

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: **617-536-8561**



○	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
○

FOR OFFICE USE ONLY:

Priority Category \_\_\_\_\_

Unit Type \_\_\_\_\_

Eligibility Verifications Needed:

Updated \_\_\_\_\_

MI \_\_\_\_\_ W/D \_\_\_\_\_ REJ \_\_\_\_\_

ST. HELENA'S HOUSE

89 UNION PARK ST.

BOSTON, MA 02118

TEL (617) 426-2922

FAX (617) 542-3460

**APPLICATION FOR HOUSING**

APPLICANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE (DAYS) \_\_\_\_\_ (EVENINGS) \_\_\_\_\_

CO-APPLICANT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE (DAYS) \_\_\_\_\_ (EVENINGS) \_\_\_\_\_

This application is for:

\_\_\_\_\_ 0-BR Apartment

\_\_\_\_\_ 1-BR Apartment

\_\_\_\_\_ Do you have a car?

\_\_\_\_\_ Are you applying  
for a unit adapted for  
wheelchair use?

\_\_\_\_\_ Do you have a pet?  
If so, what kind? \_\_\_\_\_

**Maloney Properties, Inc. does not discriminate  
on the basis of handicapped status. Please  
contact Susan S. Stockard, 504 Coordinator.**

**Equal Opportunity Employer  
Equal Housing Opportunity**

## HOUSEHOLD INFORMATION

Please complete the chart below, starting with yourself on the first line, listing all other persons who will live with you in the apartment.

NAME	DATE OF BIRTH	SOC. SEC. NUMBER	SEX	RELATION TO HEAD OF HSHD

How did you hear about this property? \_\_\_\_\_

Why do you wish to move at this time? \_\_\_\_\_

**HOUSING HISTORY:** Please list current and all previous housing within the past seven years. Use additional paper if necessary.

PRESENT LANDLORD: Name \_\_\_\_\_

Landlord's Address \_\_\_\_\_

Phone \_\_\_\_\_ How long have you lived there? \_\_\_\_\_

Monthly rent \$ \_\_\_\_\_ Monthly fuel & electric costs \$ \_\_\_\_\_

### PREVIOUS HOUSING

Your previous address \_\_\_\_\_

Your Previous Landlord's Name \_\_\_\_\_

His/Her address \_\_\_\_\_

His/Her Phone \_\_\_\_\_

Monthly rent \$ \_\_\_\_\_ Monthly fuel & electric costs \$ \_\_\_\_\_

How long did you live there? \_\_\_\_\_

Reason for moving \_\_\_\_\_

**IF YOU OWN YOUR OWN HOME:**

Monthly Mortgage \$\_\_\_\_\_ Balance on Mortgage \$\_\_\_\_\_  
Real Estate Taxes per year \$\_\_\_\_\_  
Insurance Premium per year \$\_\_\_\_\_  
Monthly Fuel & Electric costs \$\_\_\_\_\_

**INCOME AND ASSETS**

Our housing program requires that you be income eligible as defined by published guidelines. In order to determine your eligibility, it is necessary for you to provide the following information, which will be verified at the time your name comes up on the waiting list.

Be sure to include all sources of income which may include, but not be limited to; Wages, Social Security, SSI, SSDI, Veteran's Benefits, Survivor's Benefits, Other Pensions, AFDC, General Relief, Aid to the Blind, Alimony, Child Support, Unemployment Compensation, Worker's Compensation.

**APPLICANT**

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

How long with this employer? \_\_\_\_\_

**CO-APPLICANT**

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

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ Position \_\_\_\_\_

How long with this employer? \_\_\_\_\_

Please complete the following information for each person, BEGINNING WITH YOURSELF, who will occupy the apartment:

FAMILY MEMBER	SOURCE OF INCOME	GROSS AMOUNT	WEEKLY, MONTHLY, OR ANNUALLY

List all checking and savings accounts, IRAs, Keoughs, and Certificates of Deposit below:

FAMILY MEMBER	BANK NAME	TYPE OF ACCOUNT	ACCOUNT NUMBER	ADDRESS	CURRENT BALANCE

List any Stocks and Bonds that you own:

Name of Stock: \_\_\_\_\_ # of Shares \_\_\_\_\_

Value: \$ \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

List any Real Estate that you currently own:

Description and Address: \_\_\_\_\_  
 \_\_\_\_\_

Current Market Value \$ \_\_\_\_\_

Balance due on Mortgage: \$ \_\_\_\_\_

What are your plans for the Real Estate if you move to one of our apartments?

Have you given away or sold any property or other assets in the past two years? \_\_\_\_ Yes \_\_\_\_ No  
 If yes, please describe:

### CREDIT REFERENCES:

We routinely process a credit check for each applicant. If there is anything you would like us to know about your credit, *please indicate*:

Name and Address: \_\_\_\_\_

Account # \_\_\_\_\_

Name and Address: \_\_\_\_\_

Account # \_\_\_\_\_

Name and Address: \_\_\_\_\_

Account # \_\_\_\_\_

**PERSONAL REFERENCE:**

Name and Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Relationship \_\_\_\_\_

**EMERGENCY CONTACT:** If we are not able to reach you, please list a person we could contact:

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

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

Telephone: \_\_\_\_\_ Relationship \_\_\_\_\_

**ELIGIBILITY FOR THIS HOUSING PROGRAM - IF YOU ARE UNDER 62 YEARS OF AGE,**  
PLEASE NOTE: In order to be considered eligible for our housing program, an individual who is under the age of 62 years must have a mobility impairment, such that the individual could benefit from an accessible apartment. **If you are applying for eligibility under the provision, please check here:**

\_\_\_\_\_

**ELIGIBILITY FOR PREFERENCE STATUS**

The last page of this application explains the Federal Preferences below as defined by the Department of Housing and Urban Development (HUD). Please review these definitions carefully to determine whether or not you qualify for a Federal Preference. A Federal Preference determines where you will be placed on the waiting list.

The following information will be verified prior to the offer of an apartment.

Please check any and all categories that apply to your situation.

1. Have been or within six months will be involuntarily displaced and without standard permanent replacement housing: (If checked, please give details below)
2. Living in substandard housing or homeless: (If checked, please give details below)
3. Paying 50 percent or more of household income for rent and utilities.

If yes, how much are you paying each month for rent? \$ \_\_\_\_\_

How much are you paying each month for utilities (excluding phone) \$ \_\_\_\_\_

Is there any additional information you would like us to know about your situation: (Please use this space to give details on your eligibility for preference, as checked above.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RACE/NATIONAL ORIGIN** Please note: Completion of this section is optional.

The federal government requires that we obtain the following information on order to monitor the owner's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished.

_____ White/Non-Minority	_____ Am. Indian/Native American
_____ Black	_____ Hispanic
_____ Asian	_____ Other _____
_____ I do not wish to furnish this information.	

**APPLICANT'S CERTIFICATION**

Please read each item below carefully before you sign.

1. I hereby certify that the information provided in this application is correct to the best of my knowledge.
2. I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verification may be necessary to complete the application process.
3. I hereby give Maloney Properties, Inc. authorization to verify the information in this application.
4. **WARNING:** Section 1001 of Title 1B of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction. It is a criminal offense to make willfully false statements or misrepresentations on this preliminary application and may be grounds for denying residency.

_____	Date: _____
Applicant's signature	
_____	Date: _____
Co- Applicant's signature	

**PLEASE NOTE:** This application cannot be reproduced without permission of St. Helena's House Apartments.

Managed by Maloney Properties

89 Union Park St

Boston, MA 02118