

Full Name:  
Address1:  
Address2:  
City State Zip:  
Email:  
Case Manager Email:

**THIS SECTION FOR APPLICANT:**

Date Generated:

← 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 WAITLIST ADMINISTRATOR:**

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!

[support@housingworks.net](mailto:support@housingworks.net)  
HousingWorks  
P.O. Box 231104  
Boston, MA 02123  
617-536-8561 fax

☐ This waitlist is closed. The only waitlists open at present are:

\_\_\_\_\_  
\_\_\_\_\_

☐ This is not the right application. We have enclosed the correct application.

☐ You do not appear to qualify for this property, because: \_\_\_\_\_

Name of Waitlist Administrator *optional* \_\_\_\_\_

Phone of Waitlist Administrator *optional*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

**Date Time Received.** Application will be stamped to show when it was received:

**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  
Male, Female, etc.

- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ 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

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other \_\_\_\_\_



## Waiting List Application

**Property Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **TDD/TTY:** 711 National Voice Relay  
**Website:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**No Smoking Community** – This property is a No Smoking Community. Smoking is allowed in designated areas only. Smoking is prohibited in the apartment, on apartment balconies, porches, and/or patios, and in all indoor and outdoor common areas, including but not limited to parking lots, sidewalks, hallways, and elevators.

**THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.**

**Please print clearly in Blue or Black Pen.** If an item(s) does not apply to you, answer “NO” or “N/A”, do not leave anything blank. If you need to make corrections, draw a line across and initial. Do NOT use Liquid Paper, Correction Tape, White Out, etc.

<b>Applicant Name</b> (First, Middle Initial, Last):		
<b>Address:</b>		
<b>City, State, Zip Code:</b>		
<b>Home Phone:</b>	<b>Work Phone:</b>	
<b>Cell Phone:</b>	<b>Date of Birth:</b>	
<b>Driver's License or Government Issued ID #:</b>		<b>ID State:</b>
<b>Email Address:</b>		

**How did you hear about us?** ☐ Drove by ☐ Flyer ☐ Internet ☐ News Article ☐ Newspaper Ad  
☐ Radio ☐ Walk-In ☐ Other (specify) \_\_\_\_\_ ☐ Referral from \_\_\_\_\_

**Date Apartment is needed:** \_\_\_\_\_

<b>Apartment Type:</b> Eligibility is based on occupancy standards defined in the Tenant Selection Plan.		
1st Choice:	<input type="checkbox"/> Studio	<input type="checkbox"/> 1 Bedroom
2nd Choice:	<input type="checkbox"/> Studio	<input type="checkbox"/> 1 Bedroom
	<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> 2 Bedroom
<b>Would you or anyone in your household benefit from an apartment with special features?</b>		
Mobility Accessible	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Communication Accessible (Hearing)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Communication Accessible (Visual)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special features: Please list below	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____		

**Are you claiming a "Preference"?** Certain preferences are assigned to applicants in order to provide housing opportunities for households with special circumstances. See Tenant Selection Plan for greater detail.

- ☐ Displaced by Government Action or Presidentially Declared Disaster
- ☐ Victim of Domestic Violence, Dating Violence, or Stalking
- ☐ Other or Local Preference: \_\_\_\_\_

Household Information:	
How many people will live in the unit?	
Is your household Elderly (head of household, co-head, or spouse is 62 years of age or older)	
Is your household Near-Elderly (head, spouse, or sole-member is disabled and 50 to 61 years of age)	
Is your household Nonelderly (head of household, co-head, or spouse is disabled and 18 to 49 years of age)	
What is the total Gross Annual Income for all household members? Include unearned income, such as SSA or SSI benefits, gifts, child support, and income from assets.	\$

**Are you or any member of your household required to register as a sex offender?** \_\_\_\_\_.

If yes, list the name of the person(s) and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).

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**Signature Clause:**

I certify all information and answers to the questions are true and complete to the best of my knowledge and understand providing false information or making false statements may result in denial of my application and/or criminal penalties.

**All household members 18 and over must sign below:**

Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	

THIS SECTION IS FOR OFFICE USE ONLY		
Date Received:	Time Received:	Received by _____ As Agent for Owner

# AUTHORIZATION FOR RELEASE OF INFORMATION

## **Consent:**

I authorize and direct any Federal, State, or local agency, organization, business, or individual to release to and verify my application for rental housing. I understand and agree that this authorization or the information obtained with its use may be given to and used to administer and enforce program rules and policies in compliance with HUD or other Federal and State housing program guidelines. I also consent for the manager to release information from my file about my rental history, credit bureaus, collection agencies, or future landlords. This includes records on my payment history and any violations of my lease or occupancy guidelines.

## **Information Covered:**

I understand that previous or current information regarding myself or my household may be needed. Verifications and inquiries that may be requested include, but are not limited to:

Identity and Marital Status  
Residences and Rental Activity  
Employment, Income, and Assets  
Credit and Criminal Activity

## **Groups or Individuals That May Be Asked:**

The groups or individuals that may be asked to release the above information (depending on program requirements) include, but are not limited to:

Present and Previous Landlords  
(including Public Housing Agencies)  
Courts and Post Offices  
Schools and Colleges  
Law Enforcement Agencies  
Retirement Systems  
Utility Companies

Present and Former Employers  
Welfare Agencies  
State Unemployment Agencies  
Social Security Administration  
Child Support and Alimony Providers  
Banks and other Financial Institutions  
Credit Providers and Credit Bureaus

## **Conditions:**

I agree that a photocopy or facsimile of this authorization may be used for the purposes stated above. The original of this authorization is on file in the management office and will stay in effect for one year and one month from the date signed. I understand I have a right to review my file and correct any information that I can prove is incorrect.

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## **THIS SECTION TO BE COMPLETED BY APPLICANT/TENANT**

Head of Household: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Co-Head: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Adult Member: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Adult Member: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_