

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: \_\_\_\_\_

### Housing Authority or Management Office Only

**Is this waitlist closed? Any other questions or concerns?** *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available by/from:**

\_\_\_\_\_

☐ **Any other info you wish to tell HousingWorks?**

\_\_\_\_\_

**Your position or title at this housing program:** \_\_\_\_\_

**Your signature:** \_\_\_\_\_

HousingWorks Fax: 617-536-8561



Head of Household's FIRST NAME

Head of Household's MIDDLE NAME

Head of Household's LAST NAME

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

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

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!

REQUESTED ACCOMMODATIONS ○ = ● Do you need a:

☐ 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 designed for Environmental Allergies

HoH's CAREER STAGE

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

MOBILE RENTAL ASSISTANCE

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

Head of Household -Any Felony/Conviction?

☐ Yes ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ No

Other Members: Any Felony Convictions?

☐ Yes ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ NoIs anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?☐

←# Adults

←# Children

←Total #

☐

.00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

# BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*☐ Disability☐ Elder☐ Veteran☐ Fleeing Domestic Violence☐ Displaced by: \_\_\_\_\_☐ Rent-burdened☐ Other

## Application For Housing

**MANAGEMENT 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.**

Date \_\_\_\_\_

File No. \_\_\_\_\_

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

**Applicant:** \_\_\_\_\_ Home Tel \_\_\_\_\_

Present Address \_\_\_\_\_  
street city state zip

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

[ ] American Indian/Alaskan Native [ ] Asian or Pacific Islander  
[ ] Black(not of Hispanic origin) [ ] Hispanic [ ] White(not of Hispanic origin)

Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you?

If yes, please explain. \_\_\_\_\_

Are all potential occupants of the apartment capable of living independently? \_\_\_\_\_

If no what services are required? \_\_\_\_\_

How Long Have You Lived at Present Address? \_\_\_\_\_ Years.

What are the reasons for Moving? \_\_\_\_\_

Do you own any pets? \_\_\_\_\_ Yes \_\_\_\_\_ No Specify \_\_\_\_\_

How did you hear about this property \_\_\_\_\_



**FAMILY COMPOSITION** - List all those who will occupy the apartment - **INCLUDE YOURSELF**

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SEX	SOCIAL SECURITY NUMBER
1 _____	Head of Household	_____	_____	_____
2 _____	_____	_____	_____	_____

**REFERENCES** - Full name and address of Landlords or Officials at other places you have lived over the last five years, such as shelters.

Name of Present Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Name of Previous Landlord/Official \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**NOTE:** If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_ Address \_\_\_\_\_

Name of Character Reference \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

**Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.**

**EMPLOYMENT INCOME BY HOUSEHOLD MEMBER:**

**Member #** \_\_\_\_\_  
Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly

**Member #** \_\_\_\_\_  
Name of Present Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_  
Years Employed \_\_\_\_\_ Position \_\_\_\_\_ Current Salary \$ \_\_\_\_\_  
[ ] weekly [ ] bi-weekly [ ] monthly



**OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:**

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____per_____
_____	_____	_____per_____ (week,month,year)

**INCOME FROM ASSETS:**

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Gross Earnings (Before Taxes)
_____	_____	_____per_____
_____	_____	_____per_____ (week,month,year)

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature. A Criminal Offenders Record Information (CORI) report and a Sex Offender Registry Information (SORI) report will be requested for all applicants. I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

*Signed under the pains and penalties of perjury.*

\_\_\_\_\_  
Head of Household/Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

Winslow Village Inc does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.



Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

**Signature of Applicant**

**Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.