

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

HoH's SOCIAL SECURITY NUMBER		GENDER	HoH's DATE OF BIRTH
○		○	

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <b><u>NOT</u></b> write Spanish, Hispanic, Latino here – and do <b><u>NOT</u></b> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME
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YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE			# BEDROOMS	How much money does your family receive in a year?
○	# Adults	# Children	Total #	○
				.0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

**ROBERT MCBRIDE HOUSE**

70 Queensbury Street

Boston, MA 02215

Phone: (617)236-8319

TTY: 1-800-439

**APPLICATION FOR HOUSING**

**GENERAL INFORMATION**

Applicant: \_\_\_\_\_ DOB: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Soc. Sec. # \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Gender: \_\_\_\_\_

This information will be used solely for statistical analysis and will not be used in eligibility determination or selection.

Race: Hispanic/Latino\_\_ Caucasian\_\_ African American\_\_ Haitian\_\_ Asian\_\_ Native American\_\_ Other: \_\_\_\_\_

List all persons in the planned household including children who are certain to live with applicant from move-in date.

Name(s) of individuals who will live with applicant	Relationship to Applicant	Age	Date of Birth	Social Security #
Applicant	Self			

**Whom may we contact if we are unable to reach you?**

Name \_\_\_\_\_  
( ) Parent ( ) Child ( ) Sibling ( ) Family ( ) Social Worker ( ) Attorney ( ) Other

Street \_\_\_\_\_ . Phone # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How did you hear about Robert McBride House? \_\_\_\_\_

## ELIGIBILITY

Please read the following description and then check whether you are applying for a one-bedroom or two-bedroom apartment,

One bedroom unit ( )    Two bedroom unit ( )

### One Bedroom Units

Fourteen one-bedroom Units are available for one or two person households. One person must be 18 years of age or older, have an HIV/AIDS diagnosis and be disabled. No more than two people may occupy a one-bedroom unit.

### Two Bedroom Units

Three two-bedroom apartments are available for two to four people. One person must be 18 years of age or older, have an HIV/AIDS diagnosis and be disabled. No fewer than two people and no more than four people may occupy a two-bedroom apartment.

### Wheelchair Adapted Units

There are 4 one-bedroom apartments that have been specifically adapted for people with mobility impairments. The need for such a unit must be verified by a qualified third party. Please check below if you are applying for a wheelchair adapted apartment.

( ) Wheelchair adapted apartment

Please check below if- as the result of a disability or handicap, you require any other special design features to make your apartment accessible. The need for such design features must be verified by a qualified third party.

( ) Yes. I require special design features. Please describe: \_\_\_\_\_

## INCOME

The U.S. Department of Housing and Urban Development adjusts income limits for subsidized housing each year. The current maximum allowable incomes for applicants of Robert McBride House are:

\_\_\_\_\_ 1 persons    \_\_\_\_\_ 2 persons    \_\_\_\_\_ 3 persons    \_\_\_\_\_ 4 persons

What is your total annual gross income (combined, if more than one person)? Be sure to include all sources of income, which may include but not be limited to: Wages, Social Security, SSI, SSDI, Veteran's Benefits, Survivor's Benefits, Other Pensions, EAEDC, TAFDC, Aid to the Blind, Alimony, Child Support, Unemployment Compensation, and interest on assets (real estate, stocks, bonds, checking and savings account balances, certificates of deposits, money market accounts and IRA's). Please use the next page to determine this amount.

\$ \_\_\_\_\_ Year

## HOUSEHOLD INCOME WORKSHEET

Please list all gross income to the household. Income includes all income, prior to deductions, for each household member. Make sure that you have included all sources of income such as wages, disability benefits, alimony, child support, Unemployment or Worker's Compensation. Social Security, survivor's benefits, pensions, EAEDCm TAFDC, Aid to the Blind, etc. This information is requested for verification purposes only and cannot be used to disqualify any applicant due to the source of income.

Names of individuals who will live with applicant	Relationship to applicant	Sources of income (Wages, SSI, AFDC, etc)	Annual Income*
Applicant	Self		\$
			\$
			\$
Total Annual Household Income:			\$

\* Do not include income for authorized Personal Care Attendant. Medical documentation must be supplied evidencing the role of a PCA.

