

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

**← APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to "Custom Scale - 100%".  
Then, both addresses will appear in the windows of a #10 double-window envelope, saving you time.

**← Mail this application to the address at left.  
Do not fax!**

Date Generated:

Fold on this line \_\_\_\_\_

**Dear**  
I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

**THIS SECTION IS FOR WAITLIST ADMINISTRATORS ONLY:**

**LANDLORD: IF REJECTING THIS APPLICATION**, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

[support@housingworks.net](mailto: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 Stamp – for Office Use Only*

1. Either type your answers, or else **print small enough** so that your answers stay within the lines of each box. **Don't use cursive.**

2. The adult completing this application is considered the **Head of Household.**

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

SUFFIX

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?  Yes  No

We will reject all applications with a partial SSN or ITIN

DATE OF BIRTH

Type like this: YYYYMMDD else write like this: YYYY-MM-DD

NODE ID

Office will enter this

GENDER

F M T

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused)

RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these?  =  I don't need any of the accommodations listed below

- Fully Accessible Wheelchair Unit, Bathroom modifications, Vision Impaired Unit, Need an Interpreter, No-Steps unit, Hearing Impaired Unit, Domestic Violence Victim, First-Floor unit only, Unit designed for Environmental Allergies, Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE:  Employed  Unemployed  Retired  FT Student  PT Student

ANY VETERANS IN YOUR HOUSEHOLD:  Yes  No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

- I do not have mobile rental assistance, Mobile Section 8 voucher, MRVP, AHVP, VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household: Any Felony/Conviction? Any Misdemeanor Conviction? Other HH Members: Any Felony Convictions? Any Misdemeanor Conviction? Is anyone in HH subject to a lifetime sex offender registration in any state?

ANY PETS:  Yes  No Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

ANNUAL INCOME

DOCUMENTED DISABILITY?

# Adults, # Children, Total # in Household, \$ .00, Yes No

CURRENT HOUSING STATUS:  Homeless  Housing Loss 14 days  Fleeing Dom. Violence  At risk of homelessness  Stably Housed

HAVE YOU BEEN DISPLACED:  No  by Accessibility/health issues  by Addiction behaviors  by Cost of living  by Pandemic  by fire/flood/earthquake  by Domestic Violence or Sexual Assault  by Urban development, eminent domain  by Condemnation of home, code violations  by Threat to life or safety

PREFERRED TELEPHONE NUMBER:

SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

Email Mail

BEST EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #):  where I currently live  a shelter  a P.O. Box  a "care of" address  a co-applicant's address

Street or PO:

Apt # or c/or Name:

City, State, and Zip Code:

City:

State:

Zip:

BACKUP ADDRESS

same as above  a shelter  a P.O. Box  a "care of" address  a co-applicant's address

Street or PO:

Apt # or c/or Name:

City, State, and Zip Code:

City:

State:

Zip:

# BEDROOMS NEEDED ->

ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

- Disability, Elder, Local Resident, Local Employee, Local Student, Homeless Veteran, Rent-burdened 40%, Rent-burdened 50%, Fleeing domestic violence, HUD VAWA Certificate, Victim of Hate Crime, Community Based Housing, Displaced by: Urban Renewal, Sanitation Code, Natural Forces, Other:



Applicants must be 18 years of age and/or have the legal capacity to sign the lease.

This application is to be completed fully with every question answered. Incomplete applications will be returned to applicant and result in processing delays. If additional pages are necessary, please attach them. The information provided will be used in the tenant selection process and is subject to verification. In the event any information provided is later determined to be false, Landlord may, in Landlord's sole discretion, cancel the application or terminate any lease. Landlord's gathering of information from and about prospective residents is for the benefit of the Landlord, only, and does not create any right of reliance on the part of any resident regarding the behavior or character of any other resident or occupant of the community. Additionally, all information provided is subject to verification regulations that govern this property's housing programs which may include the U.S. Dept. of Housing and Urban Development, the Internal Revenue Code §42 Low Income Housing Tax Credit program, Connecticut Housing Finance Authority, Maine State Housing, MassHousing, and/or Rhode Island Housing requirements. All information provided will be held confidential.

The Management Agent will provide assistance with completing this application upon request. If necessary, persons with disabilities or those with limited English proficiency may ask for this application in large print, alternate format or another language. Contact management staff at the address and telephone number listed below.

