

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: 617-536-8516



○	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
-----------------------------

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
○

## New Mass Pike Towers Affordable Housing Waiting List Application

*Flowery writing is hard to read.* Block Print your answers, with plenty of space between each letter!

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

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

City or Town: \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Number in Household: \_\_\_\_\_ Desired Unit Size \_\_\_\_\_

### Household Members:

Please list ALL household members who will occupy the apartment  
(Applicant- Co-applicant-children-other)

Name	DOB	SEX	SSN	Relationship
------	-----	-----	-----	--------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

### Current Employment

HEAD of Household's employment information:

Occupation: \_\_\_\_\_

Present Employer: \_\_\_\_\_

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

Length of Employment \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Other Family Member

Occupation: \_\_\_\_\_

Present Employer: \_\_\_\_\_

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

Length of Employment \_\_\_\_\_ Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Trinity Management Company does not discriminate against any person because of race, color, religion, sex, sexual orientation, handicap, familial status or national origin.



**Please answer all the questions to the best of your knowledge:**

1. What is your approximate total annual family income for all adult household members (Include gross income and any income from assets)? \$ \_\_\_\_\_.00
2. Number of Bedrooms required.      1      2      3
3. Is there a member of your household who requires a physical modified unit to address a disability?  
\_\_\_\_\_ No unit modification required  
\_\_\_\_\_ A wheelchair accessible unit  
\_\_\_\_\_ A sensory impaired accessible unit  
\_\_\_\_\_ Other physical adaptation
4. Have you or anyone in your household ever been convicted of any Crime other than a traffic violation?      \_\_\_\_ Yes      \_\_\_\_ No
5. Have you or anyone in your household ever committed any fraud in a Federally Assisted Housing Program?      \_\_\_\_ Yes      \_\_\_\_ No

**Please check the following item that apply to you:**

- \_\_\_\_\_ 1 certify that our household is \_\_\_\_\_ persons.
- \_\_\_\_\_ 1 certify that our household income does not exceed the Income limited provided.
- \_\_\_\_\_ I certify that the information in this waiting list application and in support of this pre-application is true and correct to the best of my/our knowledge.
- \_\_\_\_\_ I certify that the information contained in this pre-application is true and complete.
- \_\_\_\_\_ I understand that it is my responsibility to inform the property of any change in my address, or in the size of the household, or the income of any member of the household.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Trinity Management Company does not discriminate against any person because of race, color, religion, sex, sexual orientation, handicap, familial status or national origin.



**RENTAL APPLICATION ATTACHMENT  
FOR STATE AND FEDERALLY REGULATED PROPERTIES**

Federal law requires us to get drug and criminal background information about all adult household members applying for assisted housing. The head of household must answer the questions below for all household members and each household member age 18 or older must sign below to consent to a background check.

1. Have you or any member of your household ever lived in any federally or state assisted housing?  
\_\_\_\_ Yes \_\_\_\_ No
2. Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity?  
\_\_\_\_ Yes \_\_\_\_ No If yes, list where and when below:  
\_\_\_\_\_  
\_\_\_\_\_
3. Are you or any member of your household currently engaging in the use of illegal drugs?  
\_\_\_\_ Yes \_\_\_\_ No
4. Have you or any member of your household ever been convicted of a felony?  
\_\_\_\_ Yes \_\_\_\_ No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
5. Are you or any member of your household currently abusing alcohol?  
\_\_\_\_ Yes \_\_\_\_ No
6. Have you or any member of your household been previously denied admission to this property for criminal activity that is no longer occurring?  
\_\_\_\_ Yes \_\_\_\_ No If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
7. Are you or any member of your household subject to a lifetime registration requirement under a State Sex Offender registration program?  
\_\_\_\_ Yes \_\_\_\_ No
8. List all addresses where you and other adult household members have previously resided over the past 5 years:  
  
\_\_\_\_\_

The applicant hereby certifies that the above information is true and correct. I understand that making false statements on this form is ground for rejection or termination of my lease. I authorize (insert name of property) to verify the above information, and I consent to the release of the necessary information to determine my eligibility.

Applicant	_____	Date	_____
Co-Applicant	_____	Date	_____
Other Adult	_____	Date	_____
Other Adult	_____	Date	_____