

Applicant: Write your full name and address,  
including your apartment # and zipcode.

Mail this application to the address you  
see at left.

Fold here

Dear

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

App Generated:



**ATTN: WAITLIST ADMINISTRATOR**



**Is this wait list closed? Anything else you want to tell the 900  
Housing Advocates and the nearly 250,000 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: Our only open waitlists at present 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 advise applicants to use our free search to locate OTHER HOUSING OPTIONS,  
you eliminate hundreds of phone calls and reduce frivolous applications.*

**[www.housingworks.net](http://www.housingworks.net)**



DO NOT LEAVE A SINGLE 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:

☐ **Fully Accessible Wheelchair** Unit

☐ **No-Steps unit** (elevator to any floor)

☐ **First-Floor unit only**

☐ **Blind Accessible** Unit

☐ **Deaf Accessible** Unit

☐ Unit for **Environmental Allergies**

☐ Need an **Interpreter**

☐ **Domestic Violence Victim**

☐ **Personal Care Attendant**

- ☐ HoH's CAREER STAGE

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

☐ ANY VETERANS in HH?

☐ Yes☐ No
- ☐ 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

\_\_\_\_\_ ← # Adults

\_\_\_\_\_ ← # Children

\_\_\_\_\_ ← Total # in Household

\$

☐ ANNUAL INCOME

☐ DOCUMENTED DISABILITY?

☐ 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 MAILING ADDRESS)

☐ PREFERRED 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  
55 Waverley Avenue  
Watertown, Massachusetts 02472-3613  
(617) 923-3950  
FAX (617) 923-2466  
1-800-345-1833, Ext. 569 TDD

Section 8  
Project - Based Assistance

APPLICATION FOR SECTION 8 RENTAL ASSISTANCE

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/TOWN: \_\_\_\_\_

STATE: ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FOR OFFICE ONLY:

CONTROL #: \_\_\_\_\_

NO. OF BEDROOMS: \_\_\_\_\_

CORI: \_\_\_\_\_

INSTRUCTIONS

All applicants will be subject to meeting the provisions of the U.S. Housing Act of 1937, as amended (H.R. 4194) and other relevant provisions of the Section 8 Program, including an inquiry made to the Criminal History Board System as per 803 CMR 7.00.

As an applicant you will be responsible for:

- a. Answering all questions on the application.
- b. Providing correct mailing and residential address information.
- c. Providing social security number and date of birth for all members of household.
- d. Providing signature for all members of the household 18 years or older.

A. FAMILY COMPOSITION

NAME	BIRTH DATE	SS#	RELATIONSHIP	AGE	OCCUPATION
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					
6. _____					

For additional information use separate sheet of paper.

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 \_\_\_\_\_

FOR PERSONS WITH DISABILITIES:

DO YOU REQUIRE A REASONABLE AND/OR SPECIFIC ACCOMMODATION TO FULLY UTILIZE OUR PROGRAMS OR SERVICES?      YES \_\_\_\_\_ NO \_\_\_\_\_

B. INCOME:

HEAD OF HOUSEHOLD & FAMILY MEMBERS	GROSS AMOUNT RECEIVED (Show if weekly, monthly or yearly)	SOURCE OF YOUR INCOME (Specify all sources)

C. ASSETS:

Checking Account:     \$ \_\_\_\_\_ Bank Name \_\_\_\_\_

Savings Accounts:     \$ \_\_\_\_\_ Bank Name \_\_\_\_\_

Cert. of Deposits

Trust Funds:     \$ \_\_\_\_\_ Bank Name \_\_\_\_\_

Bonds/Stocks:     \$ \_\_\_\_\_ Bank Name \_\_\_\_\_

Property:     \$ \_\_\_\_\_ Where Located \_\_\_\_\_

Have you sold any real estate or personal property in the past four years? \_\_\_\_\_

D. CURRENT HOUSING STATUS:

Name of Present Landlord \_\_\_\_\_ Street \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Do you wish to be subsidized in your present apartment? \_\_\_\_\_ What do you pay for:

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

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

(PLEASE ATTACH RECEIPTS FOR ABOVE ITEMS)

E. ALL PERSONS AGE 18 YEARS OR OLDER WHO WILL BE RESIDING IN THE HOUSEHOLD MUST SIGN THIS APPLICATION:

I/We understand that as a part of the application screening process, an inquiry shall be made to the Criminal History Board System to access information through CORI as per 803 CMR 7.00.

SIGNATURE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

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SIGNATURE: \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ SOC. SEC. NO. \_\_\_\_\_

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND I  
AUTHORIZE THE WATERTOWN HOUSING AUTHORITY TO MAKE INQUIRIES FOR THE  
PURPOSE OF VERIFYING THE FACTS HEREIN STATED. I UNDERSTAND THAT  
GIVING-FALSE STATEMENTS OR INFORMATION IS PUNISHABLE UNDER FEDERAL LAW.

HEAD OF HOUSEHOLD/APPLICANT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_