

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

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

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

For Landlords Only!

[support@housingworks.net](mailto: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:

**DO NOT LEAVE ANY 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 mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:  
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim  
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ 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

If yes, name the agency providing the voucher:

- ☐ 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 Details

- ☐ 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 ☐ 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 ADDRESS check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a priority status)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.  
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.  
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other \_\_\_\_\_

**APPLICATION FOR ENVISION BANK HOME FOR VETERANS**  
**26 MOULTON STREET, RANDOLPH, MA**

For more info or reasonable accommodations  
call or email Emily Fietz, Subsidy Specialist, Father Bill's & MainSpring  
PH 508-942-1449; TTY #508-427-0022, [LeasedHousing@helpfbms.org](mailto:LeasedHousing@helpfbms.org)

This application will be made available in Spanish, Creole and Portuguese. To access this, please call (508) 942-1449, [efietz@helpfbms.org](mailto:efietz@helpfbms.org).

Spanish - Esta solicitud estará disponible en español, criollo y portugués. Para acceder a esto, llame al (508) 942-1449, [efietz@helpfbms.org](mailto:efietz@helpfbms.org).

Portuguese - Esta aplicação estará disponível em espanhol, crioulo e português. Para acessar isso, ligue para (508) 942-1449, [efietz@helpfbms.org](mailto:efietz@helpfbms.org).

Haitian Creole - Aplikasyon sa a ap disponib nan lang panyòl, kreyòl ak Pòtigè. Pou jwenn aksè a, tanpri rele (508) 942-1449, [efietz@helpfbms.org](mailto:efietz@helpfbms.org).



Equal Housing Opportunity



**APPLICANT NAME:**

**CURRENT ADDRESS AND LENGTH OF TIME AT THIS ADDRESS:**

**since:**

**CITY, STATE, ZIP CODE:**

**HOME PHONE:**

**ALTERNATE PHONE:**

**HOUSEHOLD COMPOSITION**

(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.)

MEMBER'S FULL NAME	RELATIONSHIP	BIRTHDATE	AGE	SEX	SOCIAL SECURITY No.

**RACE OF HEAD OF HOUSEHOLD (CHECK ONE) - OPTIONAL**

(THIS INFORMATION IS BEING COLLECTED TO ASSURE COMPLIANCE WITH FAIR HOUSING AND EQUAL OPPORTUNITY RULES.)

☐ WHITE

☐ BLACK

☐ ASIAN/PACIFIC ISLANDER

☐ NATIVE AMERICAN/ALASKAN NATIVE

☐ HISPANIC

☐ MORE THAN ONE RACIAL BACKGROUND

**PREFERENCE INFORMATION. YOU MAY QUALIFY FOR A PREFERENCE FOR HOUSING ASSISTANCE IF ANY OF THE FOLLOWING CIRCUMSTANCES CAN BE VERIFIED FOR YOUR FAMILY. PLEASE CHECK ANY THAT APPLY TO YOU.**

☐ **ARE YOU CURRENTLY HOMELESS AND LIVING IN AN EMERGENCY SHELTER, TRANSITIONAL PROGRAM, HOTEL/MOTEL OR SCATTERED SITE TEMPORARY APARTMENT OR ARE YOU LIVING IN THESE LOCATIONS, BUT TEMPORARILLY IN A HOSPITAL OR TREATMENT FACILITY FOR LESS THAN 90 DAYS?** **IF YES, PLEASE PROVIDE NAME OF SHELTER AND/OR HOMELESS SERVICE PROVIDER AND A LETTER WRITTEN, DATED AND SIGNED BY THE PROVIDER ON AGENCY LETTERHEAD VERIFYING HOMELESS STATUS AND DATE OF INITIAL HOMELESSNESS. LETTER MUST INCLUDE NAME AND TELEPHONE NUMBER OF A CONTACT PERSON.**

☐ **ARE YOU HOMELESS AND LIVING IN A PLACE NOT MEANT FOR HUMAN HABITATION?**  
**IF YES, PROVIDE A SIGNED CERTIFICATION EXPLAINING WHERE YOU ARE STAYING AND DATES.**

