

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

Wakefield Housing Authority

26 Crescent Street
Wakefield, MA 01880-2430
Tel. (781) 245-7328
Fax. (781) 245-5136
(NYNEX TTY) – (800) 439-2370

Dear Applicant:

Enclosed please find our application for Elderly Supportive Housing at Hart's Hill Heights

Hart's Hill Heights is *SMOKE FREE*

Elder/Disabled Applicants:

Age: You must be 62 years old for this Federal Program.

Income for Federal Housing

Preferences and Priorities:

- Wakefield Residents
- Those living in the Mystic Valley Elder Services service area
(Malden, Medford, Melrose, Stoneham, Reading and North Reading)
- Those at risk of being in a long term care facility
- Residents of a long term care facility that would like to relocate to supportive housing within the community.

HART'S HILL HEIGHTS



HART'S HILL HEIGHTS

50 HART'S HILL ROAD
WAKEFIELD, MA 01880

HART'S HILL HEIGHTS IS SMOKE FREE HOUSING

Supportive Low Income Housing for Persons 62 and Older

Managed by: Wakefield Housing Authority, 26 Crescent Street, Wakefield, MA 01880
Phone (781) 245-7328 Fax (781) 245-5136 Mass Relay (800) 439-2370

Name of Applicant: _____

Address of Current Residence: _____ Apt. No. _____

City/Town/State: _____ Zip Code: _____

Mailing Address: _____ Apt. No. _____

City/Town _____ State _____ Zip Code: _____

Home Telephone _____ Work Telephone _____

Members of household to live in Unit, including Head of Household:

Name	Relationship	Social Security Number*	Sex	Date of Birth	Occupation**
	HEAD				

* This information will be used to verify income, assets, and criminal record information.

** Employed, at home, Handicapped, or Student

Do you have any special needs due to a disability or need a reasonable accommodation? Specify:

Do you need a wheel chair accessible apartment? (Circle one) YES NO

Racial Designation: (Responding to this question is optional.) Your status with respect to tenant selection your household in that Minority Category. (Circle one)

American-Indian Asian Black Hispanic White Other (specify) _____



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

TOTAL GROSS INCOME: \$_____

Do you own any real estate? (Circle One) YES NO
If yes, please provide the address? _____

Please list below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture, or cars.

[illegible]

EXPENSES

Unreimbursed Medical Expenses	\$
Disability Expenses (i.e. durable medical equipment, personal care assistance)	\$
Health Insurance and Long Term Care Premiums	\$
Other	\$

TOTAL EXPENSES: \$_____

PREFERENCES:

Do you live, work or have been hired to work in Wakefield? (Circle one) YES NO

Do you live, work or have been hired to work in the Mystic Valley Elder Services (MVES) service area, other than Wakefield? (MVES Service Area includes Malden, Medford, Melrose, Everett, Stoneham, Reading, North Reading and Wakefield). (Circle One) YES NO

Are you at risk of being placed in a long term care facility? (Circle one) YES NO

If yes to any of the above, documentation and additional screening will be required in order to qualify for a preference.

Does anyone in your household own a car? (Circle one) YES NO

Make of Car _____ Year _____ Registration No: _____

Make of Car _____ Year _____ Registration No: _____

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

- (1) Name: _____ Telephone #: () _____
Address: _____ City: _____ State: _____ Zip: _____
- (2) Name: _____ Telephone #: () _____
Address: _____ City: _____ State: _____ Zip: _____

List Addresses for each Adult Household Member for the last five years in reverse order:

- (1) Address: _____ Dates: From _____ to Present.
City/Town: _____ State: _____ Zip: _____
Name of Landlord: _____ Telephone: _____
Landlord Address: _____ City _____ State _____ Zip _____
Did this landlord bring any court action against you? Circle One YES NO
- (2) Address: _____ Dates: From _____ To _____
City/Town: _____ State: _____ Zip: _____
Name of Landlord: _____ Telephone: _____
Landlord Address: _____ City _____ State _____ Zip _____
Did this landlord bring any court action against you? Circle One YES NO

(3) Address: _____ Dates: From _____ To _____
City/Town: _____ State: _____ Zip: _____
Name of Landlord: _____ Telephone: _____
Landlord Address: _____ City _____ State _____ Zip _____

Did this landlord bring any court action against you? Circle One YES NO
Have you sold or transferred any property in the past five years? (Circle One) YES NO

Explain: _____

Date of Transfer _____ Address of Property: _____

Have you, or any member of your household, ever received housing assistance from this or any other housing agency? (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 Moved Out: _____

When you moved out were you in compliance with the lease and other program requirements?
(Circle one) YES NO

If NO, please explain: _____

Do you have any pets? (Circle One) YES NO

Please describe: _____

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 case of an emergency.

