

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



**Housing Corporation of Arlington**

20 Academy Street Arlington, MA 02476 - tel: 781.316.3429 fax: 781.641.2103

## **Two-Family Rental Program**

### **Application for Affordable Rental Housing**

1. Name of applicant \_\_\_\_\_  
Current Address \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

2. Household size (total number of people expected to live in unit) \_\_\_\_\_  
Total adults: \_\_\_\_\_ Total children: \_\_\_\_\_  
Number of bedrooms required: \_\_\_\_\_

Please list all household members, their age, and relationship to applicant.

Name:	Age:	Relationship
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Explain need for housing: (include information on current housing)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you currently live, work, or have children at school in Arlington? \_\_\_\_\_  
If yes, where? \_\_\_\_\_

5. Estimate the **gross household income** from all household members over 18 for the next 12 months. List **all sources**, including but not limited to: salaries, alimony or child support payments, interest income, and government assistance.  
**(Please attach proof of income (W-2's, IRS form 1040, pay stubs, proof of public assistance)**

Household Member:	Source of Income: (name and address)	Gross Income for 12 months:

**Do you have a section 8 housing voucher? Yes No**

6. Landlord references: Please list the names, addresses and phone numbers for all landlords for the past 5 years. Please list most recent first.

Dates of Residency:	Landlord Name:	Address:	Phone:

7. Other references: Please list the names and phone numbers of 2 personal references. **(one reference should be an employer)**

Reference Name:	Phone #	Relationship

8. Criminal Record: Have you or any member of your household who will live in the unit been convicted of a misdemeanor or felony in the last five years? Yes No

If there is a criminal record, please explain:


**APPLICANT'S CERTIFICATION:**

I understand that this application is not an offer of housing. I authorize the Housing Corporation of Arlington or its agent to make inquiries to verify the information I have provided in this application. I do hereby certify that all information within this application is true and correct. I understand that any false statement or misrepresentation may result in cancellation of this application.

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

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

**PERMISSION TO REQUEST CREDIT REPORT**

Applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Co-applicant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Co-applicant Address: \_\_\_\_\_

I hereby authorize the Housing Corporation of Arlington to obtain personal credit information pertaining to me and my family from any Credit Bureau and other sources.

APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature)

CO-APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature)

*Please return application to:*

*Karen Chacon, Community Organizer  
Housing Corporation of Arlington  
20 Academy Street  
Arlington, MA 02476  
Phone: (781) 316-3606*