

Applicant: Write your full name and address,
including your apartment # and zipcode.

Mail this application to the address you
see at left.

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



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 for Environmental Allergies | <input type="radio"/> Personal Care Attendant |

- ☐ 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

TTY: 1-800-720-3480

CONTROL NUMBER: _____

STANDARD APPLICATION FOR FEDERAL PUBLIC HOUSING

- American-Indian Asian Black Hispanic White Other(specify) _____

9. Do you speak English? (circle one) YES NO

Language Spoken _____ Language Read _____

10. Number of Bedrooms needed: (circle one) 1 2 3 4

11. Members of household to live in Unit, including Head of Household: (Attached additional sheet if necessary)

| Name: First, Middle, Last | Relationship | Social Security Number | Sex | Date of Birth | Occupation or Student Status |
|------------------------------|--------------|---------------------------|-----|---------------|---------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

12. INCOME BEFORE DEDUCTIONS

Estimate the Gross Income anticipated for ALL Household Members from all sources for the next twelve (12) months. Specify all sources.

| Household Member Name | | Name and Address of Employer of Source of Income | Gross Income for Next 12 Months |
|--------------------------|--|--|------------------------------------|
| | Salaries, Wages, Including Overtime/Tips | | |
| | TAFDC or Public Assistance | | |
| | Child Support/ Alimony | | |
| | Regular Unemployment or Disability Compensation | | |
| | Pensions and Annuities Regular Social Security Benefits and/or SSI | | |
| | Other Income | | |

TOTAL GROSS INCOME \$ _____

13. Have you, or any member of your household, ever received housing assistance from this or any other housing agency?
(circle one) YES NO

If yes: Name of Head of Household at that time: _____

Relation to Present Applicant: _____

Name of Housing Agency: _____

Date Moved Out: _____

Reason Moved Out: _____

When you moved out were you in compliance with the lease and other program requirements?

(circle one) YES NO

If NO, please explain: _____

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that the housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list.

Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written Unit Offer from the Housing Authority. **I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income, or household composition.** I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statement or misrepresentation may result in the cancellation of my application. I understand that the Housing Authority will request Criminal Offender Record Information from the Department of Criminal Justice Information Services for all adult members of the household.

I acknowledge receipt of the Fair Information Practices Act Statement of Rights for all adult members of the household.

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.

Applicant's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____

NOTE: SECTION 1001 OF TITLE 18 OF THE UNITED STATES CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATION TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES AS TO ANY MATTER WITHIN ITS JURISDICTION.

THIS PROVISION APPLIES TO FEDERAL HOUSING PROGRAMS

STATEMENT OF RESIDENCE

The undersigned hereby states that as of this date, the following statements are true. Please check the appropriate box:

_____ The family headed by the undersigned is presently residing in Medford.

_____ The applicant is presently working in Medford.

_____ The applicant has been notified that he/she has been hired to work in Medford.

If you are presently residing in Medford, please provide the following information:

Current Address: _____

Type of Building: _____
(Single family, two family, three family house, apartment building, etc.)

On what date did you begin residence in this apartment? _____

Name of Landlord: _____

Address of Landlord: _____

IF YOU ARE PRESENTLY WITHOUT A PERMANENT ADDRESS, please list last permanent address.
(Include City and State)

Dates of Occupancy – From _____ To _____

Name and Address of Last Landlord _____

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

MEDFORD HOUSING AUTHORITY
121 RIVERSIDE AVENUE
MEDFORD, MASSACHUSETTS 02155

TELEPHONE: 781-396-7200
FAX: 781-393-9223

TELEPHONE FOR THE DEAF
TTY: 1-800-720-3480

IMPORTANT NOTICE

NOTICE TO APPLICANTS REGARDING
RESTRICTIONS ON ASSISTANCE TO NON-CITIZENS

NOTICE TO APPLICANTS ON THE WAITING LIST

THIS NOTICE IS FOR YOUR INFORMATION ONLY. IF YOU ARE CURRENTLY ON THE WAITING LIST AND HAVE NOT BEEN NOTIFIED FOR A UNIT OFFER, YOU DO NOT NEED TO CALL OR VISIT THE MEDFORD HOUSING AUTHORITY. YOUR ONLY RESPONSIBILITY IS TO BE SURE THAT ALL NON-CITIZENS IN YOUR FAMILY WHO WISH TO RECEIVE PUBLIC HOUSING OBTAIN ALL NECESSARY DOCUMENTS REQUIRED UNDER THIS NEW RULE. YOU MAY CONTACT THE INS AT 617-565-3879 OR GO TO THEIR OFFICE IN GOVERNMENT CENTER AT THE JOHN F. KENNEDY BUILDING, FLOOR 5, IN BOSTON, TO OBTAIN THE PROPER DOCUMENTATION.

Dear Applicant:

THE LAW: Section 214 of the Housing and Community Development Act of 1980, as amended, prohibits the Secretary of Housing and Urban Development (HUD) from making financial assistance available to persons other than United States citizens, nationals and certain categories of eligible noncitizens. Section 214 was implemented by a final rule entitled, Restrictions on Assistance to Noncitizens, which was published in the Federal Register on Monday, March 20, 1995 (60FR 14816-1861).