☐ **ARE YOU LIVING TEMPORARILY IN AN APARTMENT OR OTHER DWELLING THAT IS NOT YOUR OWN? ARE YOU SLEEPING IN A ROOM THAT IS NOT A BEDROOM? ARE YOU RESIDING IN THE UNIT IN VIOLATION OF THE TENANT'S LEASE? DO YOU HAVE A COURT ORDERED EVICTION PENDING?**  
**IF YES TO ANY OF THESE, PROVIDE COPY OF FINAL COURT EVICTION DOCUMENTS, OR A LETTER FROM THE TENANT/OWNER STATING THAT YOU ARE NOT ON THEIR LEASE, THERE IS NO BEDROOM AVAILABLE FOR YOU AND YOU CANNOT STAY PERMANENTLY IN THEIR DWELLING.**

☐ **HAVE YOU EXPERIENCED U.S. MILITARY SERVICE?**  
**IF YES, PLEASE PROVIDE A COPY OF YOUR DD214 MILITARY DISCHARGE PAPERS OR A COPY OF YOUR VA MEDICAL CARD.**

**DO YOU REQUIRE A WHEELCHAIR ACCESSIBLE UNIT?**

- ☐ YES  
☐ NO

**DO YOU REQUIRE A UNIT EQUIPPED FOR SENSORY IMPAIRMENT?**

- ☐ YES  
☐ NO

## **INCOME INFORMATION**

**WHAT IS THE TOTAL ANNUAL INCOME OF ALL HOUSEHOLD MEMBERS? (INCLUDE WAGES, SALARIES AND TIPS; OTHER INCOME SUCH AS ALIMONY, CHILD SUPPORT; AND SOCIAL SECURITY, VA DISABILITY, AFDC OR OTHER BENEFITS)**

<b>MEMBER'S FULL NAME</b>	<b>SOURCE OF INCOME</b>	<b>ANNUAL AMOUNT</b>	<b>PAYMENT BASIS (WEEKLY, MONTHLY, ETC.)</b>

## EXPENSE INFORMATION

- ☐ YES ☐ NO DOES YOUR HOUSEHOLD HAVE UN-REIMBURSED MEDICAL EXPENSES IN EXCESS OF 3 PERCENT OF ANNUAL INCOME?
- ☐ YES ☐ NO DOES YOUR HOUSEHOLD PAY CHILD CARE EXPENSES FOR CHILDREN UNDER THE AGE OF 13 THAT ENABLE A FAMILY MEMBER TO WORK OR GO TO SCHOOL?
- ☐ YES ☐ NO DOES YOUR HOUSEHOLD PAY CARE EXPENSES FOR THE CARE OF A FAMILY MEMBER WITH DISABILITIES THAT ENABLE A FAMILY MEMBER TO WORK?

**APPLICATION CERTIFICATION:** I/WE UNDERSTAND THAT THE ABOVE INFORMATION IS BEING COLLECTED TO DETERMINE IF I/WE ARE ELIGIBLE TO RECEIVE RENTAL ASSISTANCE. I/WE AUTHORIZE THE [PROGRAM ADMINISTRATOR] TO VERIFY ALL INFORMATION PROVIDED ON THIS APPLICATION. I UNDERSTAND THAT A CORI CHECK WILL BE PERFORMED IF I/WE ARE DETERMINED TO BE OTHERWISE ELIGIBLE FOR THIS HOUSING.

HEAD OF HOUSEHOLD SIGNATURE	DATE	SPOUSE SIGNATURE	DATE
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*Father Bill's & MainSpring is obligated not to discriminate in the selection of applicants on the basis of race, color, national origin, disability, age, ancestry, children, familial status, genetic information, marital status, public assistance reciprocity, religion, sex, sexual orientation, gender identity, veteran/military status, or any other basis prohibited by law.*

## **MANDATORY ATTACHMENTS:**

1. Reasonable Accommodation notice,
2. Certification of Accurate Information.

## **DOCUMENTATION OF INCOME:**

- LETTER FROM EMPLOYER STATING GROSS INCOME AND SPECIFYING PAY PERIOD AND LAST MONTH OF PAYSTUBS
- LETTER OF ELIGIBILITY AND MONTHLY PAYMENT FOR SSI, SSDI, DTA, VA OR OTHER BENEFIT SOURCE
- LETTER OF ELIGIBILITY AND MONTHLY PAYMENT FOR UNEMPLOYMENT BENEFITS
- LETTER OR COURT ORDER DOCUMENTING ANY OTHER SOURCE OF INCOME, INCLUDING BUT NOT LIMITED TO CHILD SUPPORT PAYMENTS

