

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this application to the address at left.
Do not fax or email!

Dear

Fold on this line —

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATORS ONLY:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. Include this page so we know who the application is from!

We will also update our system, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:

- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: _____
Name of Waitlist Administrator *optional* _____
Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Date Time Received. Application will be stamped to show when it was received:

TODAY'S DATE



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:

Does the HoH have a Social Security Number or ITIN? ☐ = **X** ☐ Yes ☐ No *If "Yes" you must provide the full number!*

HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ###-##-####

HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy

GENDER M, F, T

ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino

RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

REASONABLE ACCOMMODATION OR SPECIAL CIRCUMSTANCES at the moment (else, fill in any of the items below) **None needed**

- ☐ Fully Access Wheelchair Unit ☐ Bathroom Mobility Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter – language
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Live-In Aide or PCA

Would you like to further explain the Reasonable Accommodation request:

HEAD OF HOUSEHOLD'S CAREER STAGE: (below)

- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

ANY VETERANS in HH? ☐ Yes ☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any (you must select one of these)

- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar answers

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 Explain:

ANY PETS? ☐ Yes ☐ No Number of Pets: Describe

HOUSEHOLD SIZE AND COMPOSITION:

ANNUAL INCOME

DOCUMENTED DISABILITY?

- ← # Adults ← # Children ← Total # in Household \$ ☐ Yes ☐ No

CURRENT HOUSING STATUS ☐ 1. Homeless ☐ 2. Housing Loss in 14 days ☐ 3. Homeless under other federal status
☐ 4. Homeless because Fleeing domestic violence ☐ 5. At risk of homelessness ☐ 6. Stably Housed

HAVE YOU RECENTLY BEEN DISPLACED? ☐ No ☐ Accessibility or Personal Health Issues ☐ Addiction issues ☐ Cost of Living ☐ Pandemic
☐ Condemnation of Home, code violations ☐ Domestic Violence or Sexual Assault ☐ Fire, flood, earthquake ☐ Threat to Life or Safety ☐ Urban Development, eminent domain

BEST TELEPHONE NUMBER TO USE

SECOND TELEPHONE (if you have one)

EMAIL ADDRESS

WHERE YOU LIVE OR BACKUP ADDRESS

Check this box if backup address is the same as best mailing address below

Address Line 1

Apt # or "care of" name

City

State

Zip

BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

OTHER PRIORITIES AND PREFERENCES? It is important to claim these if you can!

UNIT SIZE

(# BEDROOMS NEEDED)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ Fleeing domestic violence ☐ HUD VAWA Certificate
☐ Victim of Hate Crime ☐ Community Based Housing
 Displaced by: ☐ Urban Renewal ☐ Sanitation Code ☐ Natural Forces ☐ Other: _____



54 LOCKE STREET CHELSEA, MASSACHUSETTS 02150

PHONE: (617) 884-5617 FAX: (617) 889-8158 TDD: (617) 884-0586

THIS BOX IS FOR OFFICE USE ONLY

**PRELIMINARY APPLICATION FOR FEDERAL-AIDED
PUBLIC HOUSING**

Date of Receipt: _____
Time of Receipt: _____
Control Number: _____
Barrier Free: _____
First Floor: _____
Elderly/Handicapped: _____
Bedrooms: _____
Race: _____
Priority Category: _____
Preference Category: _____
Language: _____

(PLEASE PRINT)

You may now apply for Family Federal-Aided Public Housing online! This can be done at the following link: www.chelseaha.com.

Incomplete applications will not be processed. Please complete all information requested on the application. If a question is not applicable, please write N/A. Make sure you sign the last page. **If you need additional space to provide an answer, please attach an additional sheet(s).**

If you have a disability, you have a right to request a reasonable accommodation with the application process.

1. Name of Applicant*: _____

Address of Current Residence _____ Apt. No. _____

City/Town _____ State _____ Zip Code _____

Mailing Address*: _____ Apt. No. _____

City/Town*: _____ State*: _____ Zip Code*: _____

Home Phone _____ Work Phone _____ Cell Phone _____

2. **Type of Public Housing You Are Applying For: (Check One)**

a. Elderly ☐

b. Non-Elderly/Handicapped ☐

c. Family ☐

Note: To be eligible for Elderly/Handicapped housing, you must be at least sixty-two (62) years old OR handicapped. If you have a handicap, your handicap must be OTHER than a history of alcohol or substance abuse. If you have a handicap, you must provide certification by a doctor or other qualified source clearly stating that you have a handicap, and it is expected to be of long and indefinite duration lasting at least six (6) months.

3. **Veteran's Preference:** You may apply for Veteran's Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a dependent child of a Veteran.

If you wish to apply for Veteran's Preference, please list dates of U.S. Military service. Include service dates for service in the U.S. Army, Navy, Marine Corps, Coast Guard, Air Force, or National Guard.

Service Dates: From _____ to _____

A copy of the Veteran's Department of Defense Form DD214 must be submitted with this application.

4. Do you have a place of employment in Chelsea? (Circle **One**) YES NO

If Yes:

Employer's Name: _____ Address: _____

5. Are you or any member of your household a victim of Domestic Abuse? YES NO

6. Are you currently living with a person who engages in Domestic Violence? YES NO

7. Have you left housing because of Domestic Abuse? YES NO

If yes, please list the address of the housing unit you left:

8. Do you have any special needs due to a disability or need a reasonable accommodation such as a first-floor unit for medical reasons? Specify: YES NO

9. Do you need a wheelchair-accessible apartment? (Circle one) YES NO

10. **Racial Designation:** (Responding to this question is optional.) Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a Minority, you may classify your household in that Minority Category.

Circle One: American-Indian Asian Black White Other (Specify): _____

Circle One: Hispanic Non-Hispanic

11. **Number of Bedrooms Needed*:** (Circle one) 1 2 3 4

12. Members of household to live in Unit, including Head of Household*: (Attach additional sheet if necessary).

Name: First, Middle, Last	Relationship	Social Security Number +	Sex+	Date of Birth+	Occupation or Student Status
	HEAD		M F T		
			M F T		
			M F T		
			M F T		
			M F T		
			M F T		
			M F T		
			M F T		

+ This information will be used to verify income, assets, and criminal record information.

13. Is a change in the household composition expected? (Circle one) YES NO

If yes, what type of change? _____ When? _____

14. **INCOME BEFORE DEDUCTIONS:**

Estimate the Gross Income anticipated for **ALL** household members from **ALL** sources for the next 12 months. Specify all sources.

Household Member Name	Category/Type	Name and Address of Employer or Source of Income	Gross Income for Next 12 Months
	Salaries, Wages, Including Overtime/Tips		\$
	Net Income From Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Pensions and Annuities		\$
	Regular Unemployment or Disability Compensation		\$
	Regular Social Security Benefits and/or SSI		\$
	T. A. F. D. C. Or Public Assistance		\$
	Regular Alimony Support Payments, Gifts		\$
	Other Income		\$

TOTAL GROSS INCOME \$ _____

15. **Emergency Reference:** Name of a relative or friend NOT planning to live with you. We will contact this person if we are not able to reach you in case of an emergency.

Name: _____ Relationship: _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that the Chelsea 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, and, if I reapply, my application will not receive any priority or preference that was granted on the prior application for a 3-year period.

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 Chelsea Housing Authority. **I understand that it is my responsibility to inform the Chelsea Housing Authority in writing of any change of address, income, or household composition.** I authorize the Chelsea 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 Chelsea Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board 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 Printed Name: _____

Applicant's Signature: _____ Date: ____ / ____ / ____