

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
○

**WADLEIGH HOUSE LLC
c/o YMCA of the North Shore**

81 WINTER STREET
HAVERHILL MA 01830

978-374-0506

ATTN: HOUSING

HOUSING APPLICATION

Please complete this application and return to Wadleigh House LLC at the address listed at the top of this page. Complete applications will be placed in order of date and time received and added to the wait list. An applicant may be interviewed only after a completed application is received. An incomplete application will not be considered for placement on the waiting list.

The Wadleigh House LLC is an equal housing opportunity in compliance with 504 Fair Housing Regulations. The Wadleigh House LLC will accommodate any applicant with assistance completing this application.

A. GENERAL INFORMATION

Applicant's Name _____ S.S.# _____

Address _____

Street Apt.# City State Zip

Tel.# _____ Date of Birth _____

Do you Own? _____ Rent? _____ Current monthly rental payment \$ _____

Check utilities paid by you: ___ Heat ___ Gas ___ Electricity ___ Other _____

Approximate monthly utility cost: (exclude phone and cable) \$ _____

B. INCOME

List all sources of income as requested below:

a. Social Security.....Monthly \$ _____

b. Pension.....Monthly \$ _____

c. Veterans Benefits.....Monthly \$ _____

d. SSI Benefits.....Monthly \$ _____

e. Unemployment Compensation.....Monthly \$ _____

f. EAEDC.....Monthly \$ _____

g. Wages (Gross).....Monthly \$ _____

i. Employer _____

Position Held _____ How Long Employed? _____

ii. Employer _____

Position Held _____ How Long Employed? _____

If yes, please describe _____
Date of disposition _____ Amount disposed \$ _____

Do you have any other assets not listed above? Yes _____ No _____

(Exclude personal property.)

If yes, list: _____

D. MEDICAL / CHILD CARE / HANDICAP ASSISTANCE EXPENSES

i. Medical Cost:

*Complete this part **ONLY** if 62 or older, disabled, or handicapped.*

Medicare Premiums.....Monthly \$ _____

Medical Insurance Coverage:

Name of Insurance Company _____

Address _____ Monthly \$ _____

Anticipated medical / drug / prescription / non prescription cost

NOT covered by insurance OR reimbursed.....Monthly \$ _____

Medical bills / outstanding costs: Balance Due \$ _____ Monthly Payments \$ _____

Payable To: _____ Medical related Travel costs \$ _____

Are you seeing a physician regularly? Yes _____ No _____

If yes, Name _____

Address _____

Projected costs NOT covered by insurance OR reimbursed for the next 12 months \$ _____

Other medical expenses: Type _____ Amount \$ _____

ii. Childcare Costs:

*Complete **ONLY** for Children ages 12 and under.*

Name(s) of Children cared for: _____ Age _____

_____ Age _____

_____ Age _____

Name of person or agency caring for children: _____

Address: _____

Weekly cost for childcare due to employment \$ _____

Weekly cost for childcare due to education \$ _____

iii. Handicap Assistance Expenses:

(Attendant care and/or apparatus expense that enables handicapped applicants to work.)

*Complete **ONLY** if handicap expenses allow you to work.*

Type of expenses: _____

Weekly amount paid \$ _____ Payable To: _____

E. PROGRAM INFORMATION

Are you displaced? Yes _____ No _____

If YES, displacement agency _____

Is your current unit condemned / substandard? Yes _____ No _____

If YES, describe _____

Are you paying more than 50% of your gross income for rent and utilities? Yes ___ No ___

Are you applying for status as an "Elderly Household"? Yes _____ No _____

Are you are 62 years or older, handicapped, or disabled as defined by FMHA? Yes___No___

Would you benefit from a wheelchair or a handicapped accessible unit? Yes ___ No ___

If so, would you like to request an adapted unit? Yes _____ No _____

Are you currently living in subsidized housing? Yes _____ No _____

Have you ever resided in a project financed / subsidized by the government? Yes ___ No ___

If yes, Name: _____

Address: _____

Have you ever been evicted from public housing or any other Federal Housing Program?

