

Applicant: Write your full name and address,
including your apartment # and zipcode.

Mail this application to the address you
see at left.

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: At present, our only open waitlists 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 direct applicants to try our free search to locate OTHER HOUSING OPTIONS,
you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

www.HousingWorks.net



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

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ 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 |
| <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

- ☐ 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

- ☐ BEST 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



SOMERVILLE HOUSING AUTHORITY

30 Memorial Road, Somerville, Massachusetts 02145

Telephone (617) 625-1152 Fax (617) 623-8151 TDD (617) 628-8889

Date of receipt: _____
Time of Receipt: _____
Control Number: _____
Priority Category: _____
Preference Category: _____

SECTION 8 PROJECT BASED ASSISTANCE PROGRAM (PBA) MYSTIC WATERWORKS APPLICATION

You **MUST** answer all questions on the application. If a question is not applicable, please write N/A. **Make sure you sign the last page.** If you need additional space to provide an answer, please attach additional sheet(s). Once, the application is completed, please mail or hand delivered to: Somerville Housing Authority Section 8 Department, 30 Memorial Road, Somerville, MA 02145.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED/PROCESSED

(PLEASE PRINT):

1. Applicant Name: _____
Current Address: _____ Apt. No.: _____
City/Town: _____ State: _____ Zip: _____
Mailing Address: _____ Apt. No. _____
City/Town: _____ State: _____ Zip Code: _____
Home Telephone: _____ Cell Telephone: _____
E-mail Address: _____

2. **Type of Housing You are Applying for:**

- ☐ 1 bedroom ☐ Wheel Chair Accessible

NOTE: **THE WATERWORKS BUILDING IS A NON-SMOKING** Senior Housing Complex Section 8 Project Based Development located at the site of historic Waterworks Building built in 1864. Each unit has a full kitchen, bath with a walk-in shower and combined dining/living room space. The building will have a lounge area and common laundry facilities.

3. **Preferences:** The SHA will verify your claim of preferences/priorities prior to making an offer of housing. *Each verified preference will receive an allocation of points.*

Please select if applicable:

- A. ☐ **Residency Preference.** For families who live in Somerville, work in Somerville, have been hired to work in Somerville at the time of application and at the time issuance of voucher or who have been displaced from their dwelling unit in Somerville and have not obtained permanent replacement housing at the time of application and at the time of verification of eligibility.

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

☐ YES ☐ NO **IF YES**, please explain? _____

- B. ☐ Veteran's Preference.** To qualify for this preference the applicant must be a veteran, a member of the armed services of The United States or a dependent family member of a veteran or a service person. "Veteran" means any person honorably discharged from the armed services of the United States after serving for 181 consecutive days or more.

If you checked "Yes" to **Veteran preference**, you must provide service dates for service in the U.S. Army, Navy, Marine Corps, Coast Guard, Air Force or full time National Guard duty.

FROM (date): _____ TO (date): _____

**Also, you must submit with this application, a copy of the
Veteran's Department of Defense (Form DD214)**

4. **Priorities:** A priority is a housing-related situation that affects an Applicant's present residential status. An Applicant can qualify for only one Priority at any given time

Please select the circumstances relevant to your housing situation.

- _____ Displaced by SHA action
_____ Involuntary Displaced by Natural Forces (fire, flood, earthquake, etc.)
_____ Involuntary Displaced by Code Enforcement
_____ Involuntary Displaced by Housing Owner (no fault)
_____ Victim of Domestic Violence (within past 6 months)
_____ Living in Substandard Housing
_____ Homeless Family
_____ Rent Burden where rent and utilities are more than 50% of the gross household income
_____ None of the above. Explain Circumstances: _____

5. Do you or a family member have any special needs due to a disability or need a reasonable Accommodation?

☐ YES ☐ NO

IF YES, please explain: _____

6. IN THE CHART BELOW, LIST THE HEAD OF HOUSEHOLD AND ALL OTHER PERSONS WHO WILL BE LIVING IN THE ASSISTED UNIT:

First Name	Last Name	Relation to Head	Sex	Birth Date	Social Security Number	Student Status
		HEAD				

Is a change in the household composition expected? ☐ YES ☐ NO

When it is expected to change? _____ Currently how many people live with you? _____

7. **Racial Designation (optional):** ☐ Native American Indian or Alaskan Native ☐ Caucasian/White
☐ Black or African American ☐ Asian or Pacific Islander ☐ Other (explain): _____
Ethnic Designation (optional): ☐ Hispanic/Latino ☐ Not Hispanic/Latino

8. Have you sold, transferred or given away any asset greater than \$1,000 for less than fair market value in the last two (2) years?

