

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

☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student
- ☐ ANY VETERANS in HH? ☐ Yes ☐ No

- ☐ 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

\_\_\_\_\_ ← # Adults

\_\_\_\_\_ ← # Children

\_\_\_\_\_ ← Total # in Household \$
- ☐ ANNUAL INCOME
- ☐ DOCUMENTED DISABILITY?

☐ 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 \_\_\_\_\_

METHUEN HOUSING AUTHORITY  
Preliminary application

DO NOT WRITE IN BOX

DATE OF RECEIPT: \_\_\_\_\_

TIME OF RECEIPT: \_\_\_\_\_

CONTROL NUMBER: \_\_\_\_\_

PRIORITY CAT: \_\_\_\_\_

PREFERENCE \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_ SS # \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ WORK TELEPHONE \_\_\_\_\_

First name, middle initial and last name of everyone to live in the household.	Relation to Head	Sex	DOB	SS#
1.	HEAD			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

**INCOME:** Estimate the gross income anticipated for all household members from all sources for the next 12 months. Specify all sources.

Household Member	Type of Income	Name and address of employer	Gross income for next 12 mos.

**ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks, and bonds, trust agreements, real estate, etc.. Do not Include clothing, furniture or cars.

Household Member	Description of Assets	Value of Applicant's Equity

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.

Circle One:            American Indian      Asian            Black            Hispanic            Other            White

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

Number of Bedrooms requested: \_\_\_\_\_ Special Needs: Specify \_\_\_\_\_

**Are you applying for Emergency Housing:** (Without housing due to fire, flood, condemnation) If yes, you must fill out an **Emergency Application.**

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 from the Housing Authority. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO INFORM THE HOUSING AUTHORITY IN WRITING OF ANY CHANGE OF ADDRESS, INCOME, OR HOUSEHOLD COMPOSITION. I authorize the 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.

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

Date \_\_\_\_\_

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY



**Methuen Housing Authority**  
24 Mystic Street  
Methuen, Massachusetts 01844  
978-682-8607

**INCOME/ASSET VERIFICATION**

TO WHOM IT MAY CONCERN:

I DO HEREBY AUTHORIZE METHUEN HOUSING AUTHORITY TO VERIFY MY  
INCOME ASSETS AND OTHER BENEFITS THAT I AM ELIGIBLE FOR, OR HAVE  
RECEIVED IN THE PAST.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL SECURITY #

\_\_\_\_\_  
PLEASE PRINT OR TYPE YOUR NAME

NAME AND ADDRESS OF EMPLOYER, BANK,  
SOCIAL SECURITY OFFICE, ETC.

ACCOUNT NUMBER(S):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**PARTICIPANTS!! DO NOT WRITE BELOW THIS LINE**

\_\_\_\_\_



PLEASE RETURN TO,  
**Methuen Housing Authority**  
24 Mystic Street  
Methuen, Massachusetts 01844  
978-682-8607

TO WHOM IT MAY CONCERN:

The above named party has authorized Methuen Housing authority to verify their income/assets. Please complete and return this form to the address above. Thank you for your cooperation.

**EMPLOYMENT:**

GROSS EARNINGS \$\_\_\_\_\_ PER WEEK MONTH YEAR

AVERAGE HOURS PER WEEK \_\_\_\_\_

DATE OF INITIAL HIRE \_\_\_\_\_

UNION DUES \$\_\_\_\_\_ PER WEEK MONTH YEAR

BENEFITS:

FROM PUBLIC ASSISTANCE \$\_\_\_\_\_ PER MONTH

FROM SSA, SSI, ETC. \$\_\_\_\_\_ PER MONTH

FROM UNEMPLOYMENT \$\_\_\_\_\_ PER MONTH

**OTHER INCOME:**

CHILD SUPPORT, LOTTERY WINNINGS FOSTER CARE PAYMENTS, ETC.)