WHEN THE RULE BECAME EFFECTIVE: The rule became effective on June 19, 1995.

WHAT THE RULE MEANS TO YOU: The Declaration Forms listed below must be signed and the documentation for all non-citizens must be provided to the Medford Housing Authority and verified by the Immigration and Naturalization Service (INS) for you (as an applicant) to receive acceptance into Conventional Public Housing at the time you are selected from the waiting list.

WHAT EVIDENCE WILL BE REQUIRED: If you are a citizen: A signed Declaration of U.S. Citizenship – Declaration forms will be available to you from the Tenant Selector (ONLY WHEN NOTIFIED BY THE MHA OF THE OFFER OF A UNIT IN PUBLIC HOUSING.).

If you are a non-citizen who is age 62 or over: Signed Declaration of Eligible Immigration status and an original proof of age document.

If you are a non-citizen who does not fall into the category above: Signed Declaration of Eligible Immigration Status, Signed Verification Consent Form and one of the documents listed below:

1. Registered Alien Card (I-551 Form).
2. Arrival Departure Record (I-94 Form) annotated (a) "Admitted as a refugee pursuant to Section 207". (b) Section 208" or "Asylum". (c) "Section 243 (h)" or "Deportation Stayed by the Attorney General" (d) "Paroled Pursuant to Section 212. (d) (5) of the INA".
3. Arrival Departure Record (I-94 Form) not annotated accompanied by one of the following documents: (a) A final court decision to which no appeal was taken granting asylum. (b) A letter from an INS asylum officer granting asylum (If application filed on or after 10/1/90) or from an INS district director (If application filed before 10/1/90). (c) A court decision granting withholding or deportation. (d) A letter from an asylum officer granting withholding of deportation (If application filed on or after 10/1/90).
4. Temporary Resident Card (I-688 Form) which must be annotated "Section 245A" or "Section 210".
5. Employment Authorization Card (Employment Authorization Card I-688B Form) which must be annotated "Provision of Law 272a.12(11)" or Provision of Law 274a.12").
6. Receipt Indicating Application for Issuance of Replacement Document.

WHEN THE EVIDENCE MUST BE SUBMITTED: This documentation must be presented to the Tenant Selector when you have been notified of an offer of a public housing unit.

WHEN AN EXTENSION OF TIME TO OBTAIN THE DOCUMENTS WILL BE GRANTED:
You may be given additional time to bring in these documents if you certify that:

1. The evidence is temporarily unavailable, and
2. Additional time is required in order for it to be obtained, and
3. Prompt and diligent efforts will be undertaken to obtain the evidence.

To request an extension, you must fill out a form which is available from the Tenant Selector. These extensions will be in writing. If you do not have something in writing do not assume you have, or will be granted additional time to bring these documents to your Tenant Selector.

PLEASE NOTE THAT THIS IS ONLY A NOTIFICATION TO INFORM YOU OF YOUR RESPONSIBILITIES AS AN APPLICANT. THE ABOVE INFORMATION IS REQUIRED ONLY WHEN YOU HAVE BEEN NOTIFIED THAT YOU HAVE REACHED THE TOP OF THE WAITING LIST AND ARE BEING OFFERED A UNIT IN PUBLIC HOUSING.

Sincerely,

MEDFORD HOUSING AUTHORITY

NOTICE TO ALL APPLICANTS:

REASONABLE ACCOMMODATIONS ARE AVAILABLE FOR APPLICANTS WITH

MENTAL AND/OR PHYSICAL DISABILITIES

The Medford Housing Authority does not discriminate against applicants on the basis of mental or physical disabilities. In addition, the Medford Housing Authority has an obligation to provide "reasonable accommodation" on account of a disability if an applicant or a household member is limited by the disability and for this reason needs such an accommodation. A reasonable accommodation is a change that the Medford Housing Authority can make to its facilities or practices that will assist an otherwise eligible person with a disability to overcome the limitations imposed by his or her disability and to be able to participate in the Medford Housing Authority's housing or programs. Such a change must be financially and programmatically feasible for the housing authority.

An applicant household which has a member with a mental and/or physical disability must still be able to meet essential obligations of tenancy (for example, the household must be able to pay rent, to care for the apartment, to report required information to the Medford Housing Authority, and to avoid disturbing neighbors), but an accommodation may be the basis by which the household is able to meet those obligations of tenancy.

The Medford Housing Authority has an Accommodation Coordinator. If you need an accommodation because of a disability, please complete the attached form and return it to the Medford Housing Authority. You must also submit medical documentation verifying the existence of a disability, and the need for an accommodation to overcome these limitations and to participate in the Medford Housing Authority's housing or programs. Within thirty (30) days of receipt of your request and documentation, the Accommodation Coordinator will contact you to discuss what the Medford Housing Authority can reasonable do to accommodate you on account of your disability.

If you or a member of your household has a mental and/or physical disability, and as a result you need an accommodation, you may request it at any time. However, you are not obliged to make such a request, and if you prefer not to do so that is your right.



EQUAL OPPORTUNITY HOUSING