

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: 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!

For Landlords Only!  
[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:



# HAMILTON GREEN, ANDOVER, MA WAITING LIST APPLICATION

Name \_\_\_\_\_ Home Tel. # \_\_\_\_\_

Address \_\_\_\_\_ Work Tel. # \_\_\_\_\_

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

Email Address \_\_\_\_\_

Unit size(s) for which you are applying (please circle):

**1-Bedroom**

**2-Bedroom**

**3-Bedroom**

**AMI:**

**50%**

**80%**

## **HOUSEHOLD MEMBERS:**

Please list **ALL** household members who will occupy the affordable apartment:

### **Household Information:**

<b><u>Household Members</u></b> Full Name (first and last)	<b><u>Relationship to HOH</u></b> (Spouse, Child, Live-In Aid, Etc.)	<b><u>Date of Birth</u></b>

**Do your household receive any housing assistance (i.e. Section 8, VASH, MRVP) (please circle):**

Yes

No

## **INCOME**

What is your approximate total yearly income (before-tax income from all jobs, self-employment, Social Security, Pensions, payments from friends/family, unemployment, child support, alimony, income from assets etc)?

**PREFERENCE INFORMATION**

Are you, or any member of your household, in need of an accessible unit? This is defined as persons with a physical or mental disability that meet standards established by the Department of Housing and Community Development and state laws for disabled housing.

- ☐ Yes  
☐ No

**REASONABLE ACCOMODATION**

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you?

- ☐ Yes  
☐ No

If yes, please explain in the space provided here:

**RACE (OPTIONAL)**

You are requested to complete the following optional section in order to assist in determining preference. Completing this section may qualify you for additional lottery pools. (Please check all boxes that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Alaskan Native and Native American                 | <input type="checkbox"/> Asian                               |
| <input type="checkbox"/> Black or African American (not of Hispanic origin) | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Hispanic or Latino                                 |  |
| <input type="checkbox"/> White (not of Hispanic origin)                     | <input type="checkbox"/> Other (please specify) _____        |

Additional information may be requested at a later date. Your signature below gives consent to Management to verify the information in this application. Please be advised that it is your responsibility to report any changes in address, phone number or priority status to the rental office. Failure to maintain current information at the rental office may jeopardize your waiting list status.

I/We hereby certify that the information contained herein is true and correct:

I/We hereby acknowledge that rents for affordable housing change on an annual basis based on changes in Area Median Income and Utility Allowances and that the current affordable rents are subject to change while I/We are on the waiting list. If we are given the opportunity to lease an affordable unit, prior to completing a lease application we will be notified of the rents that will be in place for our lease term.

Signed under the pains and penalties of perjury:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant

\_\_\_\_\_  
Date

If you have a disability you have the right to request a reasonable accommodation in connection with your application for housing. All information is voluntary and will be treated as confidential.

**Please remember to maintain all records of income, assets and taxes!!!**

Every household must maintain records of all income, assets, and changes in employment as all this documentation will be required if you are given the opportunity to move forward in this program. So please be sure to keep a record of all your pay, all your tax documentation and all your bank/asset statements to ensure an easy and fast eligibility review.

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Submit completed application to:

**Mail:**

Maloney Properties, Inc  
Attn: Hamilton Green  
27 Mica Lane  
Wellesley, MA 02481

**Email:**

HamiltonGreen@maloneyproperties.com

