

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

Preliminary Application Federal Low-Income Public Housing

Wayland Housing Authority
106 Main Street
Wayland, MA 01778
V/TTY: (508) 655-6310

Bent Park
Cochituate Village Apartments
HUD Family Scattered Sites

THIS BOX IS FOR OFFICE USE ONLY

Date of Receipt:

Control Number:

Barrier Free:

First Floor:

Elderly/Handicapped

Race:

Priority Category:

Preference Category:

Language:

Incomplete applications will not be processed.

If you need additional space to provide an answer, please attach an additional sheet(s).

1. APPLICANT INFORMATION (Head of Household)

Name of Applicant	
Address of Current Residence	
City/Town/State:	Zip Code
Mailing Address	
City/Town/State:	Zip Code
Home Telephone	Work Telephone

2. TYPE OF PUBLIC HOUSING YOU ARE APPLYING FOR

(check all that apply to your household)

1. ☐ Bent Park Elderly/Disabled Housing ☐ Elderly (Age 62 and over) ☐ Non-Elderly Disabled
2. ☐ Cochituate Village Elderly/Disabled Housing ☐ Elderly (Age 62 and over) ☐ Non-Elderly Disabled
3. ☐ Family Public Housing (HUD Scattered Sites)

For Bent Park and Cochituate Village, the federal definition of a disabled person: A person who

1. has a disability defined as an inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or, in the case of a person who has attained the age of 55 and is blind, the inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he or she has previously engaged with some regularity and over a substantial period of time, or
2. has a physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration, which substantially impedes his or her ability to live independently, and is of such a nature that the ability to live independently could be improved by more suitable housing conditions, or
3. has a developmental disability which is a severe, chronic disability of an individual 5 years or older which is attributable to a mental or physical impairment or combination of impairments and which is manifested before the age of 22 and is likely to continue indefinitely and which results in substantial functional limitations in three or more of the following areas of major life activity (self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living and economic self-sufficiency), and which reflects the individual's need for assistance that is lifelong or of extended duration and is individually planned and coordinated.

If you are disabled, you must provide certification by a doctor with this application. In addition, the WHA will need to determine that certain special architectural design features OR low rent housing is not available in the private market AND that the applicant is faced with living in an institution or decadent substandard housing OR the applicant is paying excessive rents.

Such term shall not exclude persons who have the disease acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for AIDS



3. APPLICATION PREFERENCE In addition to receiving local preference for the town where you principally reside, you may receive local preference based on where you are employed.

****Documentation must be submitted with this application in order to receive a preference.**

Non-Wayland Resident

Currently resides or works in the Town of Wayland

Family with a child in the Wayland METCO Program at the time of application.

Have a parent, grandparent, or child residing in Wayland.

4. ACCESSIBILITY NEEDS

- Do you have any special needs due to disability or need a reasonable accommodation such as a first floor unit for medical reasons? Specify: _____
- Do you need a wheel chair accessible apartment? YES ☐ NO ☐
- Do you need a first-floor level apartment? YES ☐ NO ☐

5. NUMBER OF BEDROOMS NEEDED (Check one) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Please note that Bent Park and Cochituate Village developments has only 1 bedroom units.

6. RACIAL DESIGNATION (Responding to this question is optional.) Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority Category. (check one)

Racial Designation

White

Black/African

Native American/Alaska Native

Asian

Native Hawaiian/Other Pacific Islander

Ethnic Designation

Hispanic or Latino

Not-Hispanic or Latino

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

Name	Relationship	Social Security No.	Sex	Date of Birth	Occupation
	Head				

Attach additional sheets if needed.

- Is a change in the household composition needed? (check one) YES ☐ NO ☐
- If yes, what type of change? _____ When? _____

8. TOTAL GROSS ANNUAL HOUSEHOLD INCOME: \$ _____

Include all earned/uneared money/gifts coming into the household.

- ☐ Wages \$ _____ ☐ Social Security \$ _____ ☐ Asset/Investments \$ _____
- ☐ SSI/SSDI \$ _____ ☐ TANF/Welfare \$ _____ ☐ Real Estate \$ _____

9. ASSETS List all assets, real or personal property, bank accounts, annuities, retirement/pension funds, investments, insurance policies, etc. _____

10. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE

I understand that the submission of false information or misrepresentation may result in loss of eligibility to participate in WHA housing programs.

Signature: _____ Date: _____

