

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

☐ Blind Accessible Unit

☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)

☐ Deaf Accessible 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

- ☐ 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 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 \_\_\_\_\_

JADE STREET FEDERAL PUBLIC HOUSING APPLICATION  
2 AND 3 BEDROOM ONLY

<b>Methuen Housing Authority</b> 24 Mystic Street Methuen, MA 01844 (978) 682-8607	OFFICE USE ONLY Date of Receipt _____ Time of Receipt _____ Control # _____
---	--

Name of Applicant \_\_\_\_\_ SS # \_\_\_\_\_

Current Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address if different from Current Address:

Mailing Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you currently live or currently work in Methuen?                      YES                      NO

List all family members intending to reside in the unit. List yourself first as Head of Household.

Full Name	Relation to Head	SEX M/F	Date of Birth	SS#
1	HEAD			
2				
3				
4				
5				
6				

Include income from all family members - including income received for children: (TAFDC, SS, SSI, Wage, Child Support, Alimony etc.)

Member Name	Type of Income	Name/Address of Source (Employer, SS child support etc.)	Amount - <i>indicate if weekly, monthly, annually</i>

List all assets of all members to live in the unit. Include all bank accounts, property, Certificates of deposit etc.

Household Member	Description - checking, savings etc	Value of Asset

Racial designation: 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. This is an optional question. Circle One:

American Indian      Asian      Black      Hispanic      Other      White

**Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer. I understand it is my responsibility to notify the Methuen Housing Authority in writing of any change in address, income or household composition.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Equal Opportunity Housing**