### Asset Information

1. Savings or checking Accounts:

Account #	Balance	Int. Rate	Name on Account	Bank

2. Certificates of deposits or money market accounts;

CD/Money Mkt/IRA	Balance	Int. Rate	Term	Name on Account	Bank

3. List any stocks or bonds, including name of company, # of shares, amount of interest or dividends earned, and the total value:

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4. If you, or any household member, own any real estate, please describe it and indicate where it is. Also include a value on-the property.

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5. List any other assets:

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6. Have you given away (to family, charity, or others) any assets (money, property, bank accounts, etc.) worth more than \$2000 for less than actual value in the last 24 months? ☐ Yes ☐ No

If yes, please state amount \$ \_\_\_\_\_ and type of asset \_\_\_\_\_

## HOUSING HISTORY

Please list the following information about where you have lived for the past five years. Please note: A lack of rental history does not necessarily disqualify you. Substitute a Contact person when no landlord was involved (e.g. shelter, social worker, case manager, etc.)

Applicant's Current Address: \_\_\_\_\_ Lived here from \_\_\_\_\_ to present  
Type of residence: \_\_\_\_\_ rental \_\_\_\_\_ doubled up \_\_\_\_\_ transitional \_\_\_\_\_ shelter \_\_\_\_\_ Other: \_\_\_\_\_  
Landlord/other contact name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_

Applicant's Previous Address: \_\_\_\_\_ Lived here from \_\_\_\_\_ to \_\_\_\_\_  
Type of residence: \_\_\_\_\_ rental \_\_\_\_\_ doubled up \_\_\_\_\_ transitional \_\_\_\_\_ shelter \_\_\_\_\_ Other: \_\_\_\_\_  
Landlord/other contact name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
Reason for moving: \_\_\_\_\_

Applicant's Previous Address: \_\_\_\_\_ Lived here from \_\_\_\_\_ to \_\_\_\_\_  
Type of residence: \_\_\_\_\_ rental \_\_\_\_\_ doubled up \_\_\_\_\_ transitional \_\_\_\_\_ shelter \_\_\_\_\_ Other: \_\_\_\_\_  
Landlord/other contact name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
Reason for moving: \_\_\_\_\_

Applicant's Previous Address: \_\_\_\_\_ Lived here from \_\_\_\_\_ to \_\_\_\_\_  
Type of residence: \_\_\_\_\_ rental \_\_\_\_\_ doubled up \_\_\_\_\_ transitional \_\_\_\_\_ shelter \_\_\_\_\_ Other: \_\_\_\_\_  
Landlord/other contact name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Landlord Address: \_\_\_\_\_  
Reason for moving: \_\_\_\_\_

Have you ever been evicted from housing? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain: \_\_\_\_\_

## ELIGIBILITY FOR PREFERENCE STATUS

The U.S. Department of Housing and Urban Development requires that your application be placed on a priority waiting list if you meet one or more of the following conditions. These must be verified by a qualified third party prior to offering you an apartment. If your status changes at any time, you should notify *Robert McBride House* immediately.

**Please check all that apply to you.**

\_\_\_\_\_ You are unable to use critical elements of your housing unit because you have a medical or physical impairment.

You have lost or will soon lose your housing due to:

\_\_\_\_\_ Damage from flood, fire, or other natural disaster

\_\_\_\_\_ State or city governmental action

\_\_\_\_\_ Action by private owner that you could not control or prevent (excluding eviction for cause)

\_\_\_\_\_ Other: \_\_\_\_\_

## APPLICANT'S CERTIFICATION

Please read each item below carefully before you sign.

1. I hereby certify that the information provided on this application is correct to the best of my knowledge.
2. I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications may be necessary to complete the application process.
3. I hereby give Maloney Properties, Inc. authorization to verify the information on this application. As part of the review of this application, a credit report, criminal history record, landlord reference(s), medical verification, and preference verification will be required.
4. I understand that it is my responsibility to inform Robert McBride House or Maloney Properties, Inc. its Management agent, of any changes to the information provided on this application.
5. WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction. It is a criminal offense to make willfully false Statements or misrepresentations on this application and may be grounds for denying residency.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Date

Maloney Properties, Inc. does not discriminate on the basis of handicap status. For 504 Coordinator, call (781) 449-7887



Fair Housing and Equal Housing Opportunity