☐ YES ☐ NO

IF YES: Date of sale/transfer: Month: _____ Day: _____ Year: _____

Amount of the sale/transfer: \$ _____

Value of the sale/transfer: \$ _____

9. Do you own a home or any other real estate? ☐ YES ☐ NO

IF YES: Property Address: _____

City/Town: _____ State: _____ Assessed Value of property \$ _____

10. Were you or a member of your household, a former participant of the Somerville Housing Authority (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: _____

Were you, or a member of your household, ever a participant in a Federal Housing Program?

☐ YES ☐ NO

IF YES, please explain: _____

11. INCOME BEFORE DEDUCTIONS: Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 months. Please specify all sources:

HOUSEHOLD MEMBER First Name	SOURCE OF INCOME	NAME AND ADDRESS OF EMPLOYER OR SOURCE OF INCOME	MONTHLY INCOME AMOUNT
	Social Security/SSI?		\$
	Employment?		\$
	Pension/Annuity?		\$
	Veteran's Benefits		\$
	Trust Income, Interest & Dividends		\$
	TANF/EAEDC Public Assistance?		\$
	Unemployment?		\$
	Worker's Compensation		\$
	Net income from Business		\$
	Seasonal Employment (at any time of the year)		\$
	Contributions (monetary or not) from Family/Friends		\$
	Adoption Subsidy		\$
	Income from Assets		\$
	Alimony, Support		\$
	Alimony/Child Support?		\$
	Disability?		\$
	Any other Income not listed above?		\$

TOTAL GROSS INCOME \$ _____

12. **ASSETS:** Do you or any family member have any of the following assets:

(checking/Savings Accounts, STOCKS, BONDS, IRA, 401K OR 403B, ANNUITIES, MUTUAL FUNDS, TRUST ACCOUNTS WHOLE LIFE INSURANCE, MONEY MARKET, SAFE DEPOSIT BOXES, REAL ESTATE).

IF YOU NEED MORE SPACE, PLEASE ATTACH A SEPARATE SHEET.

Household Member First Name	Asset Type and interest rate	Asset Value or Current Balance	Name of Financial institute	Account Number
		\$		
		\$		
		\$		

13. **EXPENSES:** Do you have pay for any of the following:

Expenses	Amount
Expense for Care of Children or Sick/Incapacitated Person <u>IF NECESSARY</u> for Employment	\$
Un-reimbursed Medical Expenses	\$
Health Insurance	\$
Other	\$

TOTAL EXPENSES \$_____

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

A. Have you or a member of your household who will live with you ever been convicted of a violent crime or of the manufacture, distribution, or intent to distribute drugs?

☐ YES ☐ NO

B. Have you or a member of your household who will live with you been convicted of felonious use or possession of drugs.

☐ YES ☐ NO

IF YES to A or B, please explain: _____

15. **References:** List two (2) references. These **should not** be relatives or household members:

(a) Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

(b) Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

APPLICANT'S CERTIFICATION

I understand that this application is not an offer of housing, and I should not make any plans to move or end my present tenancy. I understand that it is my responsibility to inform the Housing Authority in writing of any *change of address, household size or any change in my circumstances* as I have described them in this application. I understand that I must respond promptly to all Housing Authority inquiries or my application may be cancelled.

I authorize the Housing Authority to make inquiries to verify the information that I have given in this application. 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 is criminal offenses punishable under state and federal laws. I also understand that false statements or information is grounds for rejection of this application or termination of my participation in the program.

I understand that all adult household members will be required to sign a Declaration of U.S. Citizenship form and adults responsible for minor children under the age of 18 will sign a Declaration of U.S. Citizenship form. The Somerville Housing Authority will verify that those not claiming U.S. citizenship are eligible non-citizens. I understand that the Somerville Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and 3rd party verification of all income and assets reported for all adult members of the household. I understand that each adult family member is required by HUD to sign an Authorization for the Release of Information/Privacy Act Notice (HUD form 9886).

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY

Signature of Applicant: _____ Date: _____

Signature of Spouse: _____ Date: _____

SHA Reviewer signature: _____ Date: _____

