

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
○

WINTER STREET HOUSING LIMITED PARTNERSHIP

81 WINTER STREET
HAVERHILL MA 01830
978-374-0506
ATTN: HOUSING

HOUSING APPLICATION

Please complete this application and return to Winter Street Housing Limited Partnership at the address listed at the top of this page. Complete applications are placed in order of date and time received. 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 Winter Street Housing Limited Partnership is an equal housing opportunity in compliance with 504 Fair Housing Regulations. The Winter Street Housing Limited Partnership 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? _____

iii. Employer _____
Position Held _____ How Long Employed? _____

h. Full Time Student.....Monthly \$ _____
i. Alimony.....Monthly \$ _____ Source _____
j. Child support.....Monthly \$ _____ Source _____
k. Interest Income.....Monthly \$ _____ Source _____
l. Other Income.....Monthly \$ _____ Source _____

Total Gross Annual Income

(Base on the monthly amounts listed above (a thru l) then multiply by 12) \$ _____

Do you anticipate any income changes within the next 12 months? Yes____ No____

If yes, please explain: _____

C. ASSETS

Checking Account(s) #	Bank	Bal \$
#	Bank	Bal \$
#	Bank	Bal \$
Saving Account(s) #	Bank	Bal \$
#	Bank	Bal \$
Trust Accounts #	Bank	Bal \$
Certificates #	Bank	Bal \$
#	Bank	Bal \$
Credit Union #	Name	Bal \$
#	Name	Bal \$
Savings Bonds #	Maturity Date	Value \$
#	Maturity Date	Value \$
Whole Life Insurance Policy #	Face Value	\$
Cash Value of life insurance policy.....		\$

Real Property: Do you own any property? Yes____ No____

If Yes, Type of property _____

Location: _____

Appraised Market Value..... \$

Mortgage or outstanding loan balance due..... \$

Annual Insurance Premium..... \$

Most Recent Tax Bill..... \$

Have you sold/dispensed of any property in the last two years? Yes____ No____

If Yes, Type of property _____

Market Value when sold/dispensed..... \$

Amount sold/dispensed..... \$

Date of transaction _____

Have you disposed of any other assets in the last two years? Yes____ No____

(Example: Given away money to relatives, set up irrevocable Trust Accounts)?
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 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 _____

Prior 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 _____ Phone _____
ii. Name _____ Address _____ Phone _____
iii. Name _____ Address _____ Phone _____

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 WINTER STREET HOUSING LIMITED PARTNERSHIP 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 ANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY.

Signature:

Tenant

Date

AUTHORIZATION

I DO HEREBY AUTHORIZE THE WINTER STREET HOUSING LIMITED PARTNERSHIP AND IT'S 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 WINTER STREET HOUSING LIMITED PARTNERSHIP TO VERIFY ALL INFORMATION LISTED ON THIS APPLICATION.

Signature:

Tenant

Date

FAMILY HOUSEHOLD COMPOSITION

THE INFORMATION SOLICITED ON THIS APPLICATION IS REQUESTED BY THE WINTER STREET HOUSING LIMITED PARTNERSHIP 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 _____