

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

**For Landlords Only!**  
**[support@housingworks.net](mailto:support@housingworks.net)**  
**HousingWorks**  
**P.O. Box 231104**  
**Boston, MA 02123**  
**617-536-8561 fax**

- ☐ This waitlist is closed. The only waitlists open at present are:
- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: 

Name of Waitlist Administrator *optional*

Phone of Waitlist Administrator *optional*:  -  -  X

**Date Time Received.** Application will be stamped to show when it was received:

**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 mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:  
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim  
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ 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

If yes, name the agency providing the voucher:

- ☐ 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: 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 check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a priority status)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.  
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.  
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other \_\_\_\_\_

# BOURNE HOUSING AUTHORITY

871 SHORE ROAD  
POCASSET, MA 02559  
(508) 563-7485

www.bournehousing.org

The Bourne Housing Authority is a SMOKE FREE agency.

## APPLICATION FOR FEDERAL HOUSING AT ROLAND PHINNEY PLACE

Date  
Received

FOR OFFICE USE ONLY

Control # \_\_\_\_\_

Priority: \_\_\_\_ Yes \_\_\_\_ No

Preference. \_\_\_\_ Yes \_\_\_\_ No

**To be eligible for federal elderly/disabled housing, the head of household or spouse must be at least 62 years of or have a disability.**

**Incomplete applications will not be processed.** Complete all information and sign where requested. If a question is not applicable, please write N/A. If necessary to complete this application, you may request a reasonable accommodation due to a disability.

1. Legal First Name \_\_\_\_\_ Legal Last Name \_\_\_\_\_  
Current Address \_\_\_\_\_  
City/Town/State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Email \_\_\_\_\_

2. If you want to apply for Emergency Housing, you must select one of the categories below:  
Note: To be eligible for Emergency applicant status you must be "homeless," which is defined by the regulations as: an applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit, who has not caused or substantially contributed to the situation, who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing, and who is displaced from is/her primary residence for one of the following reasons. Please check the reason that applies to your situation.

- ☐ Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)  
☐ Displaced by Public Action (i.e. Urban renewal, eminent domain)  
☐ Displaced by Public Action (i.e. Condemnation of home, code violations)  
☐ Displaced through No-fault of applicant or applicant household member(s), Severe Medical emergency and/or Victim of Abuse (domestic violence) where the housing situation significantly contributes to or is a direct threat to the life and safety of the applicant.

If you have selected one of the above emergency categories in this section, provide third party written verification as to the emergency status you are claiming.

4. Do you have any special needs due to a disability? Specify: \_\_\_\_\_  
Do you need a wheelchair accessible apartment? (Check one) ☐ Yes ☐ No  
Do you have the ability to climb stairs? (Check one) ☐ Yes ☐ No
5. 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.)  
(Check one) ☐ Yes ☐ No If yes, please explain: \_\_\_\_\_



6. Are you living or working in the Town of Bourne at the time of this application? (Check one) ☐ Yes ☐ No  
In order to qualify for the "Local Preference", you must be living or working in the Town of Bourne at the time of your application and at the time your name comes to the top of the Waiting List.

7. Racial Designation: (Response is optional). Your status with respect to tenant selection procedures may be affected by the information.) (circle one)

White/Caucasian    Black/African American    Asian/Pacific Islander    Hispanic    Non-Hispanic  
Multi-Racial    Native American    Alaska Native    Decline to Answer

8. Do you have a pet? (Check one) ☐ Yes ☐ No? If so, what type? \_\_\_\_\_  
Pets over 25 pounds are not allowed in housing.

9. Do you have a vehicle? (Check one) ☐ Yes ☐ No

10. Members of household to live in unit, including head of household: (attach additional sheet if necessary)

Name: First, Middle, Last	Relationship	Social Security Number	Sex	Date of Birth	Occupation or Work Status
	<b>HEAD</b>				

11. Is a change in the household composition expected? (Check one) ☐ Yes ☐ No  
If yes, what type of change? \_\_\_\_\_ When? \_\_\_\_\_

## 12. INCOME BEFORE DEDUCTIONS

Estimate the Gross Income anticipated for **ALL** Household Members from all sources for the next 12 months.

