

- Don't staple the pages of the application together!
1. Providers need to easily access their own application first page.
 2. Removing staples from 1000 applications a week adds too much work.
 3. Some providers *scan* the application, and can't do this if you staple.
 4. If you include a letter, don't staple that either!

Use #10 double-window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open: *App Generated:*

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

- ☐ **This particular waitlist is closed: The only open waitlists we have at present are:**
- _____
- ☐ **This is not the correct application. The correct application is available by/from:**
- _____
- ☐ **Any other info you wish to tell HousingWorks?**
- _____

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561



	Head of Household’s FIRST NAME – <i>the adult family member filling this out = the Head of Household</i>		
<input type="radio"/>			
	Head of Household’s MIDDLE NAME		
<input type="radio"/>			
	Head of Household’s LAST NAME (ex: Baez Gonzalez)		Suffix
<input type="radio"/>			

<input type="radio"/>	Your Mother's LAST Name WHEN SHE WAS A CHILD	
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Answer this: <input type="radio"/> Yes <input type="radio"/> No Does the HoH have a Social Security Number? <i>If “Yes” you must provide the <u>full</u> SSN!</i>				
Head of Household’s SOCIAL SECURITY NUMBER		Head of Household’s DATE OF BIRTH		GENDER
		Month	Day	Year
<input type="radio"/>		<input type="radio"/>		<input type="radio"/>

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi- Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your
<input type="radio"/>	<input type="radio"/>

REQUESTED ACCOMMODATIONS <input type="radio"/> = <input checked="" type="radio"/> Do you need a:		
<input type="radio"/>	<input type="radio"/> Fully Accessible Wheelchair Unit	<input type="radio"/> Blind Accessible Unit
	<input type="radio"/> No-Steps unit (elevator to any floor)	<input type="radio"/> Deaf Accessible Unit
	<input type="radio"/> First-Floor unit only	<input type="radio"/> unit designed for Environmental Allergies
	<input type="radio"/> Need an Interpreter	
	<input type="radio"/> Domestic Violence Victim	

HoH’s CAREER STAGE				
<input type="radio"/>	<input type="radio"/> Employed	<input type="radio"/> Unemployed	<input type="radio"/> Retired	<input type="radio"/> FT Student
	<input type="radio"/> PT Student			
MOBILE RENTAL ASSISTANCE, if any				
<input type="radio"/>	<input type="radio"/> I do not have mobile rental assistance	<input type="radio"/> Mobile Section 8 voucher	<input type="radio"/> MRVP	<input type="radio"/> AHVP
	<input type="radio"/> VASH or			

CRIMINAL RECORD AND SEX OFFENDER RECORD				
<input type="radio"/>	Head of Household - Any Felony/Conviction?	<input type="radio"/> Yes <input type="radio"/> No	Any Misdemeanor Conviction?	<input type="radio"/> Yes <input type="radio"/> No
	<u>Other</u> Members: Any Felony Convictions?	<input type="radio"/> Yes <input type="radio"/> No	Any Misdemeanor Conviction?	<input type="radio"/> Yes <input type="radio"/> No
	Is <u>anyone</u> in HH subject to a lifetime sex offender registration in any state? <input type="radio"/> Yes <input type="radio"/> No			

HOUSEHOLD SIZE AND COMPOSITION				ANNUAL INCOME (write the yearly amount!)	
<input type="radio"/>	← # Adults	← # Children	←Total # in Household	<input type="radio"/>	.00

BEST TELEPHONE NUMBER TO USE		SECOND TELEPHONE (if you have one)
<input type="radio"/>		
<input type="radio"/>	BEST EMAIL ADDRESS	
<input type="radio"/>	SECOND EMAIL ADDRESS	

BEST MAILING ADDRESS	
Street Address (including Apartment Number) or P.O. Box	
<input type="radio"/>	
City, State, and Zip Code:	
<input type="radio"/>	

SECOND MAILING ADDRESS	
Street Address (including Apartment Number) or P.O. Box:	
<input type="radio"/>	
City, State, and Zip Code:	
<input type="radio"/>	

# BEDROOMS NEEDED?	SPECIAL CIRCUMSTANCES? - <i>some programs may assign you a priority status</i>
<input type="radio"/>	<input type="radio"/> Disability <input type="radio"/> Elder <input type="radio"/> Veteran <input type="radio"/> Fleeing Domestic Violence
	<input type="radio"/> Displaced by: _____ <input type="radio"/> Rent-burdened <input type="radio"/> Other

DATE ISSUED _____

INITIAL _____

RE-EXAM _____

INTERIM _____

UPDATE _____

PUBLIC HOUSING _____

SECTION 8 HOUSING _____

APPLICATION# _____

TEWKSBURY HOUSING AUTHORITY
SAUNDERS CIRCLE
TEWKSBURY, MA 01876
(978) 851-7392

FEDERAL TENANT APPLICATION

PLEASE PRINT

APPLICANT NAME _____

CURRENT ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE _____ HEAD WORK NO: _____ SPOUSE WORK NO: _____

List names, addresses and phone numbers of two relatives or friends who generally know how to contact you.

1. _____

2. _____

HOUSEHOLD COMPOSITION AND CHARACTERISTICS

1. LIST THE HEAD OF HOUSEHOLD AND ALL OTHER MEMBERS WHO WILL BE LIVING IN THE UNIT.
GIVE RELATIONSHIP OF EACH FAMILY MEMBER TO THE HEAD.

