

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

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



HOUSINGWORKS
For Everyone

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 designed for Environmental Allergies | |

- ☐ 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 _____



APPROVED FOR USDA/RD
PRELIMINARY TENANT APPLICATION



A. APPLICANT

DATE _____
PROJECT _____
Name _____ Marital Status _____
Address _____ Mailing _____

Home Phone _____ Work Phone _____

Name and phone number of a friend or relative we can contact if we are unable to reach you at the above numbers

Name _____ Phone _____

B. HOUSING STATUS

How many people reside in your home? _____
Why do you wish to move? _____
How long have you resided at your current address? _____
Are you being evicted? _____ If yes, explain _____
Are you displaced? _____ If yes, explain _____
Are you currently living in a government-subsidized unit? _____
Are you legally capable of entering into a lease agreement? _____
Present Landlord _____ Phone _____
Present Address _____
Previous Landlord _____ Phone _____
Previous Address _____
Previous Landlord _____ Phone _____
Previous Address _____
Credit References _____

C. FAMILY OR HOUSEHOLD COMPOSITION

Full Name	Relationship	Birth date	Age	Sex	SS #
1. _____					
2. _____					
3. _____					
4. _____					
5. _____					

INCOME List all full and/or part time employment for all household members (other than minor dependent children).

Household Member	Employer & Address To Verify Information	Gross Earnings Per Week (Before Taxes)
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OTHER SOURCES OF INCOME (Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment, Baby-sitting, Care-taking, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Armed Forces, Reserves, Scholarships, and/or Grants.)

Household Member	Employer & Address To Verify Information	Gross Earnings Per Week (Before Taxes)
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		\$ _____ per _____
		\$ _____ per _____

MEDICAL EXPENSE INFORMATION

This information is needed only if tenant or co-tenant is 62 or older, handicapped, or disabled. Please list Health Insurance Company, ID#, and your premium.

Doctors Name & Address

Pharmacist Name & Address

ASSETS

Name/Address of Bank	Type of Account	Balance	Interest Rate
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Do you own stocks or bonds? _____ Do you own real estate: _____

If yes to either question, please explain, listing the market value: _____

Have you disposed of an asset within the last 2 years? _____ If so, please answer the following:

Market value at time of disposal or sale: _____

Amount sold for _____ Type of Asset _____

Date disposed of or sold _____

CHILD CARE

This information is needed only for children under the age of 13 and if this childcare allows tenant to work or go to school.

Do you pay for baby-sitting? _____

How much? _____ Per _____

Name of baby-sitter and Address _____

PROGRAM INFORMATION

Are you applying for status as an elderly household where the tenant or co-tenant is 62 plus years old **or** handicapped or disabled? If so, are you aware you will receive a \$400.00 elderly household and medical deduction? If so, please indicate _____

Handicapped or disabled applicants do not have to be 62 years old to apply for this status. They may be any age.

Please be aware that eligibility must be verified.

Do you request a handicap (barrier free) unit? _____

Do you request and modifications of an apartment? _____

Are you currently using an illegal controlled substance? _____

Do you have a previous conviction of same? _____

Have you ever been convicted of illegal manufacturing or distribution of a controlled substance? _____

ATTENDANT CARE AND AUXILIARY APPARATUS EXPENSES

Amount over 3% of adjusted income can be deducted for each handicapped member of family to the extent necessary to enable any member of same family (including handicapped member) to be employed.

List total amount paid _____

To whom paid _____

All application information is true and complete to the best of my knowledge. I/We understand that any false information given is punishable under Federal Laws.

Signature

Date

Signature

Date

“The information regarding race, national origin, and sex designation solicited on the application is requested in order to assure the Federal Government, acting through its USDA/RD, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age and handicap are complied with. You are not required to furnish this information, but are encourage to do so, This information will not be used in evaluating your application or to discriminate against you in any way, However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of an individual applicant on the basis of visual observation or surname.”

The following information is required for statistical purposes so USDA/RD may determine the degree to which its programs are utilized by minority families.

Hispanic or Latino _____	Not Hispanic or Latino _____	
Hawaiian _____	Black or African American _____	American Indian _____
White Asian _____	Other _____	
Male _____	Female _____	

I/We, do hereby authorize the management agent HAP Inc. to investigate my/our credit rating and my/our current and past rental record. The information obtained will be used for management purposes only. Furthermore, I/we certify that the housing I/we will occupy will be my/our permanent residence and that I/we do/will not maintain a separate rental unit in a different location

_____ *Signature	_____ Date
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_____ *Signature	_____ Date
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*Both Applicants MUST sign.

MAIL COMPLETED APPLICATION TO:

HAP Inc.
322 Main Street, Suite 1
Springfield, MA 01105

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights,
Room 326-W. Whitten Building,
1400 Independence Avenue, SW, Washington, D.C.20250-9410,
or call 202-720-5964 (voice and TDD)
USDA is an equal opportunity provider and employer.