

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 <b><u>NOT</u></b> write Spanish, Hispanic, Latino here – and do <b><u>NOT</u></b> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME
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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
○

# TOWN OF WESTON

44 School Street  
WESTON, MA 02493-2556  
(781) 786-5190 FAX (781) 786-5199



BROOK SCHOOL APARTMENTS

## NON-ELDERLY Subsidized & CPA Rental Preliminary Application

~~~~~  
For office use only: Date & Time Rcvd \_\_\_\_\_ Type: Sub CPA

Inc Lvl: EL VL L MOD(CPA) Size: 1BR 2BR Pref: ACC W Sec 8  
~~~~~

PLEASE PRINT CLEARLY

### APPLICANT INFORMATION:

Race (optional) ☐Caucasian ☐African American ☐Latino ☐Asian ☐Native American ☐Other \_\_\_\_\_

Applying for: ☐CPA\* Apt (Weston Affiliates Only) ☐One Bdrm

☐Subsidized\* Apt ☐One Bdrm \*\*☐Two Bdrm or ☐Both

\*Income eligibility

\*\*Minimum of two occupants

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Social Security # \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Cell \_\_\_\_\_

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

Current Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### II. List all persons who will occupy the apartment with the applicant:

<u>Name</u>	<u>Date of Birth</u>	<u>Soc. Sec #</u>	<u>Relation to Applicant</u>
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1. _____	_____	_____	_____
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2. _____	_____	_____	_____
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### III. Do you own your own home? ☐Yes ☐No (If no, skip to section IV) If yes, complete below:

Monthly Mortgage/Condo Payments \$ \_\_\_\_\_ and Utilities \$ \_\_\_\_\_

Annual Home Insurance \$ \_\_\_\_\_ and Taxes \$ \_\_\_\_\_

How long have you lived there? \_\_\_\_\_

**IV. Do you rent?** ☐ Yes ☐ No (If no, skip to section V) If yes, complete below:

**Current Landlord**

Name: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Tel. # \_\_\_\_\_

Dates you have lived at present address? From: \_\_\_\_\_ To: PRESENT

Monthly Rent \$ \_\_\_\_\_ Utilities \$ \_\_\_\_\_

**Previous Rental History**

**(this information must be completed if your current occupancy is less than 5 years)**

1. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ Tel. # \_\_\_\_\_

Dates you lived there? From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

2. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ Tel. # \_\_\_\_\_

Dates you lived there? From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Rent \$ \_\_\_\_\_

**V. Have you/we ever been evicted or considered for eviction proceedings?** ☐ No ☐ Yes if yes, when and please explain \_\_\_\_\_

**VI. Do you have any pets?** ☐ No ☐ Yes if yes, type/description \_\_\_\_\_

**VII. Preferences:**

a. Several apartments are designed for the mobility impaired for example a wheelchair, etc.  
If you are in need of these features and would like to be given preference for one of these apartments,  
please check this box. (ACC) ☐

b. Do you currently hold a Mobile Section 8 Certificate? ☐ Yes ☐ No

c. Do you currently live in subsidized or affordable housing? ☐ Yes ☐ No

d. Are you a U.S. Citizen? ☐ Yes ☐ No **or** Non-citizen with immigration status? ☐ Yes ☐ No

e. Please indicate below if have a Weston affiliation: (check the appropriate box)

☐ Current or former Weston resident

☐ Current or former Town employee

☐ Direct relative of a Weston resident

☐ Former Metco parent or Metco student.

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**VIII. Income Information** (for you and any other person occupying the apartment):

**USE MONTHLY AMOUNTS ONLY**YouOther Applicant

Social Security (gross) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Pension \$ \_\_\_\_\_ \$ \_\_\_\_\_

S.S.I. (Disability Payments) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Dividends \$ \_\_\_\_\_ \$ \_\_\_\_\_

Interest \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other (Alimony, etc.) \$ \_\_\_\_\_ \$ \_\_\_\_\_

Salary \$ \_\_\_\_\_ \$ \_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_ \$ \_\_\_\_\_

If employed? (employer name, address, telephone)

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

**Assets****a. Bank Accounts**

<u>Bank Name</u>	<u>Address (City &amp; State)</u>	<u>Current Balance</u>
Checking _____	_____	\$ _____
Savings _____	_____	\$ _____
CD(s) _____	_____	\$ _____
IRA(s) _____	_____	\$ _____

**b. Securities**

<u>Name</u>	<u>Address (City &amp; State)</u>	<u>Current Market Value</u>
1. _____	_____	\$ _____
2. _____	_____	\$ _____
3. _____	_____	\$ _____

**c. Real Estate:**

Most Recent Assessed Value \$ \_\_\_\_\_ Mortgage Balance \$ \_\_\_\_\_

Other Liens \$ \_\_\_\_\_

**d. Life Insurance:** Cash Value \$ \_\_\_\_\_**e. Have you disposed of any assets for less than fair market value during the two years preceding this application?**☐ No ☐ Yes If yes, the date you disposed of assets \_\_\_\_\_. The amount you received

\$ \_\_\_\_\_; The market value of assets at the time of disposition \$ \_\_\_\_\_

f. Do you receive regular monetary gifts or non-cash contributions (food, clothing, utilities, rent, etc.) from a family member or agency? ☐ No ☐ Yes\* \*If yes, please fill out below

<u>Type of Gift</u>	<u>Value</u>	<u>Dates Given</u>	<u>Duration Period</u>
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IX. Have you/we ever been convicted of a misdemeanor or a felony? ☐ No ☐ Yes \* if yes, when and explain

X. Why do you/we want to live at the Brook School Apartments and how did you hear about us.

**THIS IS A PRELIMINARY APPLICATION. Additional information will be requested at a later date to complete the processing of your application. Your signature gives consent to the management to verify any and all information contained in this application.**

I/we have read the foregoing and certify that the information herein submitted by me/us is true and correct. If any information is found to be false or incorrect, I understand it could be cause for rejection of my application.

I/we further understand that it is my/our responsibility to notify Brook School Apartments of any change of address which would prevent delivery of any correspondence from Brook School, including notice of apartment availability and Wait List updates. I/we understand that if I/we do not respond to correspondence, including Wait List updates sent by regular US Mail within two months, my/our application will be removed from the Wait List.

1. Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

2. Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

NOTE: The Weston Elderly Housing Committee will consider only those who at the time of their application **meet the Section 8 or CPA criteria** including those related to income, age or handicap.

**\*\*INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL BE REJECTED AND RETURNED\*\***

**\*\*Return this application with copies of: most recent tax forms; Social Security annual award letter; birth certificate(s) or passport(s); copy of driver's license(s) or other government photo identification\*\***

# TOWN OF WESTON

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44 School Street – Housing Office  
WESTON, MA 02493-2556  
(781) 786-5195 FAX (781) 786-5199 TDD: 711

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## BROOK SCHOOL APARTMENTS



Dear Brook School Apartments Applicant:

If you are under the age of 62 years old, you must prove that you meet the definition of permanent disability. The following must be included with your application or your application will be rejected.

Supply an original letter from your attending physician/psychiatrist/social worker on their letterhead stating that you are a person that has a permanent disability. If you have any questions, please call 781-786-5195.

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