MEMBER NO.	MEMBER'S FULL NAME	RELATIONSHIP	BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.
1		HEAD				
2						
3						
4						
5						
6						
7						

2. RACE OF HEAD OF HOUSEHOLD: (Check One - USED FOR STATISTICAL PURPOSES ONLY)

3. ETHNICITY OF HEAD OF HOUSEHOLD (Check One)

4. Does anyone live with you now who is not listed above:

[] YES [] NO

5. Does anyone plan to live with you in the future who is not listed above?

[] YES [] NO

Explain if you answered yes to either questions: _____

6. Is head of household or spouse handicapped or disabled?

[] YES [] NO

7. Are any other household members handicapped or disabled?

[] YES [] NO

8. Please identify any special housing needs your household has.

9. How many people live in your unit now? _____

How many bedrooms do you have? _____

10. Do you wish to move? [] YES [] NO

If yes, why? _____

11. Are you being displace or evicted from your present unit? [] YES [] NO

If yes, explain circumstances. _____

12. What is the current rent? _____

What utilities do you pay? _____

13. Are you now living in a federally subsidized housing unit? [] YES [] NO

If yes, where? _____

14. Have you ever lived in Public Housing? [] YES [] NO

If yes, where? _____

15. Have you ever participated in the Section 8 Existing or Voucher Program? [] YES [] NO If yes, enter the date(s) of occupancy:

INCOME AND ASSET INFORMATION

Please answer each of the following questions. {For each "yes", provide details in charts below}.

DOES ANY MEMBER OF YOUR HOUSEHOLD

[] YES [] NO	1. Work full-time, part time or seasonally?
[] YES [] NO	2. Expect to work for any period during the next year?
[] YES [] NO	3. Work for someone who pays them cash?
[] YES [] NO	4. Expect a leave of absence from work due to lay off, medical, maternity or military leave?
[] YES [] NO	5. Now receive or expect to receive unemployment benefits?
[] YES [] NO	6. Now receive or expect to receive child support?
[] YES [] NO	7. Entitled to child support that he/she is not now receiving?
[] YES [] NO	8. Now receive or expect to receive alimony?
[] YES [] NO	9. Have an entitlement to receive alimony that is not currently being received?
[] YES [] NO	10. Now receive or expect to receive public assistance (welfare)?
[] YES [] NO	11. Now receive or expect to receive Social Security benefits?
[] YES [] NO	12. Now receive or expect to receive income from a pension or annuity?
[] YES [] NO	13. Now receive or expect to receive regular contributions from organizations or from individuals not living in the unit?
YES NO	14. Receive income from assets including interest on checking or savings accounts, interest on dividends from certificates of deposit, stocks or bonds or income from rental property?
YES NO	15. Own real estate or any assets for which you receive no income (checking account, cash)?
YES NO	16. Have you sold or given away real property or other assets (including cash) in the past 2 years?

INCOME CHART

MEMBER NO.	SOURCE OF INCOME	TYPE OF INCOME	ANNUAL INCOME

ASSETS CHART

LIST ALL CHECKING AND SAVINGS ACCOUNTS (INCLUDING IRAs, KEOGH ACCOUNTS, AND CERTIFICATES OF DEPOSIT, REAL ESTATE, ETC FOR ALL HOUSEHOLD MEMBERS.

MEMBER NO.	BANK NAME	ACCOUNT NO.	TYPE OF ASSETS	ASSETS VALUES
		#		
		#		
		#		
		#		
		#		
		#		

2. List the value of all stocks, bonds, trusts, pensions, or other assets owned by any household member:

3. List the value of any assets disposed of for less than fair market value during the past two (2) years:

EXPENSES

YESNO

Do you have expenses for child care of a child aged 12 or younger?
If yes, provide the name, address and telephone number of the care provider:

WHAT IS THE WEEKLY COST TO YOU OF THE CHILD CARE?

YESNO

Do you pay a care attendant or for any equipment for any handicapped or disabled household member(s) necessary to permit that person or someone else in the household to work?
If you pay a care attendant, provide the name, address and telephone number:

WHAT IS THE COST TO YOU FOR THE CARE ATTENDANT AND/OR THE EQUIPMENT?

ELDERLY FAMILIES ONLY

☐ YES

☐ NO

Do you have Medicare? If yes, what is your monthly premium?

☐ YES

☐ NO

Do you have any other kind of **medical insurance**? If yes, provide name and address of carrier, policy number, premium amount and agent's name.

☐ YES

☐ NO

Do you have outstanding medical bills which you are paying? If yes, list them below.

What medical expenses do you expect to incur in the next twelve months?

If you use the same pharmacy regularly, please provide the name and address.

HOUSING CHARACTERISTICS

1.

PRESENT HOUSING

1) Subsidized

2) Non-Subsidized

2.

PRESENT HOUSING COSTS \$

a) Exceeds 50% of your family income (Rent and Utilities)YESNO

3.

EXISTING HOUSING

(1) Substandard, (2) W/O or About (HOMELESS), (3) Standard or Not Known

4.

DISPLACEMENT STATUS

1) Not Displaced

2) Natural Disaster

3) Government Action

Owners Action

Physical Violence

Reprisal

8

Hate Crimes

Inaccessible

HUD Disposition

NOTE: Third party verification must be provided before applicant can be granted a Federal Preference.

PUBLIC HOUSING APPLICANTS ONLY

List addresses for the last five years in reverse order:

. Address: City: State: Zip: YEARS:

Name of Landlord: Telephone:

. Address: City: State: Zip: YEARS:

Name of Landlord: Telephone:

. Address: City: State: Zip: YEARS:

Name of Landlord: Telephone:
