

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"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit            | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit             | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit for <b>Environmental Allergies</b> | <input type="radio"/> <b>Personal Care Attendant</b>  |

- ☐ 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

Appendix 1- (to Annex B, Section 5, Division II to Southwick Housing Authority Management Plan).

**STANDARD APPLICATION FOR HOUSING PROGRAMS****Southwick Housing Authority**

12 Depot Street

Southwick, MA 01077

Telephone: (413) 569-3161

TDD: (413) 569-1490

**OFFICE USE ONLY**

Date of receipt \_\_\_\_\_

Time of Receipt \_\_\_\_\_

Control Number: \_\_\_\_\_

Bedrooms: 0 1 2 3 4 5

Race: AI A B H O W

Priority Category: \_\_\_\_\_

Preference: \_\_\_\_\_

Income L VI Other: \_\_\_\_\_

1. Name of head of household: \_\_\_\_\_
2. Current address: \_\_\_\_\_  
 City/Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Type of public housing needed: (Circle the one that you feel best suits your needs).  
 a. Housing for families                      b. Housing for elderly or handicapped persons
4. Special needs: Do you wish to apply for a handicap/disability adjustment to your income?  
 (Circle one) Yes    No  
 (Please indicate below if you wish to apply for dwelling that is accessible for handicapped persons or wish to request any special features or accommodations you feel are important for you to have in your dwelling.) \_\_\_\_\_
5. Veteran's Preference: (Circle One) Yes    No  
 (You may be given a preference in if you are a veteran; the spouse, dependent child or parent of a veteran; of the divorced spouse or a veteran with a dependent child of the veteran. If you are applying for a veteran's preference, a copy of the veteran's discharge or separation papers must be submitted with this application.)  
 Dates of service: (if applying for veteran's preference) \_\_\_\_\_ to \_\_\_\_\_
6. Are you applying for an emergency housing priority? (Circle One) Yes No (If yes, an emergency application form will be sent to you.)
7. Number of bedrooms needed: (Circle One) 0 1 2 3 4 5 6 7
8. Persons who will live in the household, including the head of the household: \_\_\_\_\_

Household member number	First name, middle initial, and last name of everyone who will live in your household	Social Security Number	Relationship	Date of mm/dd/yy	Occupation or Grade in School
1					
2					
3					
4					
5					
6					
7					
8					
9					

9. Is a change in the household size expected? (Circle one) Yes No

If yes, what kind of change? \_\_\_\_\_ When? \_\_\_\_\_

10. Criminal record: Have you or any person who will live in your household been convicted of a misdemeanor in the last five years? (Circle one) Yes No

Have you or any person who will live in your household been convicted of a felony in the last ten years? (Circle one) Yes No

11. Income before deductions: (Estimate the gross income anticipated from all sources for the next 12 months.)

Household member number	Description	Source of income	Gross income for next 12 months
	Net income from business or profession		
	Salaries and wages including regular overtime & tips		
	Pensions & annuities		
	Trust income, interest, & dividends		
	V. A disability		
	Regular unemployment or disability compensation		
	Social security benefits		
	SSI		
	AFDC or public assistance		
	Regular alimony, support payments, gifts		
	Other income		

**TOTAL GROSS INCOME** \$

**12. DEDUCTIBLE EXPENSES:**

Expenses for care of children or sick or incapacitated persons (if necessary for employment.)

Alimony or child support payments

Un-reimbursed medical expenses including dental medical insurance

Tuition & fees

Disability-related travel expenses

Disability-related homemaking/housekeeping expenses

Other authorized expense

**TOTAL DEDUCTIBLE EXPENSES:** \$

**13. ASSETS:** (List below the assets of everyone who will live in the household Include all bank accounts, stocks, bonds, trust agreements, real estate, etc Do not include clothing, furniture, or cars).

Household Member Numbers	Description of Assets	Value of applicant's equity

14. List any assets disposed of during the last two years. (Include the market value at time of disposal or sale, amount for which disposed or sold, type of asset and the date disposed of or sold).

