

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
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:

DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER (###-##-####) ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy ☐ GENDER
M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native,
Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
Head of Household: Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Other Members: Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: Describe:

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
← # Adults ← # Children ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (*some programs may grant you a priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____



FALL RIVER HOUSING AUTHORITY



Tenant Selection Office | 220 Johnson Street | Fall River, MA 02723 | (508) 675-3519 | www.fallriverha.org

PRE-APPLICATION FOR FEDERAL PUBLIC HOUSING

OFFICE USE ONLY:

DATE: _____ APP #: _____ #BR: _____ PREF: 1 2 3 4 TYPE: ☐ Eld. ☐ Fam. ☐ CMT ☐ Barr.

A. APPLICANT CONTACT INFORMATION (HEAD OF HOUSEHOLD)

APPLICANT NAME: _____ PHONE # _____
(First Name) (Middle Initial) (Last Name) (Area Code + Number)

CURRENT RESIDENCE: _____ CELL # _____
(Address) (Apt #) (City) (State) (Zip) (Area Code + Number)

MAILING ADDRESS: _____
(Address) (Apt #) (City) (State) (Zip)

U.S. VETERAN
Yes
No

ETHNICITY
Hispanic
Non-Hispanic

RACE	
Asian or Pacific Islander	Native American/Alaskan Native
Caucasian/White	African American/Black

*****IMPORTANT:** If you move, you are required to notify the FRHA in writing at **FRHA Tenant Selection, 220 Johnson Street, Fall River, MA 02723**. Failure to do so will result in the removal of your name from the waiting list***

B. FAMILY COMPOSITION:

List all persons, including yourself, who will live with you. Include unborn children and live-in aides. Write names EXACTLY as they appear on SOCIAL SECURITY CARD. PLEASE PRINT.

	RELATION TO HEAD	FIRST & LAST NAME	SEX (M/F)	SOCIAL SECURITY NUMBER	DATE OF BIRTH (MM/DD/YY)	PLACE OF BIRTH (COUNTRY)	AGE	DISABLED
1	HEAD OF HOUSEHOLD							
2								
3								
4								
5								
6								
7								
8								

If there are more than 8 members in your household, please list on a separate sheet and attach.

C. SOURCES OF INCOME:

List ALL income anticipated in the next 12 months for each family member. Please indicate weekly, monthly or yearly.

Source of Income	Amount	Frequency (check one)		
1. Employment	\$	Weekly	Monthly	Yearly
2. Welfare	\$	Weekly	Monthly	Yearly
3. Social Security	\$	Weekly	Monthly	Yearly
4. SSI/SSDI (Disability)	\$	Weekly	Monthly	Yearly
5. Pension	\$	Weekly	Monthly	Yearly
6. Veterans Benefits	\$	Weekly	Monthly	Yearly
7. Unemployment	\$	Weekly	Monthly	Yearly
8. Worker's Compensation	\$	Weekly	Monthly	Yearly
9. Child Support	\$	Weekly	Monthly	Yearly
10. Alimony	\$	Weekly	Monthly	Yearly
11. Someone pays my bills/gives me money	\$	Weekly	Monthly	Yearly
12. Other _____	\$	Weekly	Monthly	Yearly

D. ASSET INFORMATION

- Checking Account: Bank Name _____ Current Balance: \$ _____ Interest Rate ____%
- Savings Account: Bank Name _____ Current Balance: \$ _____ Interest Rate ____%
- Do you own any stocks or bonds? YES NO If "YES", estimated cash value: \$ _____
- Do you own/co-own any property? YES NO If "YES", explain: _____
- Assets disposed of within the last two (2) years for less than market value; please explain: _____

E. REASONABLE ACCOMMODATION

- Do you or a member of your household claim a disability? YES NO
- Do you/family member need an accommodation in housing features as a result of the disability? YES NO
- Do you need a wheelchair accessible apartment? YES NO

If "YES", complete and attach a Request for Reasonable Accommodation form available at Tenant Selection Office.

F. PREFERENCES

#1	INVOLUNTARY DISPLACEMENT: Displaced by fire, natural disaster, or government action; or a dwelling determined to be uninhabitable by a competent local authority?
#2	LOCAL: Currently residing in the City of Fall River? <u>OR</u> At least one household member is employed (or has been hired to work) or is enrolled full-time in an education/training program in the City of Fall River? (Do <u>NOT</u> answer "YES" if any household member is currently living in subsidized or low-income housing)
#3	EMPLOYMENT/TRAINING: At least one adult household member has been working at least of 32 hours/week for at least three (3) months? <u>OR</u> At least one adult household member is enrolled full-time in an education or training program that prepares him/her for work? <u>OR</u> <u>Head AND Spouse</u> or <u>Sole Member</u> is at least 62 years old and/or receives disability benefits (SSI/SSDI) or other payments based on their ability to work?
#4	DOMESTIC VIOLENCE: Suffering from Domestic Violence (incl sexual abuse) by a household/family member?

G. CERTIFICATION

I certify that the information I have given on this pre-application is true and correct. I understand that any false statements or misrepresentations may result in the cancellation of my application and signed under the pains and penalties of perjury.

Applicant's Signature: _____ Date: _____

FRHA Representative's Signature: _____ Date: _____

Please submit completed pre-application form to: FRHA Tenant Selection, 220 Johnson Street, Fall River, MA 02723