

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

Waltham Housing Authority
110 Pond Street
Waltham, © Massachusetts 02451-4505

TEL: (781) 894-3357
FAX: (781) 894-7595
TDD: (781) 894-3357

FEDERAL
APPLICATION FOR HOUSING ASSISTANCE - FEDERAL

NAME: _____
Last First Middle Initial

STREET: _____

CITY/TOWN: _____

STATE & ZIP CODE: _____

TELEPHONE: _____

MAIDEN NAME: _____

MINORITY CODE: (This will assist us in conforming to Fair Housing Regulations. You are not required to answer.)

White _____ Asian _____

Black _____ American indian _____

Hispanic _____ Alaskan Native _____

Non Hispanic _____ Pacific Islander _____

PLEASE INDICATE TYPE OF HOUSING DESIRED:

ONE BEDROOM DEVELOPMENTS

ELDERLY/HANDICAPPED SINGLE

IF HANDICAPPED, DO YOU USE:

WHEELCHAIR _____ WALKER _____

OTHER EQUIPMENT _____

DO YOU NEED A BARRIER FREE UNIT YES ☐ NO ☐

FEDERAL

FOR HOUSING USE ONLY:

MASTER CODE # _____ ELIGIBLE: _____ W/D DATE: _____

BEDROOM SIZE: 1 NOT ELIGIBLE: _____ REASON CODE: _____

NO. IN FAMILY: _____ PREFERENCE: _____ Q&A: _____

GROSS INCOME: _____ PRIORITY: _____ SHARP: _____

ALL QUESTIONS MUST BE ANSWERED. IF NOT ANSWERED, APPLICATION WILL BE DENIED.
IF QUESTION DOES APPLY TO YOU, WRITE NOT APPLICABLE.



EQUAL HOUSING OPPORTUNITY

MR-17

FAMILY COMPOSITION: List all persons, including yourself, who will be living with you.

| Name(Head of Household First) Relationship | Date of Birth | Social Security Number or Alien Number |
|---|---------------|---|
|---|---------------|---|

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.

INCOME :

SOURCE OF INCOME

If Employed; Company Name &
City or Town you work in.

| Family Member | Gross Amount Received (Show if wkly, mnthly, yrly) | (Where does this income come from) |
|------------------|---|------------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |

ASSETS: Automobile: Make

Year

Registration #

| | | | |
|----------------------|--|---------------|--|
| Savings Accounts: \$ | | Bank Name | |
| Cert.of Deposits | | | |
| Trust Funds \$ | | Bank Name | |
| Bonds/Stocks \$ | | Bank Name | |
| Property: \$ | | Where Located | |
| Land/House/Bldg. \$ | | Where Located | |

Have you sold any real estate or personal property in the past three years?

Where located? _____

What Type? _____ Value \$ _____

If you or anyone in your family is a person with disabilities, and you require a specific accommodation in order to fully utilize our programs and services, please call the office @ (781)-894-3357.

Have you filed an application with us before? _____ Approximate Date _____

Under what name? _____

Address _____

Are you now, or have you in the past received housing assistance? _____

What Housing Authority? _____

What was your address? _____

When did you live there? _____

CONDITION OF PRESENT HOUSING: _____

Name & Address of Present Landlord:

What do you pay for:

Rent \$ _____ Heat \$ _____ Gas \$ _____ Electricity \$ _____ # Bdrms _____

What type (gas,oil,elec.) Heat _____ Cooking _____ Hot Water _____

Were you ever evicted? _____ What reason? _____

PLEASE LIST SOMEONE WE MAY CONTACT IF WE CANNOT REACH YOU: (preferably close relative)

NAME _____ RELATIONSHIP _____

ADDRESS _____ TEL # _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ TEL # _____

The above information is correct to the best of my knowledge, and I authorize the Waltham Housing Authority to make inquiries for the purpose of verifying the facts herein stated. I/We understand that giving false statements or information are punishable under Federal Law.

Applicant's
Signature _____

Spouse's Signature _____

LET US KNOW WHEN YOU CHANGE YOUR ADDRESS; IF WE CANNOT REACH YOU, YOUR NAME WILL BE
AUTOMATICALLY REMOVED FROM OUR WAITING LIST.

CRIMINAL RECORD, IF ANY, FROM THE CRIMINAL HISTORY SYSTEMS BOARD.
INFORMATION CONTAINED IN THIS APPLICATION WILL BE USED TO REQUEST YOUR

| | | |
|--------------------|--------------------|--------------------|
| UPDATE SENT _____ | UPDATE SENT _____ | UPDATE SENT _____ |
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W/D DATE: _____

REASON CODE: _____

Q& A: _____

SHARP: _____

Waltham Housing Authority
110 POND STREET
WALTHAM, MASSACHUSETTS 02451-4505

CLIFFORD W. ADAMS
SCOTT HOVSEPIAN
ROBERT HUDSON
PATRICIA MCGRATH
MICHAEL J. O'HALLORAN

TEL: (781) 894-3357
TTD: (781) 894-3357
FAX: (781) 894-7595

WALTER E. MCGUIRE
Executive Director

DOCUMENTATION NEEDED TO PROVE WALTHAM RESIDENCY

WORKS IN WALTHAM:

LETTER FROM EMPLOYER ON THEIR LETTERHEAD
STATEING WHEN YOU STARTED WORKING THERE AND
THAT YOU STILL WORK THERE

A MINIMUM OF THREE DIFFERENT VERIFICATIONS
MUST BE SUMITTED

LIVES IN WALTHAM:

LEASE
UTILITY BILLS
PRINT OUT FROM SOCIAL SECURITY
DRIVERS LICENSE
CAR REGISTRATION

ALL DOCUMENTATION MUST SHOW YOUR NAME WITH A WALTHAM ADDRESS.

IF YOU RESIDE IN A WALTHAM SHELTER YOU MUST HAVE A LETTER FROM THAT
SHELTER TO CONFIRM YOU RESIDE THERE IN ORDER TO RECEIVE A PREFERENCE AS A
WALTHAM RESIDENT ON THE WAIT LIST.

APPLICATION INFORMATION SHEET

| | | |
|--------|---------------|---------------|
| INCOME | One Person | - \$47,450.00 |
| | Two Persons | - \$54,200.00 |
| | Three Persons | - \$61,000.00 |
| | Four Persons | - \$67,750.00 |
| | Five Persons | - \$73,200.00 |
| | Six Persons | - \$78,600.00 |
| | Seven Persons | - \$84,050.00 |
| | Eight Persons | - \$89,450.00 |

ASSETS

NO LIMIT ON ASSETS AS LONG AS THE INCOME FROM THE
ASSETS PLUS YOUR YEARLY INCOME DOES NOT EXCEED
THE INCOME LIMITS.

FINAL VERIFICATION AND DETERMINATION OF ELIGIBILITY WILL
DONE PRIOR TO HOUSING.

YOU CANNOT CHOOSE ANY SPECIFIC DEVELOPMENT. HOUSING WILL
BE OFFERED ON THE NEXT AVAILABLE BASIS SUITABLE TO YOUR
NEEDS.

IF YOU THINK YOU ARE A PRIORITY, YOU MAY ALSO SUBMIT AN
EMERGENCY APPLICATION, WITH ALL VERIFICATIONS NECESSARY.

W/S/GENDOC/JUNE/Q&A