

Applicant: Write your full name and address,
including your apartment # and zipcode.

Mail this application to the address you
see at left.

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



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 ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|--|---|---|
| <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 for Environmental Allergies | <input type="radio"/> 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 ADDRESS

- ☐ BEST 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

Viet-AID Housing Application

Please complete the following application and return it to **Vietnamese American Initiative for Development (Viet-AID), 42 Charles Street, Suite E, Dorchester, MA 02122**. All items must be completed in order to determine your eligibility. **Incomplete applications will be returned.** If an item does not apply to you, please mark "N/A" on that line. Every applicant will be required to go through a formal interview before eligibility is determined.

A. General Information - Please circle one: MR. MRS. MS. MISS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____ E-Mail Address: _____

Unit Size: ☐ Single Room ☐ STUDIO ☐ 1BR ☐ 2BR ☐ 3BR
Please Check One: ☐ 1st floor ☐ 2nd floor ☐ 3rd floor

B. Household Composition – List all persons, including yourself, who will be living in the apartment.

Name (List Head of Household first)	Relationship	Birth Date	Social Security #
1.	HEAD		
2.			
3.			
4.			
5.			
6.			

C. Income – All sources of regularly received monies must be listed regardless of recipient's age.

Family Member Name	Sources of Income	Amount
	Wages – Gross Monthly Amount Employer Name _____	\$
	Wages – Gross Monthly Amount Employer Name: _____	\$
	Social Security/Pension – Gross Monthly Amount	\$
	AFDC – Gross Monthly Amount	\$
	Child Support/Alimony - Monthly Amount	\$
	Interest Income - Gross Monthly Amount (i.e., interest earned from bank accounts, CD's, stocks, bonds, etc.)	\$
	Other Monthly Income	\$

D. References – Current Landlord

Name _____ Address _____ State _____ Zip Code _____ Phone Number _____ ()

Rental Began: _____ Current Rent: \$ _____ per _____

E. Previous Landlords

Name of Landlord	Address	Phone Number	Apartment Address	Period Rented
1.				From: To: Present Day
2.				From: To:
3.				From: To:

**F. Professional References (example: teachers, principals, past/present employers, clergy, physicians, etc.)
Please do not list relatives or friends.**

Name of Professional Reference	Address	Phone Number
1.		
2.		
3.		

G. Other Information

Do you have a Section 8 Voucher or any other type of voucher? Yes ☐ No ☐

Have you ever been evicted or served with a Notice to Quit? Yes ☐ No ☐ If yes, describe reason(s):

List any vehicles that you own: Yr./Make: _____ License Plate _____

Yr./Make: _____ License Plate _____

Do you own a pet? Yes ☐ No ☐ If yes, describe _____

H. Signatures

Signed: (✓) _____ Date _____
Head of Household

(✓) _____ Date _____
Spouse/Co-Tenant

Other adult member > 18 years of age Date

Please sign ALL black checkmarks

Authorization

I/we do hereby authorize Viet-AID and its staff to contact any agencies, offices, credit bureaus, landlords, or professional references for the purpose of verifying the information I/we have provided on the application. The information provided will be used solely for the determination of my/our eligibility and admission to the housing I/we are applying for and the information that is supplied will be kept confidential.

Signatures

(✓) _____
Applicant Signature Date

(✓) _____
Co-Applicant Signature Date

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Signatures

(✓) _____
Applicant Signature Date

(✓) _____
Co-Applicant Signature Date