Roxbury Highlands  
18 Centre Street  
Roxbury, MA 02119  
Phone: 617-445-1100  
Fax: 617-442-1862  
TTY Relay: 711



FOR OFFICE USE ONLY:

Received date and time stamp here:

Total household income: \$ \_\_\_\_\_

(Please print clearly)

Applicant's Full Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

This rental application is for: Roxbury Highlands Desired Move-In Date: \_\_\_\_\_

Bedroom size requested, please check: OBR (Studio)  1BR  2BR  3BR  4BR

**Note: Please answer all sections completely. Failure to do so will result in your application being returned to you as incomplete causing further delays in processing.**

HOUSEHOLD COMPOSITION

NAME OF HOUSEHOLD MEMBERS (First, Middle Initial, Last)	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH (mm/dd/year)	SOCIAL SECURITY NUMBER	STUDENT (Y/N) FULL (FT) or PART-TIME (PT)
	HEAD			

\*\*Do you expect any changes to your household in the next 12 months? Yes  No

If yes, please explain: \_\_\_\_\_

Provide all addresses where you have lived for the past five (5) years. Please print clearly.

CURRENT ADDRESS:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: Present Monthly Rent: \$ \_\_\_\_\_

E-mail address: \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Telephone/Cell: \_\_\_\_\_ Comments: \_\_\_\_\_

**PREVIOUS ADDRESS #1**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Rent: \$ \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Telephone/Cell: \_\_\_\_\_ Comments: \_\_\_\_\_

**PREVIOUS ADDRESS #2**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Lived There From: \_\_\_\_\_ to: \_\_\_\_\_ Monthly Payment: \$ \_\_\_\_\_

Reason for Moving: \_\_\_\_\_ Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Landlord Telephone/Cell: \_\_\_\_\_ Comments: \_\_\_\_\_

**Please list all states and territories of the U.S. applicant(s) has/have lived in:**  
\_\_\_\_\_

**DISABILITY STATUS:**

- 1. Would you or anyone in your household benefit from the features of an accessible unit? Yes  No
- 2. Would you like to be placed on a waiting list for an accessible unit? Yes  No
- 3. Are you seeking admission based on a disability? Yes  No
- 4. Do you require any modifications to the unit? Yes  No

If so, please list the specific modifications needed:

\_\_\_\_\_  
\_\_\_\_\_

**RACE & ETHNICITY:**

We are required to collect data on race & ethnicity in accordance with federal regulations. Please check race and ethnicity categories that apply to you and/or your household.

Is the Head of Household (check only one) Hispanic or Latino  Not Hispanic or Latino

Is the Head of Household (select as many as appropriate)

White  Black/African American  American Indian/Alaska Native  Asian   
Native Hawaiian /Other Pacific Islander  Other (please specify) \_\_\_\_\_

**STUDENT STATUS:**

Have you or any household member been enrolled as a full-time student at an educational institution (including grades K-12 and higher education) during the past five months of the certification year or plan to within the next 12 months?

Yes  No

If yes, please explain: \_\_\_\_\_

**GENERAL INFORMATION:**

- 1. Have you or any member of your household filed for bankruptcy? Yes  No
- 2. Have you or any member of your household ever been evicted from any housing? Yes  No
- 3. Have you or any member of your household willfully or intentionally refused to pay rent? Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

- 4. Have you or any member of your household been convicted for the sale or manufacture of an illegal or controlled substance? Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

- 5. Are you or any member of your household required to register as a lifetime sex offender in any state or territory of the U.S.? Yes  No

- 6. Are you currently living in federal or state subsidized housing? Yes  No

- 7. Were you 62 years of age or older and receiving HUD rental assistance at another location on or before January 31, 2010? Yes  No  N/A

If yes, please provide Street Address, Apt #, City, ST, Zip Code \_\_\_\_\_

- 8. Have you or any household member, while living in a subsidized apartment, had tenancy or housing assistance terminated for fraud, nonpayment of rent or non-compliance with the terms of the lease? Yes  No

- 9. Are you or any member of your household a Veteran of the U.S. Military? Yes  No

If yes, please provide household member name and U.S. military branch: \_\_\_\_\_

- 10. Do you have any pets (excluding service animals)? Yes  No

If yes, describe: \_\_\_\_\_

- 11. How did you hear about our apartment community? **via the <https://www.infoweb.org/HousingSeekers.html> search**

- 12. Briefly explain your reasons for applying to our apartment community: \_\_\_\_\_  
\_\_\_\_\_

- 13. Will you take an apartment when one becomes available? Yes  No

**EMERGENCY CONTACT** - Please provide contact information for two people who are not planning to live with you whom we may contact in the event of an emergency or to locate you during the processing of your application:

**Contact #1**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**Contact #2**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**INCOME**

The U.S. Department of Housing and Urban Development and Section 42 of the Internal Revenue Code regulations (if applicable) require that each applicant disclose all sources of income and assets including those of minors. Applicants for housing at this property must complete this disclosure of income and assets by providing the requested information and certifying to its accuracy. **Please provide the mailing address and phone number for each of these sources in the area provided. Note: If an income source is received from a foreign country, you must disclose this as well.**

