

Applicant: Write your full name and address,
including your apartment # and zipcode.

Mail this application to the address you
see at left.

Dear

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

App Generated:

 **ATTN: WAITLIST ADMINISTRATOR** 

Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?

USE BLOCK PRINT to fill in the appropriate information below. Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

☐ **This is not the correct application. The correct application is available in this way:**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: 617-536-8561

*If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS,
you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

www.HousingWorks.net



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 ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|--|---|---|
| <input type="radio"/> Fully Accessible Wheelchair Unit | <input type="radio"/> Blind Accessible Unit | <input type="radio"/> Need an Interpreter |
| <input type="radio"/> No-Steps unit (elevator to any floor) | <input type="radio"/> Deaf Accessible Unit | <input type="radio"/> Domestic Violence Victim |
| <input type="radio"/> First-Floor unit only | <input type="radio"/> Unit for Environmental Allergies | <input type="radio"/> 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

- ☐ ANY PETS? ☐ Yes ☐ No 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

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other



HOLYOKE HOUSING AUTHORITY
 An Equal Opportunity/Affirmative Action Agency
 475 Maple Street, Ste 1, Holyoke, MA 01040-3798
 Telephone 413 539 2220 Fax 413 539 2231

Control # _____

Specify B/R Size 1 2 3 4 5 6

Type of Housing Assistance you are applying for: a. Family ☐ b. Elderly/Handicapped ☐ c. Handicapped ☐ d. MRVP ☐

HOUSING WAITING LIST PRE-APPLICATION

Head of Household (legal name)		M.I.	Sex M/F	Social Security #	DOB	Age
Last:		First				
Current Address:						
Street Name & Number		City		State	Zip Code	
Telephone Number:						

Note: To be eligible for elderly/handicapped housing you must be at least 60 years old or handicapped. If handicapped, your handicap must be other than a history of alcohol or substance abuse. Physician's verification of handicap status forms are available upon request.

Do you legally reside in the City of Holyoke? Yes ☐ No ☐ Are you a citizen? Yes ☐ No ☐

Proof of residency - provide one of the following: copy of current lease, electric bill, tax bill (property) or telephone bill

If working, is your place of employment located in the City of Holyoke? Yes ☐ No ☐ If yes, provide Name & Address of employer.

Employer Name	Address	City,	State,	Zip Code
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HOUSEHOLD COMPOSITION: List everyone who will occupy the apartment – INCLUDE YOURSELF

#	NAME (legal name) (first, middle, last)	Social Security #	Relationship to H of H	Sex F/M	Date of Birth	Source Of Income	Monthly Amount
1			H of H				
2							
3							
4							
5							
6							
7							
8							

Is a change in family composition expected? Yes ☐ No ☐ If yes, what type of changes? _____ When? _____

Are you applying for housing as a handicapped individual? Yes ☐ No ☐ If yes, do you require an accommodation? Yes ☐ No ☐

VETERAN STATUS: Are you a military veteran? If so, please provide a copy of your honorable discharge with this application.

Do you claim any of the following local preferences?

FEDERAL

- | | |
|--|---|
| <input type="checkbox"/> Resident, Working Veteran - RWV | <input type="checkbox"/> Non-Resident, Working Veteran – NRWV |
| <input type="checkbox"/> Resident, Working - RW | <input type="checkbox"/> Non-Resident, Working - NRW |
| <input type="checkbox"/> Resident, Veteran - RV | <input type="checkbox"/> Non-Resident, Veteran – NRV |
| <input type="checkbox"/> Resident - R | <input type="checkbox"/> Non-Resident – NR |

STATE:

- | | |
|--|--|
| <input type="checkbox"/> Homeless due to Displacement by Natural Forces | <input type="checkbox"/> AHVP Participant |
| <input type="checkbox"/> Homeless due to Displacement by Public Action (Urban Renewal) | <input type="checkbox"/> Transfer for Good Cause |
| <input type="checkbox"/> Homeless due to Displacement by Public Action (Sanitary Code Violations) | <input type="checkbox"/> Standard Applicant |
| <input type="checkbox"/> Emergency Case under the Emergency Case Plan established by the HHA, pursuant to 760 CMR 5.11 | <input type="checkbox"/> Local Veteran |
| | <input type="checkbox"/> Local Resident |

Race: (Optional Section)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
☐ White

Ethnicity:

- ☐ Hispanic/Latino
☐ Non-Hispanic/Latino

Do you require any modifications in order to fully utilize the unit or the program and its services?

