

- 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!

Fold here.
Suggestion: Use #10
double-window
envelopes.

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: Our only open waitlists at present 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 advise applicants to use our free search to locate OTHER HOUSING OPTIONS,
you eliminate hundreds of phone calls and reduce frivolous applications.*

www.housingworks.net



DO NOT LEAVE A SINGLE 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:

☐ **Fully Accessible Wheelchair** Unit

☐ **Blind Accessible** Unit

☐ Need an **Interpreter**

☐ **No-Steps unit** (elevator to any floor)

☐ **Deaf Accessible** Unit

☐ **Domestic Violence Victim**

☐ **First-Floor unit only**

☐ Unit designed for **Environmental Allergies**

- ☐ 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 MAILING ADDRESS)

- ☐ PREFERRED 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 _____

Section 8
Project-Based Voucher Program



Please complete and return to:

Housing Assistance Corporation
460 West Main Street
Hyannis, MA 02601
(508) 771-5400

For agency use only:
Date/Time Stamp/
Control Number

Pre-Application for housing assistance

Please print neatly in ink. All fields are required. Submit this form only. Incomplete, photocopied, e-mailed or faxed applications will not be accepted. If you are already on our tenant-based Section 8 waiting list your record will be updated using the information that you provide below. Due to the volume of applications received, we will not verify the receipt of mailed applications. We cannot be responsible for material that is illegible or missing as a result of transmitting by fax or e-mail or lost/delayed through the mail.

IMPORTANT!

One-third of all applicants are dropped from the waiting list due to unreported address changes. Do not let this happen to you. Report any change of address in writing to the agency listed above.

Head of Household Information

Social Security Number		Phone (include area code)		
First Name	Middle Name	Last Name		
Address		City/Town	State	Zip code
Shelter Name	Shelter Address	City/Town	State	Zip code

Family Information

Write in the approximate amount of your family's gross (before taxes) annual income. Include all sources for all family members.
Gross annual household income \$_____

List the Head of Household and all other members who will be living in the unit. Give the relationship of each family member to the head. For example: spouse/partner, son, daughter, aunt, grandmother, etc....

First Name	Last Name	Relation to Head	Birth Date	Age	Sex	Social Security Number
		Head of Household				

If you have more than eight family members, please check here ☐ and list them on a separate piece of paper.

For Agency Use Only. Number of Household Members ☐

Household Bedroom Size: ☐ Single ☐ 1BR ☐ 2BR ☐ 3BR ☐ 4BR ☐ 5BR

Check if the head of household or spouse is: 62 years old or older ☐ Disabled ☐
Check if anyone in the household requires a wheelchair accessible unit ☐

We collect data on race & ethnicity in accordance with federal regulations. People of various races may also be of Hispanic ethnicity. Please indicate if you are Hispanic. Your answers will not affect your application.

Race of head of household (You may choose more than one of the following)

White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Asian ☐
Native Hawaiian/Other Pacific Islander ☐

Ethnicity of head of household (Check only one)

Hispanic ☐ Non-Hispanic ☐

What is your current housing situation? (Check only one box)


- ☐ I am homeless
- ☐ I live in substandard housing
- ☐ I have been involuntarily displaced by fire, flood, or other natural disaster
- ☐ I pay more than 50% of my monthly income for rent and utilities
- ☐ I live in a shelter
- ☐ I am doubled up with friends or relatives
- ☐ I live in public housing
- ☐ I live in a transitional housing program
- ☐ I live in subsidized housing
- ☐ Other (describe)

Location of Project-Based Apartments




From the list below, check the box next to the communities where you would like to live. Please do not choose a community unless you think you would really live there. Applying to every property slows down the admissions process for everyone.

Only check properties that have apartments appropriate for your household size. If you select a property from the list below that you are not eligible to occupy you will not be added to that waiting list. The housing agency will make the final determination of eligibility based on the family information that you are providing in this pre-application. If you need a larger apartment as a reasonable accommodation for a disability please contact the agency listed above for assistance in completing this form.

Single Room Occupancy (SRO) and **Enhanced Single Room Occupancy (ESRO)** units are only for one person. SRO units typically have shared bathrooms and may have not have a kitchen or have a shared kitchen. ESRO units have private bathrooms and may have kitchenettes. If you are a single person household and are not elderly or disabled you may only choose properties that have SRO and ESRO units. **Studio** apartments do not have a separate bedroom but have a full kitchen. **Elderly** apartments are for persons over 62 years of age. **Supportive Service** apartments provide certain services to tenants and you must have a documented need for the supportive services offered at these properties.

Properties that have **wheelchair accessible** apartments are marked with the  logo - contact us for more information on the available bedroom sizes of these apartments.

NOTE: Effective June 5, 2009, any projects listed below that are highlighted in yellow are temporarily closed to new applicants, until further notice.

	Community	Property/Street		Elderly Only	Supportive Services Provided	Number of Units by Bedroom Size						
						SRO	ESRO	Studio	1 BR	2 BR	3 BR	4 BR
<input type="checkbox"/>	Bourne	Canal Bluffs								3		
<input type="checkbox"/>	Bourne*	Clay Pond Cove		** 55 & Older					6	2		
<input type="checkbox"/>	Eastham	885 State Highway								1		
<input type="checkbox"/>	Edgartown	Morgan Woods								4	2	
<input type="checkbox"/>	Falmouth*	Schoolhouse Green		X					6	2		
<input type="checkbox"/>	Harwich*	Thankful Chase Pathway							1	4		
<input type="checkbox"/>	Hyannis	979 Falmouth Rd.									2	
<input type="checkbox"/>	Provincetown	58 Harry Kemp Way							4			
<input type="checkbox"/>	Provincetown	32 Old Ann Page Way							1	1		
<input type="checkbox"/>	Provincetown	40A Nelson Ave							2	1		
<input type="checkbox"/>	West Barnstable	Kimber Woods								4	3	
<input type="checkbox"/>	West Barnstable	Lombard Farm		X					8			

*Applicants meeting a project-specific preference will be selected first. You will be mailed information on how to qualify for a preference.

** At least one member of the household must be 55 years old, or older

This housing list is updated periodically. For information on the availability of new apartments or on apartments in other parts of the state call the number at the top of this form or visit the Housing Consumer Education Center website at www.masshousinginfo.org

Certification of Applicant

Please read this statement very carefully. By signing, you are agreeing to its terms.

I hereby certify that the information I have provided in this pre-application is true and accurate. I understand that:

- ✓ any misrepresentation or false information will result in my application being cancelled or denied, or in termination of housing assistance;
- ✓ this is a pre-application for project-based rental assistance through DHCD and its regional administering agencies and is not an offer of housing;
- ✓ at the time I rise to the top of the waiting lists, I will be required to provide verification of the information I have provided here, in accordance with federal housing regulations and DHCD policy;
- ✓ it is my responsibility to notify any one of DHCD's regional administering agencies in writing of any change of address and my application may be cancelled if I fail to do so;
- ✓ it is my responsibility to notify any one of DHCD's regional administering agencies in writing of any change in family size or composition that might affect the number of bedrooms my family requires and my failure to do so may affect my place on the waiting list;
- ✓ my participation in the Section 8 housing program is subject to my being eligible and in compliance with HUD and DHCD regulations; and that I will be subject to a criminal history check.

I agree that DHCD can share my information with other state agencies for the purposes of determining program eligibility.

Signature of head of household:

Date