\$\_\_\_\_\_ PER WEEK MONTH YEAR

BANK ACCOUNTS, ASSETS, ETC. CURRENT BALANCE

\$\_\_\_\_\_

INTEREST RATE

\_\_\_\_\_ %

\_\_\_\_\_  
SIGNATURE OF VERIFIER

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE



**Methuen Housing Authority**  
24 Mystic Street  
Methuen, Massachusetts 01844  
978-682-8607

**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Thank you for your cooperation in this matter.

Date signed: \_\_\_\_\_  
\_\_\_\_\_  
(Signature)

**THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE  
DATE NOTED ABOVE.**

## FAIR INFORMATION PRACTICES ACT STATEMENT OF RIGHTS

The Housing Authority collects information about applicants and tenants for its housing programs as required by law in order to determine eligibility, amount of rent, and correct apartment size. The information collected is used to manage the housing programs, to protect the public's financial interest and to verify the accuracy of information submitted. When permitted by law, it may be released to government agencies, other housing authorities, and to civil or criminal investigators or prosecutors. Otherwise, the information will be kept confidential and used only by housing authority staff in the course of their duties.

The Fair Information Practices Act established requirements governing housing authorities' use and disclosure of the information it collects. Applicants and tenants may give or withhold their permission when requested by a housing authority to provide information, however, failure to permit the housing authority to obtain the required information may result in delay, ineligibility for programs, or termination of tenancy or housing subsidy. The provision of false or incomplete information is a criminal offense punishable by fines and/or imprisonment.

As an applicant or tenant, you have the following rights in regard to the information collected about you:

1. No information may be used for any purpose other than those described above without your consent.
2. No information may be disclosed to any person other than those described above without your consent.
3. You or your authorized representative have a right to inspect and copy any information collected about you.
4. You may ask questions and receive answers from the housing authority about how it will collect and use your information.
5. You may object to the collection, maintenance, dissemination, use, accuracy, completeness or type of information the housing authority holds about you. If you object, it will investigate your objection, and either correct the problem or make your objection part of the file. If you are dissatisfied, you may file a grievance under the housing authority's grievance procedure.

**I have read and understood this Fair Information Practices Act Statement of Rights and have received a copy for future reference.**

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



**Methuen Housing Authority**  
**24 Mystic Street**  
**Methuen, Massachusetts 01844**  
**978-682-8607**

**METHUEN HOUSING AUTHORITY FEDERAL PRIVACY ACT NOTICE**

FOR THE Section 8 Rental Certificate, Rental Voucher, Moderate Rehabilitation and Public Federal and State Housing Program

Client # \_\_\_\_\_

PURPOSE: Family income and other information is being collected by the Department of Housing and Urban Development (HUD) to determine an applicant's eligibility, the recommended unit size, and the amount the family must pay toward rent and utilities.

USE: HUD uses family income and other information to assist in managing and monitoring HUD assisted housing programs; to protect the Government's financial interest; and to verify the accuracy of the information furnished. HUD or a Public Housing Agency/Indian Housing Authority may conduct a computer match to verify the information you provided. This information may be released to appropriate Federal, State, and local agencies when relevant and to civil, criminal or regulatory investigators and prosecutors. However, the information will not be other wise disclosed or released outside of HUD, except as permitted or required by law.

PENALTY: You must provide all of the information requested by the Public Housing Agency/Indian Housing Authority, including all social security numbers, you and all other household members age six (6) years of age and older, is mandatory and not providing the social security numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

AUTHORITY FOR INFORMATION COLLECTION: The following laws authorize the collection of this information by HUD or the public housing agency/Indian Housing Authority: the U.S. Housing Act of 1937 (42 U.S.C., 1437 et seq.), Title VI of the Civil Rights Acts of 1964 and Title VIII of the Civil Rights Act of 1963. The Housing and Community development Act of 1987 (42 U.S.C. 3543) requires applicants and residents to submit the social security numbers of all household members at least six (6) years old.

I read the Federal Privacy Act Notice on Date \_\_\_\_\_ .

**Full Name** \_\_\_\_\_ **SS#** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

**Address** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Full Name** \_\_\_\_\_ **SS#** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

**Address** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Full Name** \_\_\_\_\_ **SS#** \_\_\_\_\_ **D.O.B** \_\_\_\_\_

**Address** \_\_\_\_\_

**Signature** \_\_\_\_\_

My signature above acknowledges that the Methuen Housing Authority will verify if I have been engaged in any criminal activity by obtaining information from law enforcement agencies, such as the Criminal History Systems Board.