Household Member Name	Source of Income	Name & Address of Employer or Source of Income	Gross Income For Next 12 Months
	Salaries, Wages, Including Overtime/Tips		\$
	Net Income From Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Pensions and Annuities		\$
	Regular Unemployment or Disability Compensation		\$
	Regular Social Security Benefits and/or SSI		\$
	T. A. F. D. C. or Public Assistance		\$
	Regular Alimony Support Payments, Gifts		\$
	Other Income		\$

**TOTAL GROSS INCOME** \$ \_\_\_\_\_



13. **ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate (house, land, mobile home), etc. **DO NOT** include clothing, furniture or cars.

Household Member	Asset Type	Asset Value
		\$
		\$
		\$
		\$

Has any household member transferred or given away an asset in the last 3 years? (Check one) ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

14. **List Addresses for the Last Five Years in Chronological Order:**

- (1) **Current** Address (Street, City, State): \_\_\_\_\_ From \_\_\_\_\_ - Present

Full Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Landlord (Street, City, State): \_\_\_\_\_

- (2) Address: (Street, City, State) \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Full Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Landlord (Street, City, State): \_\_\_\_\_

- (3) Address (Street, City, State): \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Full Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Landlord (Street, City, State): \_\_\_\_\_

15. Have you, or any member or your household, ever received housing assistance from this or any other housing agency? (Check one) ☐ Yes ☐ No

Name of Housing Agency: \_\_\_\_\_

Complete address of rental assisted unit: \_\_\_\_\_

Date Moved Out: \_\_\_\_\_ Reason Moved Out: \_\_\_\_\_

16. Have you or any member of your household who will live in the unit ever been convicted of a crime? (Check one) ☐ Yes ☐ No

**APPLICANT'S CERTIFICATION:**

Based on this pre-application I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from the Bourne Housing Authority. **I understand that it is my responsibility to inform the Bourne Housing Authority in writing of any change of address, income, or household composition.** I authorize the Bourne Housing Authority to make inquiries to verify the information I have provided in this application. 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.

I understand that Bourne Housing Authority will perform Criminal Background Checks on all adult members of the household.

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

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ By checking this box I, the Head-of-Household, certify that the above information is true and accurate to the best of my knowledge.



**CLEARLY PRINT APPLICANT'S LEGAL NAME:** \_\_\_\_\_

**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

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

**ANY RELATIVE DOCUMENTATION DEEMED REQUIRED TO COMPLETE THE SCREENING PROCESS OF THIS APPLICATION.**

I hereby give you my permission to release this information to the Bourne 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 Bourne 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.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**AUTHORIZATION FOR RELEASE OF INFORMATION FROM LANDLORD**

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

I hereby give you my permission to release this information to the Bourne Housing Authority. I would appreciate your prompt attention in supplying the information requested on the attached page to the Bourne 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.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**AUTHORIZATION TO RELEASE INFORMATION**

I, the above named individual, hereby authorize the Bourne Housing Authority to perform criminal background checks. I also authorize each agency from whom this criminal background check is requested to release to the Bourne Housing Authority any and all information which it presently has in its files relative to my criminal record including my charges or convictions, either pending, under appeal or in final disposition.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**NOTE TO APPLICANT:** Pursuant to G.L. ch. 6 s. 168 Housing Authorities are granted access to Criminal Offender Record Information (CORI) including conviction data and pending criminal charges, for the purpose of tenant selection only and shall not be otherwise used or disseminated.

**EACH OF THE ABOVE AUTHORIZATIONS IS VALID  
FOR A PERIOD OF ONE YEAR FROM THE DATES NOTED ABOVE.**