INCOME SOURCES	CIRCLE YES or NO FOR EACH SOURCE		HOUSEHOLD MEMBER WHO RECEIVES THE INCOME	MONTHLY GROSS AMOUNT	ADDRESS & PHONE # TO SEND VERIFICATION FORM
	YES	NO			
Employment income including wages, tips, bonuses and commissions	YES	NO		\$	
Self-employment or business income	YES	NO		\$	
Social Security Retirement Benefits	YES	NO		\$	
Supplemental Security Income (SSI including SSP) or SSDI	YES	NO		\$	
Periodic payments from Short or Long-Term Disability, Death Benefit, Trust, Pension, Annuity or other type of Retirement Account	YES	NO		\$	
Public Assistance (TANF, EAEDC, General Assistance)	YES	NO		\$	
Real estate rental income	YES	NO		\$	
Child support or unearned income from a family member under 18 years of age	YES	NO		\$	
Alimony	YES	NO		\$	
Veterans' benefits	YES	NO		\$	
Unemployment compensation	YES	NO		\$	
Interest or dividend income earned from assets.	YES	NO		\$	
Recurring gifts or family contributions (monetary or not)	YES	NO		\$	
Financial Aid (grants & scholarships) in excess of tuition.	YES	NO		\$	
Other (Please explain)	YES	NO		\$	

Do you anticipate any changes in your household income during the next 12 months? Yes  No

Explanation: \_\_\_\_\_

**CHILD SUPPORT:**

We must count court-ordered support whether or not it is received, unless legal action has been taken to remedy. We must also count support that is not court-ordered but rather received directly from payer.

1. Do you or any household member have a court order to receive child support payments? Yes  No
2. **If yes**, are you **currently** receiving any child support payments? Yes  No
3. **If yes**, are your child support payments court ordered? Yes  No
4. **If child support is not being received, are you taking legal action to remedy?** Yes  No

**Explanation:** \_\_\_\_\_  
 \_\_\_\_\_

**ASSETS:** You must disclose all household assets including those held by minors and assets in foreign countries such as real estate and/or bank accounts. If you need additional space, please request an additional form.

Type of Assets	CIRCLE YES or NO FOR EACH ASSET		Balance or Cash Value	Account #	Financial Institution Name
	Yes	No			
Checking Account	Yes	No	\$		
Checking Account	Yes	No	\$		
Savings Account	Yes	No	\$		
Savings Account	Yes	No	\$		
Cash on Hand	Yes	No	\$		
Trust (Revocable or Non-revocable)	Yes	No	\$		
Certificate of Deposit (CD)	Yes	No	\$		
Life Insurance (Whole or Universal)	Yes	No	\$		
Credit Union Account	Yes	No	\$		
IRA or 401k Account	Yes	No	\$		
Pension/Retirement	Yes	No	\$		
Stocks or Mutual Funds	Yes	No	\$		
Investment Bonds	Yes	No	\$		
Money market account	Yes	No	\$		
Money in a safety deposit box	Yes	No	\$		
U.S. Savings Bonds	Yes	No	\$		
Personal property held as an investment such as antique cars, coins, etc.	Yes	No	\$		
Assets held in foreign countries	Yes	No	\$		
Other (Describe)	Yes	No	\$		

**Jointly held assets:** Are any of the above assets owned jointly by any household members? Yes  No

If yes, please explain: \_\_\_\_\_

Do you or any household member have an asset owned jointly with a person who is not a member of your household as listed on page 1? Yes  No

If yes, please explain: \_\_\_\_\_

**REAL ESTATE (including real estate in a foreign country):**

Do you own any property? Yes  No

If yes, type of property: \_\_\_\_\_ Location: \_\_\_\_\_

Market Value: \$ \_\_\_\_\_

Do you receive any rental income from your property? Yes:  No:

If yes, type of property: \_\_\_\_\_ Location \_\_\_\_\_

Amount received per month: \$ \_\_\_\_\_

**Assets disposed of for less than fair market value within past two years:**

Applicants must also disclose any assets disposed of for less than fair market value in the two years preceding the effective date of an income certification. This includes, but is not limited to, assets or money given away or sold for less than their true value if they were to be offered for sale to the public.

Did you have any assets (excluding personal assets) in the last two years not listed above? Yes  No

If yes, did you dispose of any assets for less than fair market value? Yes  No

**Please list assets disposed of within past two years:**

TYPE OF ASSET	MARKET VALUE	AMOUNT RECEIVED	DATE DISPOSED
	\$	\$	
	\$	\$	

**NOTE:**

In considering this application from you, the Landlord will rely heavily on the information you have provided. It is most important that this information is accurate and complete. By signing this application, you represent and warrant the accuracy of the information and you authorize the Management Agent to verify all information you provided.

