

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10
double-window envelope, saving you time.

← **Mail this application to the address at left.**

Do not fax!

Date Generated:

Fold on this line —

Dear

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:

LANDLORD: 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 Stamp – for Office Use Only*

HEAD OF HOUSEHOLD’S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD’S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD’S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes ☐ No

DATE OF BIRTH

GENDER

Enter the COMPLETE SSN or ITIN below:

Type birthyear first, using dashes YYYY-MM-DD

F M T-MTF T-FTM

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused) RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = **X** ☐ I don’t need any of the accommodations listed below

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

HEAD OF HOUSEHOLD’S CAREER STAGE: ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD: ☐ Yes ☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

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

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

- Head of Household:

Any Felony/Conviction?

☐ Yes ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ No
- Other HH 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 Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

ANNUAL INCOME

DOCUMENTED DISABILITY?

← # Adults ← # Children ← Total # in Household \$.00 ☐ Yes ☐ No

CURRENT HOUSING STATUS: ☐ Homeless ☐ Housing Loss 14 days ☐ Fleeing Dom. Violence ☐ At risk of homelessness ☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No ☐ by Accessibility/health issues ☐ by Addiction behaviors ☐ by Cost of living ☐ by Pandemic ☐ by fire/flood/earthquake ☐ by Domestic Violence or Sexual Assault ☐ by Urban development, eminent domain ☐ by Condemnation of home, code violations ☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER:

SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES: ☐ Email ☐ Mail ☐ Cellphone

BEST EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #): ☐ where I currently live ☐ a shelter ☐ a P.O. Box ☐ a "care of" address ☐ a co-applicant’s address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

BACKUP ADDRESS

- ☐ same as above
- ☐ a shelter
- ☐ a P.O. Box
- ☐ a "care of" address
- ☐ a co-applicant’s address

Street or PO: Apt # or c/or Name:

City, State, and Zip Code:

City: State: Zip:

BEDROOMS NEEDED→

ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

- ☐ 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: _____





Waiting List Application

Property Name: Briston Arms Apartments
Address: 237 Garden Street #13 Cambridge, MA 02138
Telephone: 617.868.2400 **Fax:** 617.876.8626 **TDD/TTY:** 711 National Voice Relay
Website: https://www.bristonarms-aps.com/ **Email:** bristonarms@poahcommunities.com

No Smoking Community – This property is a No Smoking Community. Smoking is allowed in designated areas only. Smoking is prohibited in the apartment, on apartment balconies, porches, and/or patios, and in all indoor and outdoor common areas, including but not limited to parking lots, sidewalks, hallways, and elevators.

THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

Please print clearly in Blue or Black Pen. If an item(s) does not apply to you, answer “NO” or “N/A”, do not leave anything blank. If you need to make corrections, draw a line across and initial. Do NOT use Liquid Paper, Correction Tape, White Out, etc.

Applicant Name (First, Middle Initial, Last):		
Address:		
City, State, Zip Code:		
Home Phone:	Work Phone:	
Cell Phone:	Date of Birth:	
Driver's License or Government Issued ID #:		ID State:
Email Address:		

How did you hear about us? ☐ Drove by ☐ Flyer ☐ Internet ☐ News Article ☐ Newspaper Ad
☐ Radio ☐ Walk-In ☐ Other (specify) _____ ☐ Referral from _____

Date Apartment is needed: _____

Apartment Type: Eligibility is based on occupancy standards defined in the Tenant Selection Plan.				
1st Choice:	<input type="checkbox"/> Studio	<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> 3 Bedroom
2nd Choice:	<input type="checkbox"/> Studio	<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> 3 Bedroom
Would you or anyone in your household benefit from an apartment with special features?				
Mobility Accessible		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Communication Accessible (Hearing)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Communication Accessible (Visual)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Special features: Please list below		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If a checkbox does not apply to you, write "NO" or "N/A" in large letters next to it

Are you claiming a "Preference"? Certain preferences are assigned to applicants in order to provide housing opportunities for households with special circumstances. See Tenant Selection Plan for greater detail.

Homeless Due to Displacement by:

- ☐ Natural Forces ☐ Public Action for Urban Renewal ☐ Public Action for Sanitary Code Violations
☐ Involuntary Displacement by Domestic Violence
☐ Working ☐ Elderly or ☐ Disabled
☐ Other or Local Preference: _____

Household Information:

How many people will live in the unit?	
What is the total Gross Annual Income for all household members? Include unearned income, such as SSA or SSI benefits, gifts, child support, and income from assets.	\$

Are you or any member of your household required to register as a sex offender? _____

If yes, list the name of the person(s) and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).

Signature Clause:

I certify all information and answers to the questions are true and complete to the best of my knowledge and understand providing false information or making false statements may result in denial of my application and/or criminal penalties.

All household members 18 and over must sign below:

Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	

THIS SECTION IS FOR OFFICE USE ONLY

Date Received:	Time Received:	Received by _____ As Agent for Owner
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