

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: **617-536-8516**



<input type="radio"/>	Head of Household's FIRST Name
<input type="radio"/>	Head of Household's MIDDLE Name
<input type="radio"/>	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	<input type="radio"/>	GENDER	<input type="radio"/>	HoH's DATE OF BIRTH	<input type="radio"/>
------------------------------	-----------------------	--------	-----------------------	---------------------	-----------------------

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!
<input type="radio"/>	<input type="radio"/>

<input type="radio"/>	YOUR MOTHER'S MAIDEN NAME
-----------------------	---------------------------

YOUR HOME TELEPHONE	SECOND TELEPHONE
<input type="radio"/>	
YOUR EMAIL ADDRESS	
<input type="radio"/>	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
<input type="radio"/>
<input type="radio"/>

SECOND CONTACT ADDRESS
This is:
<input type="radio"/>
<input type="radio"/>

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
<input type="radio"/> # Adults <input type="radio"/> # Children <input type="radio"/> Total #	<input type="radio"/>	<input type="radio"/> .0 <input type="radio"/> 0

INCOME SOURCES
<input type="radio"/>

MOBILE RENTAL ASSISTANCE, if any
<input type="radio"/>

REQUESTED ACCOMMODATIONS
<input type="radio"/>

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
<input type="radio"/>



Name:		Date:
Address:		Apt #
City:	ST:	Zip
SS#	DOB	
Daytime Phone:		Evening Phone:
Email Address:		
<i>Everyone over 18 Years of age must provide the following information.</i>		
Name	Date of Birth	SS#
1.		
2.		
3.		
4.		

How many Occupants in Household?	Circle Size of Apartment Needed: 0 BR 1BR 2BR 3BR 4BR
Do you have Section 8 Voucher? Yes _____ No _____	When would you like to move in?

What is the total **Annual Income** of your household? Be sure to include **ALL** income from **ALL** household members.

<u>Source</u>	<u>Annual Amount</u>

Where are you looking? Check **ALL** that you are interested in.

Springfield - Neighborhood Homes () Tapley Court () Center City ()
 Holyoke - Voces De Esperanza ()

Everyone over 18 years of age needs to sign below and the General Release Form on the next page.

Signature: _____ Date: _____

Signature: _____ Date: _____





GENERAL RELEASE AUTHORIZATION

I hereby grant permission to Home City Housing to obtain all information it deems necessary in determining my income eligibility for the affordable housing program. Such information includes but is not limited to the following:

1. Amount and sources of income.
2. Amount, location and value of assets
3. Child care expenses.
4. Medical expenses and records relating to applicant and minor children named.
5. Credit/Landlord references.
6. Other -

Date Signature of Applicant

Date Signature of Applicant

Date Signature of Applicant

This consent expires 15 months after signed.

For Internal Office Use Only.

	Date Requested	Date Received	Address/Comments
Social Security/SSI			
Pensions			
Employer			
Unemployment			
Assets			
TAFDC			
EAEDC			
Alimony			
Child Support			
Other			



Mail to:
Home City Housing Development Corporation
Real Estate Management Development
5 Northampton Avenue, Springfield, Massachusetts 01109
Tel: (413) 785-5312 Fax: (413) 736-9919 Website: vn.vw.HomeCityHousing.com