Name: _____ Relationship: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Criminal Record:

Have you or any member of your household who will live in the unit been **charged or convicted** of a felony or misdemeanor? (Circle one) YES NO

If YES, please explain: _____

Do you or any member of your household who will live in the unit have any criminal matters pending? (Circle one) YES NO

If YES, please explain: _____

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that a Housing Authority will make no more than one offer of an appropriate housing unit. If I do not accept that offer, my application will be removed from the waiting list; and, if I reapply, my application will not receive any preferences that were granted on the prior application for a three (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 a 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 denial of my application. **I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches 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.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's Signature: _____ Date: _____

CERTIFICATION OF CITIZENSHIP OR ELIGIBLE IMMIGRANT STATUS

This form must be completed for **each** household member. Parents or legal guardians will sign for children under the age of eighteen.

Misrepresentation of information is grounds for termination of assistance. Information provided on this form is subject to verification with the Immigration and Naturalization Service (INS).

Please print in a legible manner.

Name: _____
Last First Middle

Date of Birth: _____
Month/Day/Year

- ☐ I declare that I am a United States Citizen
- ☐ I choose not to declare my citizenship or eligible immigrant status.
- ☐ I declare that I have eligible immigrant status as defined by the INS and am at least 62 years of age. (Checking this box requires proof of age)
- ☐ I declare that I have eligible immigrant status as defined by one of the INS documents in the attached chart and can present the document in an original form (not a copy) as evidence of my status.

I certify that the above representations are true as of the date of this certification

Name

Date

Signed under pains and penalties of perjury (18 USC 1001 and 1010)

If signed on behalf of a minor, please initial the following statement.

I am at least 18 years of age, a member of the assisted household, and I am the legal guardian for the child listed above. Initials: _____

Acceptable INS Documentation for Purposes of Eligible Immigrant Status

INS Form #	Type of Form	Status Criteria
1-551	Alien Registration Receipt Card (AKA "Green Card")	Permanent Resident Alien Status
1-94	Arrival-Departure Record with annotation	Admitted as Refugee pursuant to Section 207
		Section 208 or Asylum
		Section 243(h) or Deportation Stayed by Attorney General
		Paroled pursuant to Section 212(d)(5) immigration Naturalization Act (INA)
1-94	Arrival-Departure Record Without annotation	Letter from an INS Asylum Officer granting Asylum and application filed on or after 10/1/90
		Letter from an INS District Director granting Asylum if application filed before 10/1/90
		Final court decision granting Asylum (no appeal)
		Court decision Withholding of Deportation
		Letter from an INS Asylum Officer granting Withholding of Deportation and application filed on or after 10/1/90
1-688	Temporary Resident Card	With "Section 245A" or "Section 210" annotation
1-688-B	Employment Authorization Card	With "Provision of Law 274s.12(11)" or "Provision of Law 274a.12" annotation
INS Receipt	Request for Replacement Documents	Must be for one of the accepted documents and status listed above.

NOTICE TO ALL APPLICANTS
REASONABLE ACCOMMODATIONS ARE AVAILABLE FOR APPLICANTS
WITH MENTAL AND/OR PHYSICAL DISABILITIES

The Wakefield Housing Authority (WHA) does not discriminate against applicants on the basis of mental or physical disabilities. In addition, the WHA has an obligation to provide “reasonable accommodation” on account of a disability if an applicant or a household member is limited by the disability and for this reason needs such an accommodation. A reasonable accommodation is a change that the WHA can make to its facilities or practices that will assist an otherwise eligible person with a disability to overcome the limitations imposed by his or her disability and to be able to participate in the WHA’s housing or programs. Such a change must be financially and programmatically feasible for the housing authority.

An applicant household which has a member with a mental and/or physical disability must still be able to meet essential obligations (for example, the household of tenancy must be able to pay rent, to care for the apartment, to report required information to the WHA, and to avoid disturbing neighbors), but an accommodation may be the basis by which the household is able to meet those obligations of tenancy.

The WHA has assigned Maureen Howlett, as its Accommodation Coordinator. If you need an accommodation because of a disability, please complete the form on the back of this notice and return it to the WHA address to her attention. You must also submit medical documentation verifying the existence of a disability, consequent limitations and the need for an accommodation to overcome these limitations and to participate in the WHA’s housing or programs. Within thirty (30) days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the WHA can reasonable do to accommodate you on account of your disability.

If you, or a member of your household, have a mental and/or physical disability, and as a result you need an accommodation, you may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so, that is your right.

REQUEST FOR ACCOMMODATION

TO: Accommodation Coordinator
Wakefield Housing Authority
26 Crescent Street
Wakefield, MA 01880

FROM: _____ Control No. _____
Applicant Name (Please Print)

Address

Town/City, State, Zip

Area Code/Telephone Number

1. I have a disability which limits me in the following ways. (Describe)
2. On account of these limitations, I request the following be done in order to permit me to participate fully in the Housing Authority's housing program. (Describe)
3. Documentation verifying the existence of my disability, my limitations on account of it, and my need for the requested accommodation is attached. (Attach appropriate documentation).
4. I attest that the foregoing information is true and correct.

Signature of Applicant

Date

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.