, the application will be dropped to the bottom of the waiting list. Applications which are dropped to the bottom of the waiting list will lose the benefit of any priority or preference for a period of two years.

Based on this application, I understand I should not make any 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 given in this application. I/We certify that the information given to the Somerville Housing Authority in this application is accurate and complete to the best of my/our knowledge and belief. I/We understand that false statements or information are punishable under Federal law. I/We also understand that false statements or information are grounds for rejection of this application or termination of tenancy.

Signed under pains and penalties of perjury.

Signature of head: _____ Date: _____

Signature of spouse: _____ Date: _____

SHA Representative: _____ Date: _____

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