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15. Does anyone in your household own a car? (Circle one) Yes No

Make of car	Year	Reg. No.
Make of car	Year	Reg. No.
Make of car	Year	Reg. No.

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

(1) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

17. List your addresses for the last five years in reverse order: (Where you now live, first.)

(1) Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of landlord: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(2) Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of landlord: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(3) Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of landlord: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

18. Have you, or any member of your household, ever received housing assistance from this or any housing agency or group? This includes rental assistance programs. (Circle one) Yes No

If yes, name of head of household at that time: \_\_\_\_\_

Relation to present applicant: \_\_\_\_\_

Name of housing agency: \_\_\_\_\_

Date moved out: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Did you leave as a tenant in good standing? (Circle one) Yes No

If no, please explain: \_\_\_\_\_

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20. Emergency reference: (Name of a relative or friend not planning to live with you. We will contact this person if we are unable to reach you concerning your application or selection for housing.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

21. Do you have any pets? (Circle One) Yes No

If yes, describe the pet: \_\_\_\_\_

22. Applicant's certification:

I understand that this application is not an offer of housing. I understand that the housing authority will make no more than one offer of an appropriate dwelling unit, understand that if I do not accept that offer, I will lose any priority or preference status and my application will be put at the bottom of the waiting list.

I certify that the unit applied for will be my household's permanent residence and that I will not maintain a separate subsidized rental unit in a different location.

Based on this application, I understand that I should not make plans to move or end my present tenancy until I have received a written offer of a dwelling unit from the Southwick Housing Authority. I understand that it is my responsibility to inform the authority in writing of any change of address, income, or household composition. I authorize the authority to make inquiries to verify the information I have provided in this application. I further certify that the information I have provided in this application is true and correct. I understand that any false statement or misrepresentation may result in the cancellation of my application.

**Signed under the pains and penalties of perjury:**

\_\_\_\_\_  
(Applicant's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Co-applicant's signature)

\_\_\_\_\_  
(Date)

**Racial/National Origin Designation:** (The information regarding race, national origin, and sex designation asked for in this application is requested in order to assure the state and federal governments, acting through the Farmers Home Administration, and DHCD that laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and handicap 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 management is required to note the race/national origin and sex of individual applicants based on visual observation or surname. Your status with respect to tenant selection procedures for state-aided housing may be affected by this information, if anyone in your household is a minority, you may classify your household in that minority category.)

You will be notified in writing when your completed application results in your being selected for immediate occupancy, placed on a waiting list, or rejected.

----- (Do not write below this line) -----

\_\_\_\_\_  
(Interviewer/reviewer's signature)

\_\_\_\_\_  
(Date)

ENCLOSURE A -- **APPLICATION RECEIPT** (to Appendix 1 Annex B, Section 5, Division U, Southwick Housing Authority Management Plan).

**SOUTHWICK HOUSING AUTHORITY**  
12 Depot Street  
Southwick, MA 01077  
Telephone (413) 569-3161, TDD (413) 569 1490

**DO NOT LOSE THIS RECEIPT**  
**THIS IS THE RECORD OF YOUR APPLICATION**

This is a receipt for the document (s) circled below.

Preliminary application  
Standard Application

Emergency Application  
Transfer Application

I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate housing unit and if I do not accept that offer, I will lose any priority or preference status and my application will be put at the bottom of the waiting list.

Based on this application, I understand that I should not make any plans to move or end my present tenancy until I have received a written offer of a housing unit 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 provided in this application is true and correct to the best of my knowledge and belief. I understand that any false statement or misrepresentation may result in the cancellation of my application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

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### APPLICATION RECEIPT

To ensure your privacy, the housing authority's waiting list is maintained by control number rather than by name and address. Please use the control number assigned to you when you contact the housing authority.