## **DOCUMENTATION OF HOMELESSNESS – REQUIRED AT THE TIME OF APPLICATION IN ORDER TO RECEIVE HOMELESS PREFERENCE:**

- LETTER OR FORM SIGNED AND DATED BY EMERGENCY SHELTER OR TRANSITIONAL PROGRAM OR OTHER HOMELESS SERVICE PROVIDER VERIFYING HOMELESS STATUS, LETTER MUST INCLUDE NAME AND PHONE NUMBER OF CONTACT PERSON.
- VERIFICATION OF HOMELESSNESS PROVIDED IN APPLICATION

## **DOCUMENTATION OF AT RISK OF HOMELESSNESS – REQUIRED AT THE TIME OF APPLICATION IN ORDER TO RECEIVE 2<sup>ND</sup> PREFERENCE FOR AT RISK OF HOMELESSNESS:**

- COURT ORDERED EVICTION FINAL NOTICE
- LETTER FROM TENANT OR OWNER OF THE DWELLING THAT IS PROVIDING YOU WITH TEMPORARY HOUSING STATING YOU ARE NOT ON THE LEASE AND/OR CANNOT REMAIN THERE PERMANENTLY

## **DOCUMENTATION OF U.S. MILITARY SERVICE – REQUIRED AT THE TIME OF APPLICATION IN ORDER TO RECEIVE VETERANS PREFERENCE:**

- COPY OF YOUR DD214 MILITARY DISCHARGE PAPERS OR A COPY OF YOUR VA MEDICAL CARD.

**DOCUMENTATION OF LOCAL RESIDENT STATUS, IF APPLICABLE FOR LOCAL PREFERENCE:**

- HOMELESS OR AT RISK DOCUMENTATION INCLUDES A MARSHFIELD ADDRESS WHERE RESIDING.
- CURRENT EMPLOYER ADDRESS IN MARSHFIELD FOR INCOME DOCUMENTATION.
- PROVIDE DOCUMENTATION OF MARSHFIELD ADDRESS IMMEDIATELY PRIOR TO BECOMING HOMELESS FOR DOCUMENTATION OF LOCAL PREFERENCE.



Equal Housing Opportunity



# REASONABLE ACCOMMODATION

Are you requesting a Reasonable Accommodation:

If yes, please describe why you need a Reasonable Accommodation:

Applicable fair housing law enables individuals with disabilities to request a “reasonable accommodation” in rules, policies, practices, or services, or a reasonable modification to the housing, in order to participate fully in a program and have an equal opportunity to use and enjoy the housing

Requests may be submitted either verbally or in writing to Father Bill’s & MainSpring (Marketing Agent).

A written request for a reasonable accommodation/modification must include reliable disability-related information that:

Verifies that the individual has a disability that falls under the Fair Housing Act **and**

Describes the needed accommodation/modification **and**

Shows an identifiable relationship between the requested accommodation/modification and the individual’s disability.

Depending upon circumstances, this information may be provided by the applicant/tenant, a doctor or medical professional, a social service provider, or other reliable source.

Father Bill’s & MainSpring will evaluate whether a reasonable accommodation/modification request meets the above-referenced requirements and/or if providing the accommodation would constitute an undue financial and administrative burden or fundamental alteration of the providers’ housing program or operations.

**Applicant/Tenant Signature to verify receipt:**\_\_\_\_\_

# **Father Bill's & MainSpring**

APPLICANT/TENANT

STATEMENT /CERTIFICATION OF ACCURATE INFORMATION

I/We certify that the information given to Father Bill's & MainSpring on household composition, income, and allowances and deductions is accurate and complete to the best of my/our knowledge and belief.

I/we understand that false statements are punishable under Federal law. I/we also understand that false statements or information are grounds for termination of housing assistance.

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Head of Household

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Date