

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:

 **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



HOUSINGWORKS
For Everyone

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 _____

The information rested in this form is required by the gov't. agency regulating this project.

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property
And/or
HUD Subsidized Property

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.

Please Print Clearly

This is an application for housing at	Project:	Methunion Manor Cooperative Corporation
	Address:	405 Columbus Avenue Suite #101 Boston, MA 02116
Please complete this application and return to:	Name:	The Management Office
	Address:	405 Columbus Avenue Suite #101 Boston, MA 02116

Applications are placed in order of specified in the Tenant Selection Plan located at the management office. An applicant may be interviewed only after the receipt of this tenant application.

Please complete all sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not complete, the application will be returned to you for completion, and, as such, will not be placed on the waiting list. Everyone age 18 and over in the household as well as the Head, Co-head, and Spouse must report all income and using all necessary forms. Thank you for your assistance.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt.# City State Zip

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? **F23** ☐ Yes ☐ No (check one)

1(A)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR

Do you need an accessible unit? ☐ Yes ☐ No (This question is asked solely for the purpose of providing you and equal opportunity to enjoy your housing.)

B. HOUSEHOLD COMPOSITION

List **ALL** persons who will live in the apartment. List the head of household first.

Name	Relationship to Head of Household	Birth Date	Age (optional)	SS#	Full-Time Student Y/N
Head:					
Co-T:					
3.					
4.					
5.					
6.					
7.					
8.					

Do you anticipate any changes in household composition in the next twelve months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, explain:</i>		

Will all of the persons in the household be or have been full-time students during five calendar months of this year, or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? **F1**

☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS F1		
Are any full-time students(s) married and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time students(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you file income tax returns? (If yes, please provide a copy with this application.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Application

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Page 2 of 10

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write *NA*.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security F12	\$
	Social Security F12	\$
	SSI Benefits F12	\$
	SSI Benefits F12	\$
	Pension F13 (list source)	\$
	Pension F13 (list source)	\$
	Pension F13 (list source)	\$
	Veteran's Benefits F8 (list claim #)	\$
	Veteran's Benefits F8 (list claim #)	\$
	Unemployment Compensation F11	\$
	Unemployment Compensation F11	\$
	Worker's Compensation F11	
	Title IV/TANF F9	\$
	Title IV/TANF F9	\$
	Title IV/TANF F9	\$
	Full-Time Student Income (18 & Over Only) F5	\$
	Full-Time Student Income (18 & Over Only) F5	\$
	Interest Income (source) F19	\$
	Interest Income (source) F19	\$
	Interest Income (source) F19	\$

Household Member Name	Source of Income	Gross Monthly Amount
	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed
	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How
	Alimony F15, F16	
	Are you legally entitled to receive alimony?	\$
	If yes, list the amount you are entitled to receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you receive alimony?	\$
	If yes, list the amount you receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$
	Child Support F15, F16	
	Are you legally entitled to receive child support?	
	If yes list the amount you are entitled to receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you receive child support?	\$
	If yes, list the amount you receive.	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Other Income (rental property, lottery winnings, ertc).	
	Other Income (rental property, lottery winnings, ertc).	
	Other Income (rental property, lottery winnings, ertc).	
TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts x 12)		\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR		\$
Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		

D. ASSETS				
<p>If your assets are too numerous to list here, please request an additional form.</p> <p>If a section doesn't apply, cross out or write NA.</p>				
	Household Member Name:	Bank	Account #	Balance
Checking Accounts F19			#	\$
			#	\$
			#	\$
Savings Accounts F19			#	\$
			#	\$
			#	\$
Trust Account F22			#	\$
Certificates of Deposit F19			#	\$
			#	\$
			#	\$
			#	\$
Credit Union F19			#	\$
			#	\$
Savings Bonds F19		Maturity Date	#	Value \$
		Maturity Date	#	Value \$
		Maturity Date	#	Value \$
Life Insurance Policy F20		Ins. Co:	Acct:	Cash Value \$
Life Insurance Policy F20		Ins. Co:	Acct:	Cash Value \$

Mutual Funds F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
Stocks F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
Bonds F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
Annuities, 401(K), IRA, Keogh F21	Name: Source:			Appraised Value \$
Investment Property F23	Name: Source:			Appraised Value \$
Real Estate Property: <i>Do any household member own any property? F24, F25</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property</i>				
Location of property				
Appraised Market Value				\$
Mortgage or outstanding loans balance due				\$
Amount of annual insurance premium				\$
Amount of most recent tax bill				\$
Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>				
Do they have access to the asset(s)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sold/disposed of any property in the last 2 years? F17				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, Type of property:</i>				
Market value when sold/disposed				\$
Amount sold/disposed for				\$
Date of transaction:				
Have you disposed of any other assets in the last 2 years F17, F22				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe the asset:</i>				
Date of disposition:				
Amount disposed:				\$
Do you have any other assets not listed above (excluding personal property)? F17				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>				

E. ADDITIONAL INFORMATION	
How were you referred to this property?	
Are you or any member of your family currently using an illegal substance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any member of your family ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Have you or any member of your family ever been evicted from any housing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
Will you take an apartment when one is available?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly describe your reasons for applying:	

F. REFERENCE INFORMATION

You must provide all full addresses resided at in the past five years and the names, addresses, and phone numbers of all landlords, if applicable. (Please attach a separate sheet if necessary)

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Credit Reference #1:		
Address:		
Account #:		Phone:
Credit Reference #2		
Address:		
Account #:		Phone:

Credit Reference #3	
Address:	
Account #:	Phone:
Personal reference #1	
Address:	
Account #:	Phone:
Personal reference #2	
Address:	
Account #:	Phone:
Personal reference #3	
Address:	
Account #:	Phone:
In case of emergency notify:	
Address:	
Relationship:	Phone #:
In case of emergency notify:	
Address:	
Relationship:	Phone #:

G. VEHICLE AND PET INFORMATION (if applicable)	
List any cars, trucks, or other vehicles owned. Please be advised that parking may not be available. Please inquire with Management regarding the parking policy.	
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Type of Vehicle:	License Plate #:
Year/Make:	Color:
Do you own any pet(s).	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe:	

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We hereby authorize the release of information regarding a criminal background and credit check, and landlord authorization All adult applicants, 18 or older, must sign application. Further, any head, co-head, or spouse, who is an emancipated minor, must also sign below.

SIGNATURE (S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

Attachment: Application Cover Letter (specific to the property program(s))
Application Addendum (specific to the property program(s))



Methunion Manor does not discriminate on the basis of disability status in the admission of or access to, or treatment or employment in, its federally assisted programs and activities. Methunion Manor coordinates compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dates June 2, 1988). Any questions regarding 504 compliance, please call (781) 943-0200, x 255, MA Relay (800) 439-2370 and ask for the 504 Coordinator. Sue Stockard.



Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns: To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A