

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:

 **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



HOUSINGWORKS
For Everyone

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 designed for Environmental Allergies | |

- ☐ 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 _____

Preliminary Application for **Dalrymple Apartments**

Metro Management will provide help in reviewing this document. If necessary, persons with disabilities may ask for this application in large print type, or other alternate formats.

SITE NAME	Dalrymple School Apartments
ADDRESS	46 Grovers Avenue
CITY, STATE	Winthrop, MA 02152

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Metro Management Office. **Duplicate Applications will be disqualified.**

Applicant: _____ Home Tel _____

Present Address: _____
street city state zip

Mailing Address _____
(if different) street city state zip

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

<input type="checkbox"/> American Indian! Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Black(not of Hispanic origin)	<input type="checkbox"/> Hispanic
<input type="checkbox"/> White(not of Hispanic origin)	

SIZE OF APARTMENT NEEDED: ☐ 0 BR ☐ 1BR

UNIT TYPE REQUESTED: (Check all that apply)

Wheelchair	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Adapted Unit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing/Visual Adapted Unit	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you? If yes, please explain.



Housing Cost Per Month \$_____ Including Utilities? [] Yes [] No

How Long Have You Lived at Present Address? _____ Years.

What are the reasons for Moving? _____

How did you hear about this development _____

FAMILY COMPOSITION: List all those who will occupy the apartment - **INCLUDE YOURSELF**

FULL NAME OF EACH PERSON IN HOUSEHOLD	RELATIONSHIP TO HEAD OF HOUSEHOLD	AGE	SEX	SOCIAL SECURITY NUMBER	FULL TIME STUDENT (circle one) Y or N
1. _____	Head of Household Birthdate (for HoH only) _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____	Y or N

REFERENCES - Full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters).

Name of PRESENT Landlord/Official _____ Telephone _____

Address _____

Name of PREVIOUS Landlord/Official _____ Telephone _____

Address _____

NOTE: If you are unable to furnish a landlord or other housing reference, **please furnish character references.** They must have known you for one (1) year or more and not be related to you.

Name of Character Reference _____ Telephone _____

Address _____

Name of Character Reference _____ Telephone _____

Address _____



Are you or any member of your household currently receiving federal (HUD) or state housing assistance?
If yes, list the household members and type of assistance being received. [] Yes [] No

Household Member	Type of Housing Assistance	Location
_____	_____	_____
_____	_____	_____

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER

Member # _____
Name of Present Employer _____ Telephone _____
Address _____
Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly

Member # _____
Name of Present Employer _____ Telephone _____
Address _____
Years Employed _____ Position _____ Current Salary \$ _____
[] weekly [] bi-weekly [] monthly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____
_____	_____	_____

(per week, month or year)

INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____
_____	_____	_____

(per week, month or year)



I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, **and a consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice form the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

Head of Household

Date

Co-Applicant

Date

EBCDC, Inc. does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.



EBCDC/ Metro Management Company

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ Phone: _____

Address: _____

I, the above named individual, have authorized Metro Management Company to verify the accuracy of the information that I have provided, from the following sources (specify):

_____	_____
_____	_____
_____	_____
_____	_____

I hereby give you my permission to release this information to Metro Management Company subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to Metro Management Company within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signed under the pains and penalties of perjury.

Signature _____ Date _____

THIS INFORMATION IS VALID FOR A PERIOD OF ONE YEAR FROM THE DATE NOTED ABOVE.

