

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:

 **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



HOUSINGWORKS
For Everyone

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"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <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 designed for Environmental Allergies | |

- ☐ 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 _____

Washington Meadows
Topsfield, MA
c/o Andover Management Corp.
P.O. Box 1099
Middleton, MA 01949



For Office Use Only

Date & Time Received _____

Income Category _____

Waiting List # _____

APPLICATION FOR HOUSING ACCOMMODATIONS

PLEASE PRINT

APPLICANT NAME _____

PRESENT ADDRESS _____
(Street) (Town) (Zip)

TELEPHONE # _____

List all persons expected to reside in your household. Include their relationship, age, date of birth and social security #.

NAME	RELATIONSHIP	AGE	SEX	DATE OF BIRTH	GROSS ANNUAL INCOME	SOCIAL SECURITY #
	SELF					

INCOME: Type	Monthly	Yearly	NEAREST OF KIN OR FRIEND Name _____ Address (Street) _____ City _____ State _____ Zip _____ Tel. No _____ Relationship _____
Wages			
Social Security			
Pension			
Interest Income			
Other			
TOTAL			

NET FAMILY ASSETS

A. Cash on hand, savings value, certificates of deposit, dollars in checking accounts, net cash value of real property, cash value of whole life insurance policies, IRAs, market value of bonds and other forms of capital, or personal investment property minus debts against them, minus conversion to cash costs. \$ _____

B. Value or equity of any business or assets disposed of for less than fair market value in excess of the consideration received therefrom during the past 2 years. \$ _____

TOTAL NET FAMILY ASSETS \$ _____

Elderly Family actual medical and/or handicap assistance expenses paid in excess of 3% of annual family income. Total medical expense includes medical expenses not covered by insurance that you anticipate incurring over the next 12 months. \$ _____

Nonelderly family handicap assistance expenses in excess of 3% of annual family income. \$ _____

Do you request a special handicapped accessible unit? ☐ No ☐ Yes

Do you request a handicap/disability adjustment to income? ☐ No ☐ Yes

CERTIFICATION:

I/we hereby certify that I/we do not and will not maintain a separate subsidized rental unit in another location. I/we certify that the housing I/we will occupy is/will be my/our permanent residence.

I/we understand that eligibility for housing will be based on federal eligibility criteria and Andover Management Corporation's resident selection criteria. I/we understand that this application in no way ensures occupancy and that my/our application can be rejected based on, but not limited to, poor credit or personal references, police records indicating unacceptable or criminal behavior. I/we certify that the information given in this application is true to the best of my/our knowledge. I/we understand that any false information is punishable by law, and could be grounds for cancellation of this application of residency after occupancy.

APPLICANT'S SIGNATURE

CO-APPLICANT'S SIGNATURE

Date: _____

Date: _____

The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through USDA Rural Development, that Federal Laws prohibiting discrimination against tenant applicants in the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However if you choose not to furnish it, The owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or

Race or Ethnic group _____

AMC 11/02