

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 _____

Taunton Housing Authority

30 OLNEY STREET, TAUNTON, MA 02780 (508) 823-6308

DO NOT WRITE IN BOX

OFFICE USE ONLY

State Control Number: _____

STANDARD APPLICATION FOR MRVP UNITS

1. Name of Applicant _____

Current Address _____ Apt. No. _____

City/Town/State _____ Zip Code _____

Home Telephone _____ Work Telephone _____

2. Type of Housing Needed: (Check One) ☐ Family ☐ Elderly/ Handicapped

3. 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 a wartime Veteran. A copy of the Veteran's discharge or separation papers must be submitted with this application.

Dates of U.S. Military service: Month _____ , _____ to Month _____ , _____

4. Special needs: Specify _____

5. Are you applying for Emergency Housing? (check one) ☐ Yes ☐ No

If "Yes" then you must fill out an Emergency Application.

6. Racial Designation: (Responding to this question is optional.) Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority Category.

(check one) ☐ American-Indian ☐ Asian ☐ Black ☐ Hispanic ☐ Other ☐ White

7. Number of Bedrooms: (check one) 1 2 3

8. Members of household to live in Unit, including Head:

First name, middle initial, and last name of everyone to live in the household	Relationship to Head	Sex	Date of Birth	Occupation or Grade in School
1	HEAD			
2				
3				
4				
5				
6				
7				
8				
9				

9. Is a change in the household composition expected? (check one) ☐ Yes ☐ No If yes, what type of change? _____ When? _____

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10. INCOME BEFORE DEDUCTIONS

Estimate the Gross Income anticipated for ALL Household Members from all sources for the next 12 months. Specify all sources.

Household Member	Source of Income	Name and Address of Employer or Source of Income	Gross Income For Next 12 Months
	Salaries, Wages, Including Overtime/Tips		
	Salaries, Wages, Including Overtime/Tips		
	V.A Disability		
	Net Income From Business or Profession		
	Trust Income, Interest & Dividends		
	Pensions and Annuities		
	Regular Unemployment or Disability Compensation		
	Regular Social Security Benefits and/or SSI		
	T. A. F. D. C. or Public Assistance		
	Regular Alimony, Support Payments, Gifts		
	Other Income		

TOTAL GROSS INCOME

11. EXPENSES

Sub-Totals

Extraordinary expenses required by Employer	
Expense for Care of Children or Sick/Incapacitated Person, if Necessary for Employment	
Unreimbursed Medical Expenses	
Alimony or Child Support Payments	
Health Insurance	
Other	

TOTAL EXPENSES

12. **ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. DO NOT include clothing, furniture or cars.

Household Member	Description of Assets	Value of Applicant's Equity

13. Have you, or any member or your household, ever received housing assistance from this or any other housing agency?

(check 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 Moved Out: _____

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

If NO, please explain:

14. Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of this Housing Authority? (If so, this will not necessarily disqualify your Application.)

(check one) ☐ Yes ☐ No

If YES, please explain:

15. Emergency Reference: 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 cases of an emergency.

Name: _____ Relationship: _____

Address: _____ Telephone: _____

16. Have you or any member of your household who will live in the unit been convicted of a misdemeanor in the last five years?

Check one (check one) ☐ Yes ☐ No

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

Check one (check one) ☐ Yes ☐ No

If YES, please explain:

APPLICANT'S CERTIFICATION:

I understand that the Authority will not process this application unless it is completed in full. 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 MRVP Voucher. If I do not accept that offer, I will be dropped off the waiting list, and cannot receive an emergency priority or a preference for a 3 year period.

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 provided in this application. I certify that the information I have given 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: _____

Interviewed/Reviewed by: _____

Date: _____

FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Housing Authority collects information about applicants and tenants for its 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. When permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators or prosecutors. Otherwise, the information will be kept confidential and used only 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 a 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 regard 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.
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 it will collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the housing authority holds about you. If you object, it will investigate your objection, and either correct the problem or make your objection part of the file. If you are dissatisfied, you may file a grievance under the housing authority's grievance procedure.

I have read and understood this Fair Information Practices Act Statement of Rights and have received a copy for future reference.

Date: _____
_____ *Applicant's signature*

TAUNTON HOUSING AUTHORITY
30 OLNEY STREET STE. B
TAUNTON, MA 02780-4141

**TAUNTON HOUSING AUTHORITY GENERAL AUTHORIZATION FOR
RELEASE OF INFORMATION**

NAME: _____

ADDRESS: _____

I, the above-named individual, have authorized the HOUSING AUTHORITY to verify the accuracy of the information which I have provided to the Housing Authority from the following sources (specify):

ANY RELATIVE DOCUMENTATION DEEMED REQUIRED TO
COMPLETE THE SCREENING PROCESS OF THIS APPLICATION.

I hereby give you my permission to release this information to the Taunton Housing Authority, subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the HOUSING AUTHORITY within five (5) days of receipt of this request.

Thank you for your assistance and cooperation in this matter.

Signature _____ Date signed _____

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FORM THE DATE
NOTED ABOVE.

TAUNTON HOUSING AUTHORITY
30 OLNEY STREET STE. B
TAUNTON, MA 02780-4141

AUTHORIZATION TO RELEASE INFORMATION

I, _____ hereby authorize the
CRIMINAL HISTORY SYSTEMS BOARD (CHSB) to release to the TAUNTON
HOUSING AUTHORITY any and all information which it presently has in its files
relative to my past criminal record, including any charges or convictions, either pending
under appeal, or in final disposition.

Signature of Applicant:

Date

NOTE TO APPLICANT: Pursuant to G.L. ch 6 s. 168 Housing Authorities are granted
access to Criminal Offender Record Information (CORI) for the purpose of tenant
selection only, and may not otherwise use or disseminate this information.

TAUNTON HOUSING AUTHORITY
30 OLNEY STREET - SUITE B
TAUNTON, MASSACHUSETTS 02780-4141
TEL (508) 823-6308
FAX (508) 822-3460
TDD (800) 439-2370

APPLICANT'S RECEIPT

DO NOT LOSE THIS RECEIPT. THIS IS YOUR RECORD OF YOUR STATE-AIDED HOUSING APPLICATION. IT IS A RECEIPT FOR THE APPLICATION(S) CIRCLED BELOW.

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 Conventional unit. 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. If I am offered a Rental Assistance Certificate and am not able to locate a unit, my application will be cancelled, but I can apply again.

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 provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the cancellation of my application. I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board for all adult members of the household.

I acknowledge receipt of the *Fair Information Practices Act Statement of Rights* for all adult members of the household. To ensure your privacy, the Housing Authority's waitlists are kept by control number rather than by name. If you have questions about your application, or want to notify the Housing Authority of a change, please use the control number listed in the upper right hand corner of this receipt.

Applicant's Signature: _____ Date _____

Applicant's Signature: _____ Date _____

Applicant's Signature: _____ Date _____

EQUAL HOUSING OPPORTUNITY

11/2000