

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 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

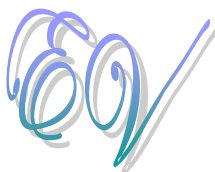
City

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 \_\_\_\_\_



*Emanuel Village*

59 Evelyn Street, Worcester, MA 01607  
Tel: 508-753-7474

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone(s) \_\_\_\_\_

**Instructions: Please follow carefully - Incomplete applications will be returned**

1. **Complete all areas.** If an item does not apply to you, mark "N/A" on that line.
2. **We need copies of Social Security Cards** The government **requires** that all applicants over the age of 5 submit a copy of their social security card with the attached housing application. If you do not have a social security card, we can accept one of the following, as long as your social security number appears on the document.

Driver's License	Medicare Card	Medical Insurance Card
Bank Statement	Retirement benefit letter	Benefit letter from government agencies

**Note: Copies of Metal Social Security Cards are not acceptable.**  
If you cannot provide us with any of the above documents, it will be necessary that you certify to us that you have made application to the Social Security Office for a new card before we will accept your housing application.
3. **Proof of US Citizenship** The US Department of Housing & Urban Development **requires** that all applicants be US Citizens, nationals or certain categories of eligible noncitizens. To do this, you **must** have the attached Declaration of Section 214 Status forms completed by **EACH** family member (including yourself). Please make sure you follow the instructions on the Declaration Form.
4. **Signatures are required by all adult applicants**
5. **Return your application to:**

**Emanuel Village Senior Housing  
59 Evelyn Street  
Worcester, MA 01607**

**Note: Pets are only allowed in our senior citizen properties or for persons with disabilities who require a service animal.**

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**Your application is being returned because:**

- ☐ You did not complete all areas or you did not sign the application.
- ☐ You did not provide the required social security cards for all household members over the age of 5.
- ☐ The Declaration of Section 214 Status and Family Summary Sheet were not completed/signed as instructed above.

**Please return your application along with the information that was missing if you want to be considered for Section 8 housing.**

<b>Emanuel Village USE ONLY:</b>	DATE RECEIVED: _____	TIME RECEIVED: _____	ID #: <u>«household id»</u>
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## APPLICATION FOR ASSISTED HOUSING – (SECTION 8 HOUSING)

- If the information provided by or about any applicant from any source at any time during the screening process reveals negative information relating to the applicant's ability to meet the obligations of tenancy, the information will be researched as part of the tenant selection screening process and that applicant will be asked to explain this information as part of a uniformly applied policy applicable to all applicants.
- All applicants must be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to Emanuel Village, to avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.
- Emanuel Village is a management company that provides low rent housing to eligible households, elderly households and single people. Emanuel Village is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability handicap or familial status. In addition Emanuel Village has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.
- A reasonable accommodation is some modification or change Emanuel Village can make to its apartments or procedures that will assist an otherwise eligible applicant with a disability to take advantage of government programs.
- The Fair Housing Act/Federal law prohibits discrimination in the sale, rental or financing of housing on the basis of race, color, national original, sex, religion, age, disability, marital or familial status. USDA, Rural Development applicants may file any complaints of discrimination to USDA Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC, 20250-9410 or call (202) 720-5964 (voice or TDD). Section 8 applicants may file any complaints of discrimination to the U.S. Dept. of Housing & Urban Development, Assistant Secretary for Fair Housing & Equal Opportunity, Washington DC 20410.

A. **FAMILY SUMMARY** -List all persons, including yourself, who will be living in the apartment. List head of household first.

