

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

WATERTOWN HOUSING AUTHORITY

Watertown, Massachusetts 02172-3613

(617) 923-3950

(617) 923-2466 FAX

1-800-345-1833, Ext. 569 TDD

Application # _____

No. Bedrooms _____

APPLICATION FOR HOUSING

NAME: _____

STREET _____

CITY/TOWN: _____

TELEPHONE: _____

PLACE OF BIRTH: _____

MINORITY CODE: Head or Household member (This will assist us in conforming to Fair Housing Regulations. You are **NOT REQUIRED** to answer.)

White _____ Asian _____

Black _____ Hispanic _____

North American Indian _____

Veteran _____
(need DD-214 form)

Please indicate type of housing desired:

ELDERLY _____

ELDERLY (handicapped/disabled) _____

FAMILY _____

MRVP _____ (Massachusetts Rental Voucher Program)
(1, 2, & 3 bedroom applicants)

AHVP _____ (Alternative Housing Voucher Program-handicapped/disabled/under 60 yrs.)
For 1 bedroom applicants ONLY!

*** CRIMINAL HISTORY RECORDS WILL
* BE SOUGHT BY THE WATERTOWN
* HOUSING AUTHORITY. CORI**

For Housing Use Only:

1. _____ Displacement
(by natural forces)

2. _____ Displacement
(by public action)

3. _____ Displacement
(by public health)

4. _____ Emergency

5. _____ AHVP

6. _____ Transfer (good cause)

7. _____ Standard Application
(greater than 50% of income towards rent)

8. _____ Standard Application
(less than 50% of income towards rent)

Priority _____

Preference _____

(1) _____ Local

(2) _____ Veteran

(3) _____ Affirmative Action

(1) _____ White

(2) _____ Black

(3) _____ Hispanic

(4) _____ Other

ALL QUESTIONS MUST BE ANSWERED. AN **INCOMPLETE** APPLICATION
WILL NOT BE PROCESSED AND WILL BE RETURNED. IF QUESTION
DOES NOT APPLY TO YOU, WRITE NOT APPLICABLE (N/A).

FAMILY COMPOSITION: LIST YOURSELF AND ALL PERSONS WHO WILL BE
LIVING WITH YOU,

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #
	HEAD		

<u>INCOME:</u> (Head of household & family members)	<u>GROSS AMOUNT RECEIVED</u> (Show if weekly, monthly or yearly)	<u>SOURCE OF YOUR INCOME</u> (Specify all sources)

ASSETS:

Checking Account: \$ _____ Bank Name _____
 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 four years? _____

Where located? _____

What type? _____

Does anyone in your household own a car? _____

MAKE: _____ YEAR: _____ REGISTRATION _____
 MAKE: _____ YEAR: _____ REGISTRATION _____

Do you have any PETS?* (Circle one) YES NO

*Note: Pets are only allowed in accordance with Watertown Housing Authority Pet Policy.

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

Under what name? _____ Address _____

Are you now, or have you in the past received any housing assistance? _____
(This includes Rental Assistance Programs)

Which Housing Authority? _____

What was your address? _____

When did you live there? _____

CURRENT LANDLORD'S NAME _____ Tel. No. _____

Landlord's Address _____

CURRENT RENT: _____ AVERAGE UTILITIES: _____

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS?

Month/Year _____ to Month/Year **PRESENT**

List your previous address and Landlord's address for the last FIVE years. (Please attach separate sheet if necessary).

(1) Address _____ Years: _____

Name of landlord: _____ Tel. _____

Address of landlord: _____

(2) Address _____ Years: _____

Name of landlord: _____ Tel. _____

Address of landlord: _____

(3) Address _____ Years: _____

Name of landlord: _____ Tel. _____

Address of landlord: _____

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.)

Circle one: Yes No

If yes, please explain: _____

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

NAME _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE _____

CRIMINAL HISTORY RECORDS WILL
BE SOUGHT BY THE WATERTOWN
HOUSING AUTHORITY

The above information is correct to the best of my knowledge. I do understand that giving false statements or information is punishable under FEDERAL LAW AND MAY BE VERIFIED BY THE BUREAU OF SPECIAL INVESTIGATION AND ALL INFORMATION IS SIGNED UNDER PAINS AND PENALTIES OF PERJURY.