I/we do hereby certify that the information provided on this application and the questions answered are true and complete to the best of my/our knowledge. I/we further certify that I/we have disclosed all sources of income and assets currently held or previously disposed of and that I/we have no other income or assets than those listed on this form (other than personal property).

Under penalties of perjury, I/we certify that the information presented in this application is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud and is punishable by law. False, misleading or incomplete information may result in the cancellation of this application or termination of tenancy after occupancy.

The U.S Department of Housing and Urban Development has also established a process to match resident wage and benefit data with federal and state records to assure that applicants/residents fully disclose all sources of household income. I/we hereby certify that if applying for a federally-subsidized apartment, it will serve as my sole, permanent residence and that I/we will not maintain a separate residence in a different location. **All applicants, age 18 or older must sign and date this application.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please indicate whether any of the following priorities below apply to your current situation:**

If you answer “yes” to any of these questions, you may qualify for a preference. In order to receive a preference, you must provide verification of the priority you have selected. (Please note that all preference claims will be verified prior to the offering of an apartment.)

**Priority #1:** Homelessness due to Displacement by Natural Forces:

An applicant, otherwise eligible and qualified, who has been displaced by one of the following:

- Fire not due to the negligence or intentional act of applicant or a household member; or
- Earthquake, flood or other natural cause; or
- A disaster declared or otherwise formally recognized under disaster relief laws.

**Priority #2:** Homelessness due to Displacement by Public Action (Urban Renewal):

An applicant, otherwise eligible and qualified, who will be displaced within 90 days, or has been displaced within three years prior to application, by:

- Any low rent housing project as defined in M.G.L. c. 121B, s 1, or
- A public slum clearance or urban renewal project initiated after January 1, 1947, or
- Other public improvement

**Priority #3:** Homelessness due to Displacement by Public Action (Sanitary Code Violations):

An applicant, otherwise eligible and qualified, who is being displaced, or has been displaced within 90 days prior to application, by enforcement of minimum standards of fitness for human habitation established by the State Sanitary Code or local ordinances, provided that:

- Neither the applicant nor a household member has caused or substantially contributed to the cause of enforcement proceedings, and
- The applicant has pursued available ways to remedy the situation by seeking assistance through the courts or appropriate administrative or enforcement agencies.

\* Please note: “enforcement” is interpreted as a formal condemnation of the apartment. Citation for code violations does not, without written verification from the agency, constitute a condemnation.

**Priority #4:** Involuntary Displacement by Domestic Violence:

“Domestic Violence” means actual or threatened physical violence directed against one or more members of the applicant’s family by a spouse or other member of the applicant’s household. An applicant is involuntarily displaced by domestic violence if at least one of the family members is under the age of eighteen and if:

- The applicant has vacated a housing unit because of domestic violence; or
- The applicant lives in a housing unit with a person who engages in domestic violence; or
- If the applicant is still living in the unit at the time of selection, the violence must have occurred within six months or be of a continuing nature.

For Landlord Use Only:

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## Consent for the Release of Information

Your signature(s) on this form authorizes the Landlord to obtain any information that is pertinent to eligibility, according to federal law, for residency at the housing development in which you have applied. Any individual or organization may be asked to release information. Inquiries including, but not limited to, the following information may be made:

Employment Income	Social Security Income
Self-Employment Income	Disability Income
Pension Income	Other Sources of Income
Assets of Any Kind	Student Status
Family Composition	Landlord References
Federal, State, Tribal, and Local Benefits	Credit References
Criminal History	

Photocopies of this authorization may be used for the purpose indicated above. The original is retained by the requesting organization.

**Please Complete This Section:**

I/We understand that failure to consent to the release of this information will render me/us and my/our household ineligible for the property at which I/We have applied. I give my permission for the Landlord, as mentioned above, to obtain any information that is pertinent to my/our eligibility and to any reference or entity I have identified to release such information to Landlord.

**Applicant Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth (mm/dd/year): \_\_\_\_\_  
Driver's License or Photo ID # \_\_\_\_\_ State Issued: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Co-Applicant Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Social Security # \_\_\_\_\_ Date of Birth (mm/dd/year): \_\_\_\_\_  
Driver's License or Photo ID # \_\_\_\_\_ State Issued: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please use a separate page for additional household members who are age 18 and older.

Attachments: HUD-92006 "Supplement to Application for Federally Assisted Housing Form"  
HUD-27061-H "Race and Ethnic Data Reporting Form" for each household member.  
Reasonable Accommodation Policy