

- Don't staple the pages of the application together!
- 1. Providers need to easily access their own application first page.
 - 2. Removing staples from 1000 applications a week adds too much work.
 - 3. Some providers *scan* the application, and can't do this if you staple.
 - 4. If you include a letter, don't staple that either!

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: 617-536-8516



<div><div></div><div></div><div></div><div></div></div>	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
<div></div>	<div></div>	<div></div>	<div></div>

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

<div></div> YOUR MOTHER’S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
<div></div>	
YOUR EMAIL ADDRESS	
<div></div>	

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

SECOND CONTACT ADDRESS
This is:
<div></div>
<div></div>

TOTAL HOUSEHOLD SIZE	# BEDROOMS		How much money does your family receive in a year?
<div></div>	<div></div>	<div></div>	<div></div> .00

INCOME SOURCES
<div></div>

MOBILE RENTAL ASSISTANCE, if any
<div></div>

REQUESTED ACCOMMODATIONS
<div></div>

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

PRELIMINARY APPLICATION FOR HOUSING ASSISTANCE

GENERAL INFORMATION

APPLICANT NAME: _____

ADDRESS: _____

CITY, STATE & ZIP: _____

TELEPHONE: _____

ALTERNATE CONTACT PHONE NUMBER: _____

FAMILY HOUSEHOLD COMPOSITION:

List Head of Household first, followed by all members who will reside in the household. Information must be filled out completely for each member listed below.

RACE:

1. WHITE

2. BLACK/AFRICAN AMERICAN

3. AMERICAN INDIAN/ALASKAN NATIVE

4. ASIAN

5. NATIVE HAWAIIAN/PACIFIC ISLANDER/OTHER
1. HISPANIC OR LATINO

2. NOT HISPANIC OR NOT LATINO

NAME	RELATIONSHIP	DATE OF BIRTH	SEX	RACE#	ETHNICITY#	SOCIAL SECURITY NUMBER
	HEAD Of Household					

CHECK TYPE(S) OF HOUSING ASSISTANCE APPLYING FOR:

☐ PUBLIC HOUSING (PH)

Do you or any member of your household currently require a wheelchair accessible apartment? YES_____ NO_____

☐ HOUSING CHOICE VOUCHER (HCV) PROGRAM (formerly Section 8)

Do you currently receive PH or HCV (Section 8) Assistance? _____

Are you a Veteran? (see pg 14 of the Handbook for eligible dates of service) _____

Do you qualify for the resident preference? (before answering see explanation on pg. 15 of the Handbook) _____

Have you been displaced by Govt. action/fire? (see pg. 15 of the Handbook for an explanation) _____

OTHER PROGRAMS (Based on need):

See pages 4 & 5 for explanations of each of the following **BEFORE** checking boxes.

- ☐ Public Housing Congregate Services Program

☐ HCV Supportive Services Program/Low Income Housing Tax Credit (Section 8 based)

☐ Housing Choice Voucher Family Self Sufficiency Program

☐ Moderate Rehabilitation Program/Single Room Occupancy

☐ Housing Choice Voucher Homeless Program

☐ Project Based Voucher

☐ Preservation Voucher

INCOME:

INCOME: List all income sources. Some examples are: full/part-time employment, TANF, Social Security (note if you are receiving Medicare), SSI, pensions, disability, Armed Forces Reserves, Unemployment Compensation, baby-sitting, care taking, alimony, child support, educational scholarships and grants, etc.

NAME	SOURCE OF INCOME	MONTHLY GROSS EARNINGS

ASSETS:

TYPE OF ACCOUNT	TOTAL AMOUNT
Checking	\$
Savings	\$
Savings Certificate (CD)	\$
Stocks/Bonds	\$
IRA'S	\$
Life Insurance	\$
Property	\$
Other	\$

Have you or anyone in your household ever left a housing assistance program (PH or HCV) owing money? _____ . If yes, how much:\$ _____ Name of Housing Authority: _____
City: _____ State: _____. PLEASE NOTE: If you left MHRA or any other housing authority owing a balance, you should make repayment arrangements **now**. If you fall behind in your Payment Agreement while you are on the waiting list, you will be required to pay the balance in full and failure to do so will result in removal from the waiting list. If you have a balance and have not entered into a formal repayment agreement of that balance, your application will be denied. MHRA will verify your standing with any previous housing authority.

PLEASE NOTE: This application places a person on the Manchester Housing and Redevelopment Authority's waiting list. It does not determine their eligibility for rental assistance. When your name approaches the top of our waiting list we will then contact you by mail. At that time you will complete our Personal Declaration application and verify all information on it. We will at that time determine eligibility for rental assistance.

.....
I/We do hereby swear and attest that all of the information contained on this application about me and my household members is true and correct. I also understand that all changes regarding income, household members, address or telephone numbers must be reported to the Manchester Housing and Redevelopment Authority in **WRITING IMMEDIATELY**.

SIGNATURE OF HEAD OF HOUSEHOLD _____ DATE _____

SIGNATURE OF SPOUSE _____ DATE _____

SIGNATURE OF OTHER ADULT _____ DATE _____

SIGNATURE OF OTHER ADULT _____ DATE _____

WARNING: TITLE 18, SECTION 1001 OF THE UNITED STATES CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES GOVERNMENT.