SIGNATURES OF ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER MUST SIGN THIS FORM.

_____ Date _____
_____ Date _____
_____ Date _____
_____ Date _____

RELEASE BY APPLICANT

I hereby authorize the release of all information necessary for the Watertown Housing Authority to verify the facts herein stated. This includes possible release of financial, employment records, prior tenancy and court records as allowed by law.

SIGNATURES OF ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER

_____ Date _____

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

RECERTIFICATION:

Every two years we send a letter to all applicants to ask whether or not you want to remain on our waiting list

If you fail to reply to this letter, your name will AUTOMATICALLY BE REMOVED from our waiting list.

WATERTOWN HOUSING AUTHORITY

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____

ADDRESS: _____

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

I hereby give you my permission to release this information to the Watertown 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 Watertown Housing Authority within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

_____ Date: _____

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

**NOTICE CONCERNING PUBLIC HOUSING AUTHORITY LEGAL
OBLIGATIONS UNDER THE NON-CITIZENSHIP RESTRICTION ACT**

The Federal Non-Citizenship Restriction Act of 1996, 42 U.S. C. § 136A, and the HUD regulations issued pursuant to that Act, limit eligibility for some Federal benefits to citizens and certain categories of immigrants.

Please be advised that the Act and accompanying regulations PERMIT the following categories of persons to apply for public and subsidized housing administered by the public housing authority:

- + All citizens
- + Non-citizens who are legal permanent residents ("green card" holders)
- + Non-citizens with amnesty (under the legalization program)
- + Refugees who have been granted asylum
- + Additionally, where at least one applicant in a household is eligible, but others are ineligible, ALL MEMBERS OF THE HOUSEHOLD ARE PERMITTED TO APPLY, although the rental assistance may be pro rated to cover just the eligible applicant(s)

**WATERTOWN HOUSING AUTHORITY
EQUAL HOUSING OPPORTUNITY**

Fair Information Practices Act Statement of Rights

Local Housing Authorities collect information about applicants and tenants for their 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. Where permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators and prosecutors. Otherwise, the information will be kept confidential and only used 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 the 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 regards 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. If we receive a legal order to release the information, we will notify you.
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 we collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness, or type of information we hold about you. If you object, we will investigate your objection and will either correct the problem or make your objection part of the file. If you are dissatisfied, you may appeal to the Executive Director who will notify you in writing of the decision and of your right to appeal to the Department of Housing and Community Development.

I have read and understand this Fair Information Practices Statement of Rights and have received a copy for future reference. This form must be signed, dated and mailed with your application to each authority where you apply for housing.

Date _____

Signature _____



INSTRUCTIONS FOR COMPLETING APPLICATION FOR HOUSING

All inquiries concerning applications will be handled ONLY on TUESDAY and THURSDAY mornings 9:00 - 12:00 noon...

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

In order for your application to be processed, all items must be filled out completely. Properly documented verification MUST be supplied. Copies of birth certificates for all children under 18 years old, living with you, are required.

ALL INCOME AND ASSETS from ALL family members OVER 18 YEARS OF AGE must be included such as investments, bonds, IRAs, etc. if applicable.

Verification of income and assets include the following:

If you work:

Four (4) consecutive pay stubs and/or
a letter from your employer are required.

If you receive Social Security or SSI:

A copy of Form #SSA-2458, Report of
Confidential Social Security Benefits
is required. if 11 Tel. No. 1-800-772-1213

If you receive Welfare or A.F.C.D.:

A letter from your Social Worker at the Department of
Welfare is required.

If you receive any other form of income, i.e. disability benefits, veteran's pension, unemployment compensation, etc., verification of each and every one will be needed. In addition, all pensions, annuities, alimony or child support payments are included as income and must have documented verification.

If you have a bank account or checking account:

A copy of your bank book, the most recent checking
account statement or a letter from the bank stating
the current balance is required. Any other assets such
as IRAs, bonds, etc. must be included.

If you are requesting Housing for Disabled:

Third person verification specifying the nature of
your disability is required.

Local Residents:

Copies of three (3) rent checks and ORIGINAL LEASE
plus electric or gas bill for verification of
residency are required. No local preference for
Section 8 Program.