

- Don't staple the pages of the application together!
1. Providers need to easily access their own application first page.
  2. Removing staples from 1000 applications a week adds too much work.
  3. Some providers *scan* the application, and can't do this if you staple.
  4. If you include a letter, don't staple that either!

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 – <i>the adult family member filling this out = the Head of Household</i>		
<input type="radio"/>			
	Head of Household’s MIDDLE NAME		
<input type="radio"/>			
	Head of Household’s LAST NAME (ex: Baez Gonzalez)	Suffix	
<input type="radio"/>			

<input type="radio"/>	Your Mother's LAST Name WHEN SHE WAS A CHILD	
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Answer this: <input type="radio"/> Yes <input type="radio"/> No   Does the HoH have a Social Security Number? <i>If “Yes” you must provide the <u>full</u> SSN!</i>				
Head of Household’s SOCIAL SECURITY NUMBER		Head of Household’s DATE OF BIRTH		GENDER
		Month	Day	Year
<input type="radio"/>		<input type="radio"/>		<input type="radio"/>

ETHNICITY   Also provide your race at right!	RACE:   Asian , Black, White, Native American, Pacific Islander, Multi- Do <b><u>NOT</u></b> write Spanish, Hispanic, Latino here – and do <b><u>NOT</u></b> write your
<input type="radio"/>	<input type="radio"/>

REQUESTED ACCOMMODATIONS <input type="radio"/> = <input checked="" type="radio"/> Do you need a:		
<input type="radio"/>	<input type="radio"/> Fully Accessible Wheelchair Unit	<input type="radio"/> Blind Accessible Unit
	<input type="radio"/> No-Steps unit (elevator to any floor)	<input type="radio"/> Deaf Accessible Unit
	<input type="radio"/> First-Floor unit only	<input type="radio"/> unit designed for Environmental Allergies
		<input type="radio"/> Need an Interpreter
		<input type="radio"/> Domestic Violence Victim

HoH’s CAREER STAGE				
<input type="radio"/>	<input type="radio"/> Employed	<input type="radio"/> Unemployed	<input type="radio"/> Retired	<input type="radio"/> FT Student
				<input type="radio"/> PT Student
MOBILE RENTAL ASSISTANCE, if any				
<input type="radio"/>	<input type="radio"/> I do not have mobile rental assistance	<input type="radio"/> Mobile Section 8 voucher	<input type="radio"/> MRVP	<input type="radio"/> AHVP
				<input type="radio"/> VASH or

CRIMINAL RECORD AND SEX OFFENDER RECORD				
<input type="radio"/>	Head of Household - Any <b>Felony/Conviction?</b>	<input type="radio"/> Yes <input type="radio"/> No	Any <b>Misdemeanor Conviction?</b>	<input type="radio"/> Yes <input type="radio"/> No
	<b><u>Other</u> Members:</b> Any <b>Felony Convictions?</b>	<input type="radio"/> Yes <input type="radio"/> No	Any <b>Misdemeanor Conviction?</b>	<input type="radio"/> Yes <input type="radio"/> No
	Is <u>anyone</u> in HH subject to a <b>lifetime sex offender registration</b> in any state? <input type="radio"/> Yes <input type="radio"/> No			

HOUSEHOLD SIZE AND COMPOSITION				ANNUAL INCOME (write the yearly amount!)	
<input type="radio"/>	← # Adults	← # Children	← Total # in Household	<input type="radio"/>	.00

BEST TELEPHONE NUMBER TO USE		SECOND TELEPHONE (if you have one)
<input type="radio"/>		
<input type="radio"/>	BEST EMAIL ADDRESS	
<input type="radio"/>	SECOND EMAIL ADDRESS	

BEST MAILING ADDRESS	
Street Address (including Apartment Number) or P.O. Box	
<input type="radio"/>	
City, State, and Zip Code:	
<input type="radio"/>	

SECOND MAILING ADDRESS	
Street Address (including Apartment Number) or P.O. Box:	
<input type="radio"/>	
City, State, and Zip Code:	
<input type="radio"/>	

# BEDROOMS NEEDED?	SPECIAL CIRCUMSTANCES? - <i>some programs may assign you a priority status</i>
<input type="radio"/>	<input type="radio"/> Disability <input type="radio"/> Elder <input type="radio"/> Veteran <input type="radio"/> Fleeing Domestic Violence
	<input type="radio"/> Displaced by: _____ <input type="radio"/> Rent-burdened <input type="radio"/> Other

PRE-APPLICATION

FOR OFFICE USE ONLY

Income Category

Bedroom Size

Waiting List #

CARPENTERS GLEN, TAUNTON, MA

RETURN TO: South Shore Housing (781)422-4200  
169 Summer Street 1-800-242-0957  
Kingston, MA 02364 TDD: (781)422-4200

PLEASE PRINT If you need assistance in filling out this form, please make a request and assistance will be provided.

APPLICANT NAME

PRESENT ADDRESS

MAILING ADDRESS (if different

TELEPHONE # SOCIAL SECURITY#

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1. List all persons expected to reside in your household. Include their relationships, age, sex, date of birth, income and source of income.

NAME	RELATIONSHIP	AGE	SEX	DATE OF BIRTH	GROSS WEEKLY INCOME	SOURCE OF INCOME
	SELF					

2. ASSETS  
Value of all Bank Accounts and CD's:  
Do you or any household member own or have any interest in any real estate, life insurance, IRA's, bonds, or other form of capital? No/Yes If yes, please list the value.
3. Does the family require a wheelchair accessible unit? No/Yes
4. Do you currently hold a certificate for rental assistance? No/Yes  
If yes: Are you currently under lease? No/Yes If not, when does your certificate expire?  
  
What housing agency issued your certificate?

APPLICANT'S SIGNATURE DATE

\*\*\*\*\*

WARNING: Section 1001 of Title 18 of the U.S. code makes it a criminal offense to make willful false statements or willful misrepresentation to any Department or Agency of the U. S. as to any matter within its jurisdiction.

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Please indicate your race and ethnicity. Circle the appropriate category.

1. White  
2. Black
3. American Indian/Native Alaskan  
4. Asian/Pacific Islander
1. Hispanic  
2. Non-Hispanic

"The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial 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 individual applicants on the basis of visual observation or surname."