Your control number is: \_\_\_\_\_

Interviewed/reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of housing authority official)

**EQUAL HOUSING OPPORTUNITY**



INSTRUCTIONS TO HELP YOU FILL-OUT YOUR APPLICATION FOR HOUSING**1. GENERAL:**

- a. The Southwick Housing Authority will furnish a standard housing application form, an application receipt, and an application information sheet to any person who requests an application in person, by phone, or by mail. Application forms are unacceptable if they are illegible or incomplete and will be returned to the applicant for correction.
- b. Each application received will be reviewed for completeness and eligibility for housing programs based on the information provided by the applicant. If that information indicates that the applicant is eligible, the applicant will be placed on the appropriate waiting lists and will be notified in writing if it indicates that the tenant is not eligible, the application will be rejected in writing in accordance with state regulations.
- c. The Southwick Housing Authority does not verify the information provided by the applicant when the application is received. However, prior to being selected for housing, each applicant will be required to up-date the information their application forms and show proof of that information.

**2. APPLICATION:**

- Item #1: Enter the full name of the head of your household.
- Item #2: Enter the mailing address of the dwelling where you are living.
- Item #3: Circle "Housing for families" if the head of your household or the spouse is under age 60 and is not disabled. Circle "Housing for elderly or handicapped persons" if the head of you household or spouse is aged 60 or older or is disabled
- Item #4: If you or another member of your household are handicapped or disabled you may request a handicap/disability adjustment to your income. To make that choice, circle "Yes," otherwise circle "No".

If you wish to apply for a dwelling that is accessible for handicapped persons, or need special features or accommodations because of a handicap, enter that on the line provided.

Persons who are handicapped have the right to request reasonable changes to accommodate their handicaps. If you are handicapped and feel any physical alterations, or changes to rules, policies, practices, or procedures are necessary so you will have an equal opportunity to enjoy your dwelling unit and common areas in the project, please list such changes for the consideration by the authority. If there is not enough room, enter "see attached" on the line provided and attach a list of your needs to the application form.

- Item #5: A preference is given in family housing to veterans, the families of veterans with a service connected disability, and families of other veterans in that order. Preference **in** housing **for** the elderly and disabled is given to veterans who reside in the Town of Southwick To claim your veteran's preference, circle "yes" and enter the dates **of service of** the veteran, otherwise circle "No".



- Item #7: If you are applying for an emergency housing priority circle “Yes” (the authority will send an emergency application to you), otherwise circle “No.” Circle the number of bedrooms you require.
- Item #7: When selecting how many bedrooms you need, please be aware that the authority requires at least one person per bedroom and permits no more than two persons per bedroom. We suggest that the number you choose be large enough so adults do not share a bedroom with children and children over age six do not share a bedroom with children of the opposite sex.
- Item #8: Enter the name, social security number, relationship to the head of your household, date of birth, and occupation if employed or grade in school (if a student) for each member of the household. If there are more than 9 persons in the household, write “see attached list” on the line with member number 9 and attach a list of your household’s members.
- Item #9: “Yes” if you expect any increase or decrease in your household size, otherwise circle “No.” If you circled “Yes,” please describe the type of change and when it is expected
- Item #10: Circle “Yes” in the appropriate places if you, or a member of your household has been convicted of a misdemeanor, felony, or both in the periods shown, otherwise circle “No.”
- Item #11: Enter the gross income of all members of the household, from all sources, that you expect they will receive over the next 12 months.

Income all from sources includes: earned income from any source; net income from any business or profession; social security payments; pensions & annuities; retirement income; payments in lieu of earnings such as SSI, SSDI, regular unemployment or disability; V. A disability; trust income; interest; dividends; APDC or other public assistance; regular lottery income; regular alimony, support payments, or gifts; and any other regular income. Note: Only 11800.00 of US government disability payments for service connected disabilities paid to an unemployable disabled veteran shall be included in income.

Do not include the following in your household income: Casual, sporadic, and irregular gifts; lump-sum reimbursements or settlements; amounts of scholarships, or stipends for housing while at an educational institution that are used for those purposes; special pay for the head or spouse of a household who is a member of the US armed forces serving in a war zone away from the household; relocation payments; payments received and held under the PASS program; the value of food stamps received; payments received under the domestic volunteer service act; stipends received under an education, training, or employment program approved by DHCD or sponsored by a government agency; income of a full time student; income of a personal care attendant.

