

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

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**



**HOUSINGWORKS**  
For Everyone

**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"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit                     | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit                      | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit designed for <b>Environmental Allergies</b> |   |

- ☐ 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 \_\_\_\_\_

**Wellesley Housing Authority**  
**109 Barton Road**  
**Wellesley, MA 02481**  
**(781) 235-0223**

**PRELIMINARY APPLICATION FOR STATE-AIDED  
HOUSING**

**Incomplete applications will not be processed.**

Please complete all information requested on the application.  
If a question is not applicable please write N/A. Make sure  
You sign the last page.

**(PLEASE PRINT)**

THIS BOX IS FOR OFFICE USE ONLY

Date of receipt: \_\_\_\_\_  
Time of Receipt: \_\_\_\_\_  
Control Number: \_\_\_\_\_  
Bedrooms: \_\_\_\_\_  
Race: \_\_\_\_\_  
Ethnicity: \_\_\_\_\_  
Priority Category: \_\_\_\_\_  
Preference Category: \_\_\_\_\_  
Language: \_\_\_\_\_

1. 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 \_\_\_\_\_  
Best Telephone # to reach applicant: \_\_\_\_\_

2. **Type of Public Housing You are Applying For: ( Check One )**

- ☐ Family    ☐ Elderly    ☐ Non Elderly, Handicapped    ☐ Congregate Elderly/Handicapped  
☐ MRVP    ☐ AHVP

**Note: To be eligible for elderly/handicapped housing you must be at least 60 years old or handicapped.**

**If handicapped, your handicap must be other than a history of alcohol or substance abuse.**

3. Do you need a wheel chair accessible unit? (Check one)    ☐ YES    ☒ NO  
4. Number of bedrooms needed: (check one)    ☐ 1    ☐ 2    ☐ 3    ☐ 4    ☒ 5

5. Members of household to live in unit, including applicant:

First & Last Name	Relationship To Applicant	Racial Designation* (Indicate by a-e)	Ethnic Designation** (Indicate by a or b)	Social Security Number***	Sex	Date of Birth	Source of & Annual Amt. Of Income or Student Status or At Home
	<b>Applicant</b>						

**\*Racial Designation:** (a) American Indian or Alaska Native; (b) Black or African American; (c) Native Hawaiian or Other Pacific Islander, (d) White; (e) Other (specify).

**\*\*Ethnic Designation:** (a) Hispanic/Latino or (b) Not Hispanic/Latino

Responding to these questions is optional. Your status with respect to tenant selection procedures may be affected by this information. "Minority" does not include "White" unless there is also a designation of another race or "Hispanic/Latino".

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

6. **Expenses:**

Un-reimbursed Medical Expenses:	\$
Alimony or Child Support Payments:	\$
Health Insurance:	\$
Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment)	\$

7. Assets: List the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust funds, real estate, etc. Do not include clothing, furniture or motor vehicles.

Household Member	Asset Type	Asset Value	Interest or Income

(Office Only)\_\_\_\_\_ (Asset Imputed Value and Income)

8. (a) Veteran's Preference (Only for Family Housing): You may apply for Veteran's Preference if you are a wartime veteran, the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of a wartime veteran.

(1) Do you want to apply for Veteran's Preference? (check one) ☐ YES ☐ NO

(2) If you are a Veteran, do you have a service connected disability? (check one) ☐ YES ☐ NO

(3) Is your household the family of a deceased veteran whose death was service connected? (check one) ☐ YES ☐ NO

- (b) Local Veteran's Preference (Only for elderly/handicapped housing): You may apply for Local Veteran's Preference if you are a wartime veteran who resides in this City/Town. Do you want to apply for Local Veteran's Preference? (check one) ☐ YES ☐ NO

9. Are you employed in this City/Town? If so, where?\_\_\_\_\_

10. Are you currently living in non-permanent, transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? (check one) ☐ YES ☐ NO

11. Do you want to apply for Emergency Housing? (check one) ☐ YES ☐ NO  
If Yes, you must fill out an **Emergency Application**.  
(Office Use Only: Sent \_\_\_\_/\_\_\_\_/\_\_\_\_)

**APPLICANT'S CERTIFICATION:**

I understand that this application is not an offer of housing. I understand that I will have to fill out a Standard Application and provide proof of all facts before a final decision of my eligibility can be made by the Housing Authority. Based on this application, I understand I should not make any plans to move. **I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition.** I understand that I must respond promptly to all Housing Authority inquiries or my application may be canceled. 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 cancellation of my application.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_