Yes _____ No _____ If yes, Where & When: _____

Describe Reasons: _____

Have you ever been evicted from other housing? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

Are you currently using illegal drugs? Yes _____ No _____

Have you ever been convicted of sale, distribution, or possession of illegal drugs?

Yes ___ No ___

Are you now or will you become a part time or full time student prior to move in?

Yes ___ No ___

How did you hear about this housing? _____

Are you able to take a unit when one becomes available? Yes _____ No _____

Briefly describe your reasons for applying: _____

F. REFERENCE INFORMATION

Current Landlord: Name _____
Address _____
Home Phone _____ Business _____

Previous Landlord: Prior Landlord _____
Address _____
Home Phone _____ Business _____

Prior Landlord _____
Address _____
Home Phone _____ Business _____

List any other states where you have lived in the past 7 years: _____

G. CREDIT REFERENCES

i. Name _____ Address _____ Phone _____
ii. Name _____ Address _____ Phone _____
iii. Name _____ Address _____ Phone _____

H. PERSONAL REFERENCES

*ALL Personal References must **NOT** be family members.*

i. Name _____ Address _____
ii. Name _____ Address _____
iii. Name _____ Address _____

EMERGENCY REFERENCE: Name _____
Address _____
Phone _____

I. OTHER REQUIRED INFORMATION

List any car, truck, or other vehicle owned:

Type of vehicle _____ Year/Make _____ Color _____
License Plate # _____ Drivers License # _____

J. CERTIFICATION / AUTHORIZATION

CERTIFICATION

I HEREBY CERTIFY THAT I WILL NOT MAINTAIN A SEPARATE SUBSIDIZED RENTAL UNIT IN ANOTHER LOCATION. I FURTHER CERTIFY THAT THIS WILL BE MY PERMANENT RESIDENCE. I UNDERSTAND THAT I MUST PAY A SECURITY DEPOSIT FOR THIS UNIT. I UNDERSTAND THAT MY ELIGIBILITY FOR HOUSING WILL BE BASED ON FEDERAL GUIDELINES AND WADLEIGH HOUSE LLC SELECTION CRITERIA. I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT FALSE STATEMENTS OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO CANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY.

Signature:

Applicant

Date

AUTHORIZATION

I DO HEREBY AUTHORIZE THE WADLEIGH HOUSE LLC AND ITS STAFF OR AUTHORIZED REPRESENTATIVE TO CONTACT ANY AGENCIES, LOCAL POLICE DEPARTMENTS, OFFICES, GROUPS, OR ORGANIZATIONS TO OBTAIN AND VERIFY ANY INFORMATION OR MATERIALS WHICH ARE DEEMED NECESSARY TO COMPLETE MY APPLICATION FOR HOUSING. I FURTHER AUTHORIZE THE WADLEIGH HOUSE LLC TO VERIFY ALL INFORMATION LISTED ON THIS APPLICATION.

Signature:

Applicant

Date

FAMILY HOUSEHOLD COMPOSITION

THE INFORMATION SOLICITED ON THIS APPLICATION IS REQUESTED BY THE WADLEIGH HOUSE LLC IN ORDER TO ASSURE THE FEDERAL GOVERNMENT, ACTING THROUGH THE FARMERS HOME ADMINISTRATION, THAT FEDERAL LAWS PROHIBITING DISCRIMINATION AGAINST TENANT APPLICANTS ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, RELIGION, SEX, MARITAL STATUS, AGE, AND HANDICAP ARE COMPLIED WITH. YOU ARE NOT REQUIRED TO FURNISH THIS INFORMATION, BUT ARE ENCOURAGED TO DO SO. THIS INFORMATION WILL NOT BE USED IN EVALUATING YOUR APPLICATION OR TO DISCRIMINATE AGAINST YOU IN ANY WAY. HOWEVER, IF YOU CHOOSE NOT TO FURNISH IT, THE OWNER IS REQUIRED TO NOTE THE RACE/NATIONAL ORIGIN AND SEX OF THE INDIVIDUAL APPLICANTS ON THE BASIS OF VISUAL OBSERVATION OR SURNAME.

Race _____
Ethnic Group _____
Sex _____