

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

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!REQUESTED ACCOMMODATIONS ☐ = ☒ Do you need a:☐ Fully Accessible Wheelchair Unit☐ Blind Accessible Unit☐ Need an Interpreter☐ No-Steps unit (elevator to any floor)☐ Deaf Accessible Unit☐ Domestic Violence Victim☐ First-Floor unit only☐ unit designed for Environmental Allergies

HoH's CAREER STAGE

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

MOBILE RENTAL ASSISTANCE

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

Head of Household -Any Felony/Conviction?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ No

Other Members: Any Felony Convictions?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ NoIs anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?☐

←# Adults

←# Children

←Total #

☐

.00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*☐ Disability☐ Elder☐ Veteran☐ Fleeing Domestic Violence☐ Displaced by: _____☐ Rent-burdened☐ Other

MOORE'S WAY
23 DUNCAN ST.
GLOUCESTER, MA 0 1930
phone 978-283-3079
fax 978-283-7598

APPLICATION

NAME _____ DATE _____

PHONE _____

SS NUMBER _____

AGE _____ DATE OF BIRTH _____

CURRENT ADDRESS _____

MAILING ADDRESS _____

(if different)

CASE MANAGER _____

AND PHONE _____

EMERGENCY INFO:

NAME _____

NUMBER _____

RELATIONSHIP TO APPLICANT: _____

FINANCIAL INFO

MONTHLY INCOME _____

FROM: WORK _____
 SSI _____
 SSDI _____
 EAEDC _____
FOOD STAMPS _____
OTHER _____

If yes for SSI / SSDI, what makes you eligible:

MEDICAL INFO

NAME OF INSURANCE _____

INSURANCE NUMBER _____

VETERAN _____ VETERANS BENEFITS _____

PRIMARY CARE DOCTOR _____

PHONE _____

SIGNIFICANT MEDICAL PROBLEMS WITH RELATED MEDICATIONS

FAMILY INFO

MOTHER'S NAME _____

ADDRESS _____

FATHER'S NAME _____

ADDRESS _____

ARE YOU MARRIED, DIVORCED, IN A RELATIONSHIP: _____

DO YOU HAVE CHILDREN _____

NAMES / AGES _____

EDUCATION

HIGH SCHOOL _____

GRADUATE _____

GED _____

COLLEGE _____

DEGREE _____

VOCATIONAL TRAINING _____

PSYCHIATRIC HISTORY

PRIMARY DIAGNOSIS _____

SECONDARY _____

THERAPIST _____

PSYCHIATRIST FOR MEDS _____

PSYCH MEDS, DOSAGES & REASONS FOR EACH _____

COMPLIANCE WITH MEDS _____

HISTORY OF SEXUAL ABUSE _____

HISTORY OF EATING DISORDER _____

HISTORY OF VIOLENT BEHAVIOR _____

PREVIOUS HOSPITAL ADMISSIONS (PSYCH / DETOX DATES IF KNOWN)

DRUG /ALCOHOL TREATMENT HISTORY
PROGRAM NAMES / DATES / REASONS FOR DISCHARGE

DAY TREATMENTS _____

RESIDENTIAL _____

DRUG OF CHOICE _____

LENGTH OF USE _____ RELAPSES _____

LONGEST LENGTH OF CLEAN / SOBER TIME _____

CURRENT LENGTH OF CLEAN / SOBER TIME _____

ARE YOU INVOLVED IN 12 STEP MEETINGS _____

DO YOU HAVE A SPONSOR _____

CURRENT COURT INVOLVEMENT (City, dates, charges)

- *You will need to bring to the interview:
- PHOTO ID
 - COPY OF BIRTH CERTIFICATE
 - SOCIAL SECURITY CARD
 - PROOF OF INCOME, IF ANY

*(The Housing Authority will not process your application without these)

Please list below, goals you would like to work on while at Moore's Way

