

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
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 Explain: |
| <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 Details

- ☐ 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 _____

NORWOOD HOUSING AUTHORITY
40 William Shyne Circle
Norwood, MA 02062
Website: <http://www.norwoodha.org>

PRELIMINARY
APPLICATION

This box for NHA use only

Control No. _____

Time & Date

Received: _____

Type of Housing you are applying for:

Elderly ☐ (62+)

Disabled ☐

Fully Accessible ☐ (Wheelchair)

Program(s) you are applying for:

Kevin Maguire Housing (Elderly, Disabled, & Accessible)

☐

This development has only one bedroom units.

Frank Walsh Housing (Elderly, Disabled & Accessible)

☐

This development has only one bedroom units.

Social Security #

Age:

Date of Birth

Name: _____ Are you employed in Norwood? Yes / No

Current Address: _____ City: _____ State: _____ Zip code: _____

Home Phone: _____ Work Phone: _____ Email address: _____

Race: Responding to this question is optional. Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a minority, you may classify your household in that minority category.

Circle One: American-Indian

Asian

Black

Hispanic

White

Are you a veteran, a spouse of a veteran/ deceased veteran or a family with dependent(s) of a veteran or deceased veteran? YES / NO

Date of Military Service: From _____ To _____ (Please attach a copy of DD214 with application)

Do you have any special needs due to a disability or need a reasonable accommodation such as first floor? YES / NO

Please describe your special need: _____

Describe your current housing situation: _____

Amount of current rent: \$ _____

Do you own a car? _____

If you are applying for a Priority Housing (i.e. involuntary homeless due to displacement by natural disaster, public action, etc...), you must fill out a Priority Application and attach it along with this application.

List members of household who will be living in the unit, other than head of household:

Name	Social Security #	Relation to head	Sex	Date of Birth	Occupation

Do you anticipate a change in household size? YES / NO If yes, explain: _____

Please list the estimated gross income anticipated for all members of your household for the next 12 months

Income source: (Wages, Social Security, SSI, Pension, Annuity, TANF, Child Support, Alimony, Veterans Benefit, Others)

Household Member	Source of Income	Amount	Frequency (weekly / monthly)

You may qualify for certain deductions such as medical and child care, please list below

Household Member	Type of Expense	Amount

Please list all assets for every member of your household. (Asset includes bank accounts, stock, bond, mutual funds, real estate, etc...)

Household Member	Type of Assets	Principal Value of Asset

Have you sold or transferred any assets in the last four years? YES / NO If, yes type of asset: _____

Date of sale / transfer: _____ Amount of rec'd: _____ Value of at time of sale: _____

Have you or any member listed on this application ever been convicted of a crime other than parking violations?

If yes, please explain: _____

Emergency Reference: (Name of person not living with you that we may contact in the event we are unable to reach you.)

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____ Tel# _____

In order to qualify for the "local preference", you must be living or working in the Town of Norwood at the time of your application and at the time your name comes to the top of the Waiting List. If you move into Norwood after your application has been processed, you must complete a new application in order to receive a "local preference".

I understand this application is not an offer for a unit. I understand I should not make any plans to move or to terminate my present tenancy. I understand that it is my responsibility to inform the Norwood Housing Authority in writing of my change in my address, household income or household composition. I authorize the Norwood Housing Authority to make inquiries from 3rd parties to verify the accuracy of the information I have provided on this application. I certify under the pains and penalties of perjury that the information I have given is true and complete.

Applicant's Signature: _____ Date: _____

(Please attach addition explanation or documentation that you would like the authority to consider)