Name	Relationship	Gender	Soc Sec #	Birth Date	Place of Birth
1	Head				
2					
3					

**Mailing Address:** \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Physical Address:**

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 (if different than mailing address)

Telephone No. (which you can be reached at): \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Applying to Property(s): **Emanuel Village** Requested Unit Size: \_\_\_\_\_ **Bedrooms**

How did you hear about the apartment for which you are applying? \_\_\_\_\_

If you require the features of a mobility impaired accessible unit, check here ☐

If you require any modifications to an apartment, check here and explain in a note to us ☐

**B. INCOME - All sources of regularly received monies must be listed regardless of recipient's age.**

Family Member Name	Sources of Income	Amount
	Social Security Gross Monthly Amount	\$
	Social Security Gross Monthly Amount	\$
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	Pension Gross Monthly Amount	\$
	Source:	
	Address:	
	Claim No.	
	VA Benefits (Claim # )	\$
	SSI Benefits Gross Monthly Amount	\$
	Unemployment Compensation Gross Monthly Amount	\$
	Address:	
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Wages Gross Monthly Amount	\$
	Employer:	
	Address:	
	Alimony Gross Monthly Amount	\$
	Other Income Gross Monthly Amount (for example, rental income, etc.)	\$
		\$

**C. ASSETS:**

Have you sold or disposed of any asset(s) valued over \$1,000 in the last two years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type of asset (e.g., money/land/house) \_\_\_\_\_

Market value when sold/disposed \$ \_\_\_\_\_ Amount sold/disposed for \$ \_\_\_\_\_ Date of transaction \_\_\_\_\_

C. **ASSETS** (continued)

Provide the following information for all members of the household (use another sheet of paper if necessary).

**Checking Accounts**

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate                      Balance \$	Int. Rate                      Balance \$

**Savings Accounts**

Bank	Bank
Address	Address
Account No.	Account No.
Int. Rate                      Balance \$	Int. Rate                      Balance \$

**Certificates of Deposit**

Bank	Bank
Address	Address
Acct.#                      Int Rate                      Amt. \$	Acct.#                      Int Rate                      Amt. \$
Penalty for Early Withdrawal                      Maturity Date	Penalty for Early Withdrawal                      Maturity Date

**Stocks****IRA's/401-K's**

Name	Bank
Address	Address
Value \$                      Div. Rate	Value \$                      Div. Rate

**Bonds****Trust Accounts**

Bank	Bank
Address	Address
Present Value \$	Account No.
Maturity Date	Int. Rate                      Balance \$

C. **ASSETS** (continued):**Real Estate**

Do you own any property? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, type &amp; location of property \_\_\_\_\_

Appraised market value \$\_\_\_\_\_ Mortgage or outstanding loan due \$\_\_\_\_\_

Name &amp; address of broker/realtor who would provide verification of market value:

Broker/Realtor	Address	City	State	Zip
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D. **MEDICAL AND CHILD CARE EXPENSES****FOR ELDERLY, DISABLED, HANDICAPPED APPLICANTS ONLY****Medical Costs** - Complete only if head or spouse is 62 or older, handicapped, or disabled AND ONLY if these medical expenses are paid for out of your own pocket and not reimbursed by medical insurance.**Medicare**

Monthly Amount \$	Monthly Amount \$
-------------------	-------------------

**Medical Insurance**

Name	Name
Address	Address
Claim No. Monthly Amt. \$	Claim No. Monthly Amt. \$

**Pharmacy**

Name	Name
Address	Address
Anticipated prescription costs <b>not covered by insurance</b> - Monthly Amount \$	Anticipated prescription costs <b>not covered by insurance</b> - Monthly Amount \$

**Physician**

Are you seeing a physician <b>REGULARLY</b> ? Yes_____ No_____	
Name	Name
Address	Address
Anticipated costs <b>not covered by insurance</b> - Monthly Amount \$	Anticipated costs <b>not covered by insurance</b> - Monthly Amount \$

**Outstanding Medical Bills for which You are Making Monthly Payments**

Name	Name
Address	Address
Anticipated costs <b>not covered by insurance</b> - Balance Due \$ Monthly Amount \$	Anticipated costs <b>not covered by insurance</b> - Balance Due \$ Monthly Amount \$

**E. PROGRAM INFORMATION**

Are you currently living in subsidized housing? Yes\_\_\_\_\_ No\_\_\_\_\_

**F. APPLICANT INFORMATION-Please place a checkmark in the box if any of the following statements apply to you.**

1. You have been served a Notice to Quit or been asked to leave by a previous landlord ☐
2. You have been served with lease violations from a previous landlord ☐
3. You have been evicted ☐
4. You or any household member have been evicted from federally assisted housing for drug-related criminal activity? ☐

If you checked any of the above boxes, please explain the circumstances on an attached sheet of paper and identify property & landlord.