- ☐ Yes If yes, explain below
☐ No

I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE

I understand that submission of false information or misrepresentation may result in the cancellation of my application for housing. **SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY**

Signature of Head of Household _____ Date _____

Optional and Supplemental Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

☐ Check this box if you choose not to provide the contact information.

Applicant Name:			
Mailing Address:			
Telephone No:	Cell Phone No:		
Name of Additional Contact Person or Organization:			
Address:			
Telephone No:	Cell Phone No:		
E-Mail Address (if applicable):			
Relationship to Applicant:			
Reason for Contact: (Check all that apply) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____ </td> </tr> </table>		<input type="checkbox"/> Emergency <input type="checkbox"/> Unable to contact you <input type="checkbox"/> Termination of rental assistance <input type="checkbox"/> Eviction from unit <input type="checkbox"/> Late payment of rent	<input type="checkbox"/> Assist with Recertification Process <input type="checkbox"/> Change in lease terms <input type="checkbox"/> Change in house rules <input type="checkbox"/> Other: _____
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Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.			
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.			
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.			

Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

**CERTIFICATION OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

**U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing**

OMB Approval No. 2577-0249

Exp. (07/31/2017)

Purpose of Form: The Violence Against Women Reauthorization Act of 2013 ("VAWA") protects qualified tenants, participants, and applicants, and affiliated individuals, who are victims of domestic violence, dating violence, sexual assault, or stalking from being denied housing assistance, evicted, or terminated from housing assistance based on acts of such violence against them.

Use of Form: This is an optional form. A PHA, owner or manager presented with a claim for continued or initial tenancy or assistance based on status as a victim of domestic violence, dating violence, sexual assault, or stalking (herein referred to as "Victim") has the option to request that the victim document or provide written evidence to demonstrate that the violence occurred. The Victim has the option of either submitting this form or submitting third-party documentation, such as:

- (1) A record of a Federal, State, tribal, territorial, or local law enforcement agency (e.g. police), court, or administrative agency; or
- (2) Documentation signed by the Victim and signed by an employee, agent or volunteer of a victim service provider, an attorney, a medical professional, or a mental health professional from whom the Victim has sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, in which the professional attests under penalty of perjury (28 U.S.C. 1746) that he or she believes that the incident of domestic violence, dating violence, sexual assault, or stalking is grounds for protection under 24 Code of Federal Regulations (CFR) § 5.2005 or 24 CFR § 5.2009.

If this form is used by the Victim, the Victim must complete and submit it within 14 business days of receiving it from the PHA, owner or manager. This form must be returned to the person and address specified in the written request for the certification. If the Victim does not complete and return this form (or provide third-party verification) by the 14th business day or by an extension of the date provided by the PHA, manager or owner, the Victim cannot be assured s/he will receive VAWA protections.

If the Victim submits this form or third-party documentation as listed above, the PHA, owner or manager cannot require any additional evidence from the Victim.

Confidentiality: All information provided to a PHA, owner or manager concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking relating to the Victim (including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking) shall be kept confidential by the PHA, owner or manager, and such information shall not be entered into any shared database. Employees of the PHA, owner, or manager are not to have access to these details unless to afford or reject VAWA protections to the Victim; and may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) requested or consented to by the Victim in writing; (ii) required for use in an eviction proceeding; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL
ASSAULT, OR STALKING:**

Date Written Request Received by Victim: _____

Name of Victim: _____

Names of Other Family Members Listed on the Lease: _____

Name of the Perpetrator*: _____

***Note:** The Victim is required to provide the name of the perpetrator only if the name of the perpetrator is safe to provide, and is known to the victim.

Perpetrator's Relationship to Victim: _____

**Date(s) the Incident(s) of Domestic Violence, Dating Violence, Sexual Assault, or Stalking
Occurred:** _____

Location of Incident(s): _____

Description of Incident(s) (This description may be used by the PHA, owner or manager for purposes of evicting the perpetrator. Please be as descriptive as possible.):

[INSERT TEXT LINES HERE]

I hereby certify that the information that I have provided is true and correct and I believe that, based on the information I have provided, that I am a victim of domestic violence, dating violence, sexual assault or stalking. I acknowledge that submission of false information is a basis for denial of admission, termination of assistance, or eviction.

Signature _____ Executed on (Date) _____

Public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. Information provided is to be used by PHAs and Section 8 owners or managers to request a tenant to certify that the individual is a victim of domestic violence, dating violence or stalking. The information is subject to the confidentiality requirements of the HUD Reform Legislation. This agency may not collect this information, and you are not required to complete this form unless it displays a currently valid OMB control number.