

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

<input type="radio"/>	Head of Household's FIRST NAME
<input type="radio"/>	Head of Household's MIDDLE NAME
<input type="radio"/>	Head of Household's LAST NAME

<input type="radio"/>	YOUR MOTHER'S MAIDEN NAME
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<input type="radio"/>	HoH's SOCIAL SECURITY NUMBER	<input type="radio"/>	HoH's DATE OF BIRTH	<input type="radio"/>	GENDER
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<input type="radio"/>	ETHNICITY Also provide your race at right!	<input type="radio"/>	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do NOT write Spanish, Hispanic, Latino here – and do NOT write your country!
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<input type="radio"/>	REQUESTED ACCOMMODATIONS <input type="radio"/> = <input checked="" type="radio"/> Do you need a:
<input type="radio"/>	<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 designed for Environmental Allergies

<input type="radio"/>	HoH's CAREER STAGE
<input type="radio"/>	<input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> Retired <input type="radio"/> FT Student <input type="radio"/> PT Student
<input type="radio"/>	MOBILE RENTAL ASSISTANCE
<input type="radio"/>	<input type="radio"/> I do not have mobile rental assistance <input type="radio"/> Mobile Section 8 voucher <input type="radio"/> MRVP <input type="radio"/> AHVP <input type="radio"/> VASH or similar
<input type="radio"/>	Head of Household: Any Felony/Conviction ? <input type="radio"/> Yes <input type="radio"/> No Any Misdemeanor Conviction ? <input type="radio"/> Yes <input type="radio"/> No Other Members: Any Felony Convictions ? <input type="radio"/> Yes <input type="radio"/> No Any Misdemeanor Conviction ? <input type="radio"/> Yes <input type="radio"/> No Is anyone in HH subject to a lifetime sex offender registration in any state? <input type="radio"/> Yes <input type="radio"/> No

<input type="radio"/>	TOTAL HOUSEHOLD SIZE	DESCRIBE PETS	YEARLY INCOME
<input type="radio"/>	← # Adults ← # Children ← Total #	<input type="radio"/>	

<input type="radio"/>	YOUR HOME TELEPHONE	SECOND TELEPHONE
<input type="radio"/>	YOUR EMAIL ADDRESS	

<input type="radio"/>	BEST MAILING ADDRESS
<input type="radio"/>	This is:
<input type="radio"/>	
<input type="radio"/>	SECOND MAILING ADDRESS
<input type="radio"/>	This is:
<input type="radio"/>	
<input type="radio"/>	

# BEDROOMS NEEDED?	SPECIAL CIRCUMSTANCES? - some programs may assign you a priority status.
	<input type="radio"/> Disability <input type="radio"/> Elder <input type="radio"/> Veteran <input type="radio"/> Fleeing Domestic Violence <input type="radio"/> Displaced by: _____ <input type="radio"/> Rent-burdened <input type="radio"/> Other

Homes for Good Ready to Buy Application

Complete all information and return this application to: MBHP, attn: Cindy Walling 125 Lincoln Street, Boston, MA 02111

Important: Letter of mortgage pre-approval must be attached.

1. Name: _____

2. Address: _____

City/State: _____ Zip: _____

3. Mailing Address: _____

City: _____ State: _____ Zip: _____

4. Home Phone: _____ Work Phone: _____

5. Number of people living in household: _____

6. Gross Annual * Down Payment
Household Income: Available:

[*Combined income for all household members 18 years and older. Income must be at or below 80% of AMI]

7. Please list total dollar amount of assets held* (e.g., checking, savings, 401K, 403B)
*[maximum total value of all assets held can not exceed \$50,000, unless used for downpayment]

8. Please list towns in which you would be interested in purchasing a property:

Income Eligibility Worksheet

Total the income from all sources for every member of your household who is 18 years of age and over.

Name	Gross Annual Income	
	Head of Household	
	Person 1	
	Person 2	
	Person 3	
	Person 4	

Add others if necessary

Total Number in Household: _____ Total Income: _____

Household Size	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person
80% AMI	46,300	52,950	59,550	66,150	71,450	76,750
FY 2004						

Agreement and Signature

By signing this application I understand that this is an application to be placed on an affordable home ownership waiting list and is **NOT** an offer or guarantee of housing. I understand that it is my responsibility to notify MBHP of any changes in my situation, income or address. I understand that MBHP may release my name to housing related agencies and businesses interested in working with homebuyers such as real estate offices, banks, etc... I'm certifying my household income and value of assets which will be verified at a later date if I am considered for a unit.

Applicant Signature: _____ Date: _____