#### Don't staple the pages of this application together!

- 1. Some providers scan the application, and if you staple, that means removing staples from 1000 applications every week or month.
- 2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in theway.

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.

•	The particular national action of the process, our only open manners are:	
		-

O This is not the correct application. The correct application is available in this way:

O This particular waitlist is closed: At present, our only open waitlists are:

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!

O	HEAD OF HOUSEHOLD'S FIRST NAME
0	HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
0	HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ)
0	YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD
AN	SWER THIS: O Yes O No Does the HoH have a Social Security Number? If "Yes" you must provide the full SSN!
0	HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER OF HEAD OF HOUSEHOLD'S DATE OF BIRTH OF GENDER
0	ETHNICITY O RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial
0	REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:  O Fully Accessible Wheelchair Unit O Blind Accessible Unit O Need an Interpreter  O No-Steps unit (elevator to any floor) O Deaf Accessible Unit O Domestic Violence Victim  O First-Floor unit only O Unit designed for Environmental Allergies
0	HoH's CAREER STAGE O Employed O Unemployed O Retired O FT Student O PT Student
0	PERMANENT MOBILE RENTAL ASSISTANCE, if any O I do not have mobile rental assistance O Mobile Section 8 voucher O MRVP O AHVP O VASH or similar
0	CRIMINAL RECORD AND SEX OFFENDER  Head of Household: Any Felony/Conviction? O Yes O No  Other Members: Any Felony Convictions? O Yes O No  Is anyone in HH subject to a lifetime sex offender registration in any state? O Yes O No
0	ANY PETS? O Yes O No Describe:
0	HOUSEHOLD SIZE AND COMPOSITION
0	CURRENT HOUSING STATUS O Homeless O Housing Loss in 14 days O Homeless under other federal status
	O Homeless because Fleeing domestic violence O At risk of homelessness O Stably Housed
0	BEST TELEPHONE NUMBER TO USE O SECOND TELEPHONE
0	EMAIL ADDRESS
0	WHERE YOU LIVE OR BACKUP ADDRESS
0	BEST MAILING ADDRESS
0	# BEDROOMS NEEDED?  O SPECIAL CIRCUMSTANCES? (some programs may grant you priority status)  O Disability O Elder O Veteran O Fleeing Domestic Violence O Rent-burdened

## TAUNTON HOUSING AUTHORITY

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

The Taunton Housing Authority is a SMOKE FREE agency.

# PRE-APPLICATION FOR STATE AND FEDERALLY-AIDED HOUSING

Date of Receipt:
Time of Receipt:
Control Number:
Bedrooms:
Race:
Priority Category:
Preference Category:
Languagas

THIS BOX IS FOR OFFICE USE ONLY

**Incomplete applications will not be processed.** Complete all information and sign where requested. If a question is not applicable, please write N/A. If necessary to complete this application, you may request a reasonable accommodation due to a disability.

to a d	lisability.								
1.	Legal First Name								
	Address of Current Residence								
	City/Town								
	Mailing Address								
	City/Town		State	e	Zip C	lode			
	Home Telephone		Work '	Telephone					
2. T	Sype of Public Housing You Are App	olying For: (Chec	ck one)						
	<ul><li>a. Family:</li><li>b. Elderly:</li><li>c. Non-Elderly/Handicapped</li><li>d. Congregate:</li></ul>	☐ Conven	tional State tional State tional State	☐ Conventi ☐ Conventi ☐ Conventi	onal Federal	☐ Both ☐ Both			
	Note: To be eligible for elderly/hyears old for federally-aided hou alcohol/drug abuse.								
3.	If you want to apply for State and I	Federal Emergency	y Housing, you	must select one	e of the categori	es below:			
	Note: To be eligible for Emergency applicant status you must be "homeless," which is defined by the regulations as: an applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit, who has not caused or substantially contributed to the situation, who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing, and who is displaced from is/her primary residence for one of the following reasons. Please check the reason that applies to your situation.								
	Displaced by Natural Ford Displaced by Public Action Displaced by Public Action Displaced through No-faut Victim of Abuse (domestic the life and safety of the action)	on (i.e. Urban rene on (i.e. Condemnat It of applicant or a c violence) where	wal, eminent d tion of home, c applicant house	ode violations) chold member(s)					
	If you have selected one of the abo emergency status you are claiming		egories in this s	section, provide	third party writ	ten verificatio	n as to the		
4.	Do you have any special needs due	to a disability? Sp	pecify:						
	Do you need a wheelchair accessib	le apartment?	(Check one)	Yes	□ No				
	Do you have the ability to climb st	airs?	(Check one)	Yes	$\Box$ No				
5.	Are you a Board Member, employed Authority? (If so, this will not necessary)				mployee or Boa	rd Member of	this Housing		
_	Check one)	Io If yes, pleas	se explain: Page 1						