Item #12: List all deductible expenses.  
If your household includes a person aged 60 or older or a person who is handicapped check here: \_\_\_\_\_ (A deduction of \$400.00 per year will be given).

Other deductible expenses that apply to your household include: \$300.00 for each person in the household (other than the head) who is 18 or older and contributes at least \$300.00 to the net income of the household and for each un-emancipated child under age 18; out-of-pocket medical expenses; out-of-pocket payments for care of a household member that permits another household member to go to work (not to exceed the amount of income earned); legally required support payments by a household member to a person outside the household; out-of-pocket expenses for post secondary school education of a household member who is not a full time student (not to exceed the income of that person); reasonable homemaking and housekeeping expenses for a disabled household member; out-of-pocket travel expenses for a handicapped household member required for essential activities; a deduction for households who pay for their own heat (the amount will be determined by the housing authority in accordance with the state schedule for heat deductions.). Note: no deductions are taken from US government disability payments for service connected disabilities paid to unemployable disabled veterans (see item #11 above).

Item #13: List the assets of all household members. Assets include bank accounts, stocks, bonds, trust agreements, real estate, or any other property that has value. Do not include automobiles, clothing, or furniture.

Item #14: List any assets that you have disposed of in the past two years, when they were disposed of, and the market value of the assets at the time of disposal.

Item #15: If you or any members of your household own passenger vehicles circle "Yes", otherwise circle "No." If you circled yes, enter the make, year and registration number of each vehicle.

Item #16: List as personal references the names, telephone numbers, and addresses of two persons. These persons should not be relatives or members of your household. It is a good idea to call the persons you list so they will know that we may call. Application forms are unacceptable if they are illegible or incomplete and will be returned to the applicant for correction. List where you have lived in the past five years only. List the place where you are now living first. If necessary, list the your next two previous residences with the most recent first. If you have lived in more than three residences in the past 5 years write "see attached" in the space below the third residence and attach a list of any others.

Item #18: If you have had public housing assistance in the past, circle "Yes": otherwise circle "No." If you circled "Yes," list any public housing assistance that you, or any member of your household have received in the past If you need more room, write "see attached" in the space at the end of item 18 and write the additional information on an attached sheet.

- Item #19: If you or any member of your household is a member, employee, or in the family of a member or employee of the Southwick Housing Authority circle "Yes," otherwise circle "No." If you circle "Yes," explain the relationship in the space provided
- Item #20: List the name, relationship, address, and telephone number of a relative or friend that is not a member of your household. If we cannot reach you concerning your application, we will contact the person you list to get their help in contacting you.
- Item #21: If you have any pets circle "Yes," otherwise circle "No." If you circle "Yes", describe the pets in the space provided.
- Item #22 Read and sign the certification section. The head of the household must sign to validate the application. It must also be signed by the spouse of the head of the household or the co-tenant, if any.

**Racial/National Origin Designation:** We ask that you fill in this section because it is used by the authority and the state to measure the authority's compliance with state and federal rules and regulations. It may also be to your advantage to furnish the information because the authority has a system of priorities for public housing which include race/national origin.

Once you have completed the application form, please turn to the application receipt forms and enter your signature, date sent, and address on the application receipt form.

Please review the completed forms to make sure they are complete and able to be read. Once this is complete, send the form to the:

**Southwick Housing Authority  
12 Depot Street  
Southwick, MA 01077**

Fair Information Practices Act  
Statement of Rights

Local Housing Authorities collect information about applicants and tenants for their housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest, and to verify the accuracy of information submitted. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by the housing authority to provide information. However, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regards to the information collected about you.

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent. If we receive a legal order to release the information, we will notify you.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference. This form must be signed, dated and mailed with your application to each authority where you apply for housing.

Date \_\_\_\_\_ Signature \_\_\_\_\_

