

Applicant: Write your full name and address,  
including your apartment # and zipcode.

Mail this application to the address you  
see at left.

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**



**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"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit            | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit             | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit for <b>Environmental Allergies</b> | <input type="radio"/> <b>Personal Care Attendant</b>  |

- ☐ 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

# LEXINGTON HOUSING AUTHORITY

One Countryside Village  
Lexington, MA 02420  
781-861-0900

THIS BOX IS FOR OFFICE USE ONLY

Date of receipt: \_\_\_\_\_  
Time of Receipt: \_\_\_\_\_  
Control Number: \_\_\_\_\_  
Bedrooms: \_\_\_\_\_  
Race: \_\_\_\_\_  
Priority Category: \_\_\_\_\_  
Preference Category: \_\_\_\_\_  
Language: \_\_\_\_\_

## **STANDARD APPLICATION FOR FEDERAL-AIDED HOUSING**

**Incomplete applications will not be processed.** Please complete all information requested on the application.  
If a questions is not applicable, please write N/A. Make sure you sign the last page.

1. Name of Applicant \_\_\_\_\_  
Address of Current Residence \_\_\_\_\_ Apt. No. \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Apt. No. \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

2. **Type of public housing you are applying for:** ( Circle One )

a. Family      b. Elderly/Handicapped      c. Handicapped

**Note: To be eligible for elderly/handicapped housing you must be at least 62 years old or handicapped.  
If handicapped, your handicap must be other than a history of alcohol or substance abuse.**

Do you have any special needs due to a disability? Specify: \_\_\_\_\_  
\_\_\_\_\_

Do you need a wheel chair accessible apartment? (circle one)    Yes      No

Because of my limitations, I request the following be done in order to permit me to participate fully in the Housing Authority's housing programs. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. **Racial Designation:** (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    Other(specify) \_\_\_\_\_

5. **Number of Bedrooms needed:** (circle one)    1    2    3    4

6. Members of household to live in Unit, including Head of Household: (Attach additional sheet if necessary).

Name: First, Middle, Last	Relationship	Social Security Number *	Sex	Date of Birth	Occupation or Student Status
	HEAD				

\* This information will be used to verify income, assets, and criminal record information.

7. Is a change in the household composition expected? (circle one) YES NO

If yes, what type of change? \_\_\_\_\_ When \_\_\_\_\_

#### 8. INCOME BEFORE DEDUCTIONS

Estimate the Gross Income anticipated for **ALL** Household Members from all sources for the next 12 months. Specify all sources.

Household Member Name		Name and Address of Employer or Source of Income	Gross Income For Next 12 Months
	Salaries, Wages, Including Overtime/Tips		\$
	Net Income From Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Pensions and Annuities		\$
	Regular Unemployment or Disability Compensation		\$
	Regular Social Security Benefits and/or SSI		\$
	T. A. F. D. C. Or Public Assistance		\$
	Regular Alimony Support Payments, Gifts		\$
	Other Income		\$

**TOTAL GROSS INCOME \$** \_\_\_\_\_

## 9. EXPENSES

Expense for Care Of Children Or Sick/Incapacitated Person If necessary For Employment	
Unreimbursed Medical Expenses	
Alimony Or Child Support Payments	
Health Insurance	
Other	

**TOTAL EXPENSES \$** \_\_\_\_\_

10. **ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. **DO NOT** include clothing, furniture or cars.

*(Office Only)*

Household Member	Asset Type/Asset Value	Income	Imputed Income
	\$	\$	
	\$	\$	
	\$	\$	
	\$	\$	

11. Does anyone in your household own a car? (circle one) YES NO

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. Number \_\_\_\_\_

Make of Car \_\_\_\_\_ Year \_\_\_\_\_ Reg. Number \_\_\_\_\_

12. **References:** List two references. These should not be relatives or household members.

(1) Name: \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Telephone # ( ) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

13. **List Addresses for the Last Five Years in Reverse Order:**

(1) Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ to present

City/Town \_\_\_\_\_ State \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

(2) Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ Years \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

(3) Address: \_\_\_\_\_ Years \_\_\_\_\_

City/Town\_\_\_\_\_State\_\_\_\_\_

Name of Landlord:\_\_\_\_\_Telephone: ( ) \_\_\_\_\_

14. Have you lived in Lexington in the past? (circle one) Yes no If yes, when?\_\_\_\_\_  
Where? \_\_\_\_\_

Have you, or any member of your household, ever received housing assistance from this or any other housing agency?  
(circle one) YES NO

If yes: Name of Head of Household at that time: \_\_\_\_\_

Relation to Present Applicant: \_\_\_\_\_

Name of Housing Agency: \_\_\_\_\_

Date Moved Out: \_\_\_\_\_

Reason Moved Out: \_\_\_\_\_

When you moved out were you in compliance with the lease and other program requirements?

(circle one) YES NO

If NO, please explain:\_\_\_\_\_

\_\_\_\_\_

15. Do you have a place of employment in this City or Town? (Circle One) YES NO

16. Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of this Housing Authority? (If so, this will not necessarily disqualify your Application.)  
(circle one) YES NO

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Do you have any Pets? (circle one) YES NO If yes, please describe:\_\_\_\_\_

\_\_\_\_\_

18. **Emergency Reference:** Name of a relative or friend not planning to live with you. We will contact this person if we are not able to reach you or in cases of an emergency.

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

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

City/Town:\_\_\_\_\_State:\_\_\_\_\_Telephone: \_\_\_\_\_

19. **Criminal Record:**

Have you or any member of your household who will live in the unit been convicted of a crime?  
(circle one)                      YES                      NO

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you or any member of your household who will live in the unit have any criminal matters pending?  
(circle one)                      YES                      NO

If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT'S CERTIFICATION:**

I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list, and, if I reapply, my application will not receive any priority or preference that was granted on the prior application for a 3 year period.

Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from the Housing Authority. **I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition.** I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the cancellation of my application. I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board for all adult members of the household.

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult members of the household.

**SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Co-applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Warning:** 18 U.S.C. 1001 provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any manner within the jurisdiction of a department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.