

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

← Mail this form to the address at left.

Date Generated:

Fold on this line

Dear

I am applying to the following waitlist, which I believe is open:

New Bedford HA Waitlist Administrator: This is just a cover page. Please remove

THIS SECTION FOR WAITLIST ADMINISTRATOR:

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!

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:



New Bedford Housing Authority
128 Union Street 4th Floor
New Bedford, MA 02740
TEL: 508-997-4800
TDD: 508-997-4874



Office Use Only
Date/ Time of Receipt: _____
Control #: _____
Bedrooms: _____
Priority: _____
Preference: _____
Language: _____

**PRELIMINARY APPLICATION FOR STATE-AIDED HOUSING & MRVP,
FEDERAL PUBLIC HOUSING, HOUSING CHOICE VOUCHER PROGRAM,
ALTERNATIVE HOUSING VOUCHER PROGRAM AND PROJECT BASE
PROGRAMS.**

Household Information: Complete the following information for each household members that will occupy the unit at the time of move-in.

Name (Last, First, MI)	Relationship to the Head of Household	Sex (M/F)	Birth Date (mm, dd, yyyy)	Income (Y/N)	Social Security Number
	Head of Household				

Current Address: _____

Primary Phone: _____ **Alternate Phone:** _____

Email Address: _____

Type of Public Housing you are Applying for: (CHECK).

- ☐ Federal Public Housing.
- ☐ State Public Housing.
- ☐ Mass Rental Voucher.
- ☐ Section 8 Housing Choice Voucher.
- ☐ Alternative Housing Voucher (must be under 60 yrs. Old and disabled, SINGLE OR COUPLE ONLY).
- ☐ Project Base Rental Voucher (studio apt. – Single Use Occupancy).

Note: to be eligible for elderly / disabled housing you must be at least 60 years or disabled.

Type:

Bedrooms: ☐ 0 BR ☐ 1 BR ☐ 2 BR ☐ 3 BR ☐ 4 BR ☐ 5 BR ☐ Other _____

Are you homeless now or in imminent danger of becoming homeless? ☐ Yes ☐ No

Would you or anyone in your household benefit from a special need's unit?
(Mobility, vision, or hearing impairment) ☐ Yes ☐ No

Will you or anyone in your household require a live-in care attendant? ☐ Yes ☐ No

Name of Live-In Care Attendant: _____

Relationship (If any): _____

Expenses:

Child Care \$ _____ Child Support \$ _____

Medical / Health \$ _____ Alimony \$ _____

Assets:

List the assets of everyone to live in the unit. All bank accounts, stocks, bonds, trust funds or Real Estate.

Household Member	Asset Type	Asset Value	Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Income Information:

Earned income is counted only for household members 18 or older and members who are legally emancipated. Unearned income such as a grant or benefit from State or Federal Agency is counted for all household members, including minors. Please list below all sources of income:

<u>Household Member</u>	<u>Gross Annual Income</u>	<u>Source of Income</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Zero Income Verification:

Are YOU or is ANY OTHER ADULT member of your household claiming zero income?

☐ Yes ☐ No If YES, who? _____

Household Information Continued:

1. What is your current living situation? Please circle below:

- A.) Homeless due to: _____
B.) Share Expenses \$ _____ per month.
C.) Renting \$ _____ per month.

2 Have you or any member of your household ever been convicted of, plead guilty to or been placed on probation for any crime? Yes No

If YES, provide the nature of the crime(s): _____

Date: _____ State: _____ City _____

Are any of the above convictions a felony? Yes No If YES, Please explain. _____

3. Are you or any members of your household subject to a lifetime registration requirement under a state sex offender registration program? ☐ Yes ☐ No If YES, please explain _____

Are there any criminal charges pending now? ☐ Yes ☐ No If YES, please explain. _____

4 Racial Designation: (Responding to this is optional) Please circle which applies:

American Indian Asian Black Hispanic White Other (specify) _____

5. Veteran Status:

- | | | | |
|--|-----|----|----|
| A. Are you a veteran? | Yes | or | No |
| B. If yes, do you have a service-connected disability? | Yes | or | No |
| C. Is your household the family of a deceased veteran whose death was service connected? | Yes | or | No |

6. Are you employed in this city / town? If so, where? _____.

7 Are you currently living in a non-permanent, transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? Yes or No

8 Do you want to apply for emergency housing? Yes or No

9. Do you have any pets? Yes or No

If yes, please list the type of pet:

All questions that were answered YES on this application will be verified through the appropriate third-party source. It will be your responsibility to provide management with all necessary information to properly process your application and verify your eligibility.

Signature Clause:

I certify that all information and answers to the questions are true and complete to the best of my knowledge. I consent to release the necessary information to determine my eligibility. I understand that providing false information or making false statements may be grounds for denial of my application. Additionally, I authorize all corporations, companies, law enforcement agencies, academic institutions, and current and former employers to release information they may have about me and release them from any liability and responsibility from doing so.

All household members 18 and over must sign below:

_____ Signature	_____ Date
_____ Signature	_____ Date
_____ Signature	_____ Date