

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: 617-536-8561



○	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
○	○	○

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!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

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

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

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

**COMMONS AT SOUTHFIELD HIGHLANDS
WAITING LIST APPLICATION 2017**

Name _____ Home Tel. # _____

Address _____ Work Tel. # _____

City _____ State _____ Zip _____

Email (if available) _____

Unit size(s) for which you are applying (please circle)

Studio 1-Bedroom 2-Bedroom 3-Bedroom

HOUSEHOLD MEMBERS:

Please list ALL household members who will occupy the affordable apartment:

Name	Date of Birth	Sex	SS#	Relationship

TOTAL HOUSEHOLD INCOME:

What is your approximate total yearly income for all household members (the before-tax income from all jobs, self-employment, Social Security, Pensions, payments from friends/family, unemployment, child support, alimony, income for assets, etc.)?

HOUSING PROGRAM

Please check the box of the housing program for which you are applying. Area Median Income (AMI) figures are shown below:

- ☐ Affordable Housing (household income is below 80% AMI)
- ☐ Workforce Housing (household income is above 80% and below 120% Area Median Income (AMI))

HOUSEHOLD SIZE	80% AMI	120% AMI
1	\$48,800	\$82,740
2	\$ 55,800	\$94,560
3	\$62,750	\$106,380
4	\$69,750	\$118,200
5	\$75,300	\$127,656
6	\$80,900	\$137,112

Additional information may be requested at a later date. Your signature below gives consent to Management to verify the information in this application. Please be advised that it is your responsibility to report any changes in address, phone number, or priority status to the rental office. Failure to maintain current information at the rental office may jeopardize your waiting list status.

I/We hereby certify that the information contained herein is true and correct:

I/We hereby acknowledge that rents for affordable and workforce housing change on an annual basis, based on changes in Area Median Income and Utility Allowances and Market conditions and that the current affordable and workforce rents are subject to change while I/We are on the waitlist list. If we are given the opportunity to lease an affordable or workforce unit, prior to completing a lease application we will be notified of the rents that will be in place for our lease term

Signed under the pains and penalties of perjury:

Signature of Applicant

Date

Signature of Co-Applicant

Date

If you have a disability you have the right to request a reasonable accommodation in connection with your application for housing. All information is voluntary and will be treated as confidential

Please remember to maintain all records of income, assets and taxes!!!

Every household must maintain records of all income, assets, and changes in employment as all this document will be required if you are given the opportunity to move forward in this program. So please be sure to keep a record of all your pay, all your tax documentation, and all your bank/asset statements to ensure an easy and fast eligibility review.

PREFERENCE INFORMATION

You are requested to complete the following optional section in order to assist in determining preference.
Completing this section may qualify you for additional lottery pools. (Please check all boxes that apply):

	APPLICANT	CO-APPLICANT	DEPENDENT
Black or African American			
Hispanic or Latino			
Asian			
Native Hawaiian or Pacific Islander			
Native American or Alaska Native			
Other (not White)			
White/Non-Minority			

For Local Preference, check the appropriate box for the following questions:

Are you or any member of your household a current resident of Abington, Rockland, Weymouth, including the former Naval Air Station (NAS) South Weymouth? YES NO

Are you or any member of your household a current employee of the towns of Abington, Rockland, or Weymouth or an employee of the South Shore Tri-Town Development Corporation? YES NO

Are you or any member of your household the current employee of a facility within the Central Redevelopment Area? YES NO

For Disabled-Accessible Preference, check the appropriate box for the following question. If you check YES, you must provide verification of need in the form of a doctors note or equivalent:

	YES	NO
Are you, or any member of your household, in need of a disabled-accessible unit? (This is defined as persons with a physical or mental disability that meet standards established by the Department of Housing and Community Development and state laws for disabled housing, please see the Commons Information Packet for more details.)		

DATABASE INFORMATION

How did you find out about this affordable housing opportunity?

(write your answer in the space provided and please be as specific as possible)

HOUSEHOLD TYPE

Please check one:

Type A

- ☐ 6 person household
- ☐ 5 person household

Type B

- ☐ 4 person household
- ☐ 3 person household: 1 head-of-household plus 2 members
- ☐ 3 person household: 2 heads-of-household plus one member, where heads-of-household shall not be required to share a bedroom if a consequence of sharing would be a severe adverse impact on his or her mental or physical health and the lottery agent receives reliable medical documentation as to such impact of sharing

Type C

- ☐ 3 person household: 2 heads-of-household plus 1 member
- ☐ 2 person household: 2 heads-of-household who shall not be required to share a bedroom if a consequence of sharing would be a severe adverse impact on his or her mental or physical health and the lottery agent receives reliable medical documentation as to such impact of sharing.

Type D

- ☐ 2 person household: 1 adult plus one dependent

Type E

- ☐ 2 person household: 2 adults
- ☐ 1 person household: all types