•	Estimate the Gross I			Iousehold	Members from	n all sour	ces for the ne	ext 12 months.
	If yes, what type of				Wher	1?		
•	Is a change in the ho		-			] Yes		
			HEAD					
	Name: First, Middle	e, Last	Relationship		ial Security Number	Sex	Date of Birth	Occupation or Student Status
	Members of househ	old to live in	unit, including n	r		n additioi		
	,				-		`	
	category. (circle one) Am	erican-Indian	Asian	Black	Hispanic	White	Other (s	specify)
	Racial Designation affected by this info							
	application and at th						City of Taur	iton at the time of yo
	In order to qualify for	•	•			-		
	Are you living or we	arking in the	ITV OF LAUNTON					

Household Member Name	Source of Income	Name & Address of Employer or Source of Income	Gross Income For Next 12 Months
	Salaries, Wages, Including Overtime/Tips		\$
	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	\$
--------------------	----





D	ates	of U.S. Military Service: Fro	m,	to	,			
		TS: List below the assets of ever ments, real estate (house, land, mo				st		
Н	ousel	hold Member	Asset Type		Asset Value			
				\$				
				\$				
				\$				
				\$				
Н	as ar	nyone to live in the unit sold, tran	sferred or given away	an asset in the last thr	ree years? (Check one)   Ye	es 🗌 No		
If	yes,	please explain:						
I	ist A	Addresses for the Last Five Yea	rs in Chronological (	Order: (attach additio	onal sheet if necessary)			
(1		Current Address (Street, City	o o	,		To Preser		
		Full Name of Property Owner:						
		Address of Landlord (Street, C			_			
(2	3)	Address: (Street, City, State)						
		Full Name of Property Owner:						
		Address of Landlord (Street, C			_			
(3	6)	Address (Street, City, State):						
`		Full Name of Property Owner:						
		Address of Landlord (Street, C			•			
Have you, or any member or your household, ever received housing assistance from this or any other housing agency?								
	•	k one) $\square$ Yes $\square$ No		-	nt time:	•		
,		•	·					
C	ame ompl	of Housing Agency:lete address of rental assisted unit						
Date Moved Out: Reason Moved Out:								
		you or any member of your house ICANT'S CERTIFICATION:	shold who will live in	the unit been convicte	d of a crime? (Check one) □	Yes □N		
a in in ap ap	writt wriquiri oplica	on this pre-application I understaten <u>Unit Offer</u> from the Housing Asiting of any change of addressies to verify the information I hation is true and correct. I understation.  I understation.	Authority. I understa s, income, or house have provided in this stand that any false st	and that it is my responded composition. I application. I certificatement or misreprese	onsibility to inform the House I authorize the Housing Auty that the information I have entation may result in the care	thority to move given in the cellation of		
	ICNI	ED UNDER THE PAINS AND	PENALTIES OF PE	ERJURY.				
Sl	UUI							





CLEARLY PRINT APPLICANT'S LEGAL NAME:							
GENERAL AUTHORIZATION FOR RELEAS	E OF INFORMATION						
, the above named individual, have authorized the Taunton Housing Authority to verify the accuracy of the information which I have rovided to the Taunton Housing Authority, from the following sources (specify):							
ANY RELATIVE DOCUMENTATION DEEMED REQUIRED TO COMAPPLICATION.	IPLETE THE SCREENING PROCESS OF THIS						
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 Taunton Housing Authority within five (5) days of receipt of this request.							
I understand that a photocopy of this authorization is as valid as the origina	ıl.						
Applicant's Signature	Date						
AUTHORIZATION FOR RELEASE OF INFORMA	ATION FROM LANDLORD						
I, the above named individual, have authorized the Taunton Housing Authority to provided to the Housing Authority from the following sources (specify): <b>LAND</b>							
I hereby give you my permission to release this information to the Housing Ausupplying the information requested on the attached page to the Housing Authority							
I understand that a photocopy of this authorization is as valid as the origina	ıl.						
Applicant's Signature	Date						

#### **AUTHORIZATION TO RELEASE INFORMATION**

I, the above named individual, hereby authorize the Taunton Housing Authority to perform criminal background checks. I also authorize each agency from whom this criminal background check is requested to release to the Taunton Housing Authority any and all information which it presently has in its files relative to my criminal record including my charges or convictions, either pending, under appeal or in final disposition.

Applicant's Signature Date

**NOTE TO APPLICANT:** Pursuant to G.L. ch. 6 s. 168 Housing Authorities are granted access to Criminal Offender Record Information (CORI) including conviction data and pending criminal charges, for the purpose of tenant selection only and shall not be otherwise used or disseminated.

EACH OF THE ABOVE AUTHORIZATIONS IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATES NOTED ABOVE.