5. You or a household member have been convicted of a sex related crime or are subject to a lifetime registration in a State sex offender registration program? ☐

List all states, other than the one that you reside in now, in which you have lived in during the last seven years? \_\_\_\_\_

**G. REFERENCE INFORMATION**

**Current Landlord** (Name, Address,& Phone No.)

How long have you lived there? \_\_\_\_\_ Is this landlord related to you? Yes\_\_\_\_\_ No\_\_\_\_\_

**List all Previous Landlords for ALL Adults in Household (Attach a sheet of paper if more space is needed.)** (Name, Address & Phone No.)

1.	2.
Address of Apt.	Address of Apt.
How long did you live there?	How long did you live there?
Is this landlord related to you? Yes_____ No_____	Is this landlord related to you? Yes_____ No_____

**List two Professional Personal References for ALL Adults in Household (Attach a sheet of paper if more space is needed.)** (Name, Address, Phone No. & Relationship)

(Example: teachers, principals, past/present employers, physicians, etc.) Please do not list relatives or friends.

1.	2.
Phone No. Relationship	Phone No. Relationship

**All information received by Emanuel Village during the application process regarding the applicant or applicant's household will be taken into consideration as part of the application.**





Please sign ALL Black Checkmarks

Authorization

I/we do hereby authorize **Emanuel Village** 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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✓ _____ Co-Applicant Signature	_____ Date



# Emanuel Village

59 Evelyn Street  
Worcester, MA 01607

*"In response to Christ Love, Lutheran Social Services of New England  
serves and cares for people in need"*

## CORI REQUEST FORM

Pursuant to M.G.L. Ch 6, s. 168, Emanuel Village has been granted access to Criminal Offender Record Information (CORI) including conviction and pending criminal case data, for the purpose of tenant selection only, and shall not be otherwise used or disseminated. The following is a list of applicants for public housing.

APPLICANT/EMPLOYEE SIGNATURE: \_\_\_\_\_

(Unless otherwise Preempted by Law)

### APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

\_\_\_\_\_  
LAST NAME FIRST NAME MIDDLE NAME

\_\_\_\_\_  
MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

\_\_\_\_\_  
DATE OF BIRTH SOCIAL SECURITY NUMBER MOTHERS MAIDEN NAME  
(Requested but not required)

CURRENT and FORMER ADDRESSES: \_\_\_\_\_

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ lbs. EYE COLOR: \_\_\_\_\_

STATE DRIVERS LICENCE NUMBER: \_\_\_\_\_

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF  
GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

SIGNATURE OF AUTHORIZED CORI EMPLOYEE (Office Use Only)



# *Emanuel Village*

59 Evelyn Street  
Worcester, MA 01607

*"In response to Christ Love, Lutheran Social Services of New England  
serves and cares for people in need"*

## **General Authorization for Release of Information**

Name: \_\_\_\_\_  
(Please Print)

Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I, the above named individual, have authorized Emanuel Village to verify the accuracy of the information that I have provided.

The following will be obtained on all applicants for housing:

Credit Checks

Housing Evictions

I hereby give you my permission to release this information to Emanuel Village. I would appreciate your prompt attention in supplying the information requested on the attached page to Emanuel Village within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your cooperation in this matter.

\_\_\_\_\_  
(Signature) Date Signed: \_\_\_\_\_

**This authorization is valid for a period of one year from the date noted above**