Full Name:	THIS SECTION FOR APPLICANT:
Address1:	L
Address2:	Date Generated:
City State Zip:	
Email: Case Manager Email:	
odo Maragor Errain	
	Mail this form to the address at left.
Dear	Fold on this line
I am applying to the following waitlist, which I believe is	open:
THIS SECTION FOR WAI IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to	TLIST ADMINISTRATOR: support@housingworks.net
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	j
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!	support@housingworks.net
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	support@housingworks.net HousingWorks
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	support@housingworks.net HousingWorks P.O. Box 231104
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	support@housingworks.net HousingWorks P.O. Box 231104 Boston, MA 02123 617-536-8561 fax
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! O This waitlist is closed. The only waitlists	support@housingworks.net HousingWorks P.O. Box 231104 Boston, MA 02123 617-536-8561 fax
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Date Time Received. Application will be stamped to show when it was received:

Full Name:

DO NOT LEAVE ANY QUESTION UNANSWERED!

O	HEAD OF HOUSEHOLD'S FIRST NAME			
0	O HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME			
0	HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ)			O SUFFIX
0	O YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD			
AN	ANSWER THIS: O Yes O No Does the HoH have a Social Security Number?	If "Yes" you mus	t provide the full SSN!	
0			IOLD's DATE OF BIRT	H O GENDER
0	O RACE: Asian , I	Black, White, Natio	ve American, Pacific Is	lander, Multi-racial
0	REQUESTED ACCOMMODATIONS Solution Fill in the circle for anything you need: O Fully Accessible Wheelchair Unit O No-Steps unit (elevator to any floor) O First-Floor unit only Fill in the circle for anything you need: O Blind Accessible U O Deaf Accessible Ur O Unit for Environment	nit	O Need an Interpre O Domestic Violen O Personal Care A	ce Victim
0	- 110110 071112211017102	OANY	VETERANS in HH?	O Yes O No
0	PERMANENT MOBILE RENTAL ASSISTANCE, if any O I do not have mobile rental assistance O Mobile Section 8 voucher	O MRVF	P O AHVP	O VASH or similar
0	CRIMINAL RECORD AND SEX OFFENDER Head of Household: Any Felony/Conviction? O Yes O No Other Members: Any Felony Convictions? O Yes O No Is anyone in HH subject to a lifetime sex offender registration in any state?	Any M	isdemeanor Convictionisdemeanor Conviction	
0	O ANY PETS? O Yes O No Describe:			
0	O HOUSEHOLD SIZE AND COMPOSITION		JAL INCOME O D	OCUMENTED DISABILITY? O Yes O No
0	O CURRENT HOUSING STATUS O Homeless O Housing Loss in 14 day O Homeless because Fleeing domestic violence		eless under other fede k of homelessness	ral status O Stably Housed
0	O BEST TELEPHONE NUMBER TO USE	O SECOND T	ELEPHONE	
0	O EMAIL ADDRESS			
0	O WHERE YOU LIVE OR BACKUP ADDRESS			
	AddressLine 1 Apt #	or "care of" name		
0		State	Zip	
		E		
		or "care of" name	7:	
0	_	State CLIMSTANCES?	Zip	grant you priority status)
•	O Disability O Elder O Local Resident O	ocal Employee O	Local Student O Home	

Pre-Application



English

Name:				Date:		
Address:	500000			\pt#		
City:	ST:		z	ip	1800-18	19
SS#	DOB			7.00		Sect.
Daytime Phone:			E	vening Phone:		
Email Address:						
Every	one over 18 Years of age m	ust provide	the followi	ing informatio	n.	
Name	Date of E	Birth	S	S#		9 200
1.					110	
2.				- 14-		
3.		1000				
4.		3				
How many Occupants in Househ	old?	1	Circle Si	ze of Apartme	ant Needer	
frow many occupants in nousers	Jiu:					
Do you have Section 8 Voucher?	1-11-11-11-11-11-11-11-11-11-11-11-11-1	O BR	1BR	2BR	3BR	4BR
Yes No	<u></u>	when wot	na you nke	e to move in?		
Vhat is the total Annual Incom e o	of your household? Resure	to include Al	Lincomof	from All hous	ohold mon	ahors
		to ilicidue <u>Al</u>	<u></u> income i	_		ibers.
Source	<u>:e</u>			Annual An	<u>nount</u>	
The state of the s						
Where are you looking? Check A	LL that you are interested in	I n.	-			
Springfield - Neighborhood Home Holyoke - Voces De Esperanza ()		er City ()				
Everyone over 18 years	s of age needs to sign belov	w and the Ge	neral Rele	ase Form on tl	ne next pa	ge.
Signature:		_	Date:			_
Signature:		_	Date:			
\Diamond	Mai Home City Housing De					



G



GENERAL RELEASE AUTHORIZATION

I hereby grant permission to Home City Housing to obtain all information it deems necessary in determining my income eligibility for the affordable housing program. Such information includes but is not limited to the following:

- 1. Amount and sources of income.
- 2. Amount, location and value of assets
- 3. Child care expenses.
- 4. Medical expenses and records relating to applicant and minor children named.
- 5. Credit/Landlord references.
- 6. Other -

Date	Signatu	are of Applicant	
Date	Signatu	are of Applicant	
Date	Signatu	re of Applicant	

This consent expires 15 months after signed.

For Internal Office Use Only

	Date Requested	Date Received	Address/Comments
Social Security/SSI			
Pensions			
Employer			
Unemployment			
Assets			
TAFDC			
EAEDC			
Alimony			
Child Support			
Other			



