

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

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line —

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

THIS SECTION FOR WAITLIST ADMINISTRATOR:

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!

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
- GENDER
Male, Female, etc.

- 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

- REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
 - Fully Accessible Wheelchair Unit
 - Blind Accessible Unit
 - Need an Interpreter Explain:
 - No-Steps unit (elevator to any floor)
 - Deaf Accessible 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

- CRIMINAL RECORD AND SEX OFFENDER
 - Head of Household:** Any **Felony/Conviction?** Yes No
 - Other Members:** Any **Felony Convictions?** Yes No
 - Any **Misdemeanor Conviction?** 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 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

AddressLine 1 Apt # or "care of" name
City State Zip

- BEST MAILING ADDRESS

Address Line 1 Apt # or "care of" name
City State Zip

- # BEDROOMS NEEDED? SPECIAL CIRCUMSTANCES? (*some programs may grant you 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 Housing



Robert A Georgine Towers
100 Ferrin Street, Charlestown MA 02129
Phone: 617-242-4775/Fax: 617-241-9229
TTY 800-545-1833, Ext 248

For Office Use Only:
Date Received: _____
Time Received: _____
Received By: _____

APPLICANT/HEAD OF HOUSEHOLD INFORMATION

Last Name	First Name	Middle Initial
Street Address		Apt. #
City	State	Zip Code
Telephone Number (Include Area Code) _____		
Social Security No: _____	Date of Birth: _____	Sex _____

HOUSEHOLD INFORMATION

Please list below all information for each additional household member who will also occupy the unit. If applicant is to be the only occupant, please enter NONE.

Name (first, middle, last)	Relationship to Head	Social Security Number	Date of Birth	Sex

- Do you require the accessibility features of a specially designed unit? YES NO
- Do you anticipate a change in household composition during the next 12 months? YES NO
- Will any of the above household members live anywhere except in the apartment? YES NO
- Will any other persons live in the apartment on a less than full-time basis? YES NO

If you answered "Yes" to any of the above questions, please explain: _____



MISCELLANEOUS INFORMATION

FAILURE TO RESPOND TO ANY OF THE FOLLOWING QUESTIONS MAY JEOPARDIZE THE APPROVAL OF THIS APPLICATION.

- 1. Are you currently enrolled at an institution of higher education for the purpose of obtaining a degree, certificate, or other program leading to a recognized educational credential?
If yes, are you eligible under the HUD Student Rule?
2. Have you or any other adult member's ever used any name(s) or Social Security Number(s) other than the one you are currently using?
If yes, please explain:
3. Have you or any member of your household ever committed any fraud in a Federal Assistance Housing Program or been requested to repay money for knowingly misrepresenting information for such housing programs?
If yes, please explain:
4. Are you a current user of illegal drugs?
5. Do you abuse alcohol to the extent that you are a danger to others' health, safety, or right to peaceful enjoyment?
6. Have you or any member of your household ever been convicted of any drug offense?
Please explain:
7. Have you or any member of your household ever been convicted of a felony?
Please explain:
8. Have you or any member of your household been convicted of a sex crime or are a registered sex offender?
Please explain:
Where registered?
9. Are you or any member of your household subject to a lifetime state sex offender registration program in any state?
10. Have you or any member of your household ever been evicted from HUD or subsidized housing for drug related or criminal activity?
If yes, who?
Please explain:



11. Does anyone in your household currently have any felony charges pending against them?
 _____ YES _____ NO If yes, who? _____
 Please explain: _____

12. For you and each household member 18 year of age or older, please list all states in which you have lived over the past ten (10) years.

Name _____ State _____
 Name _____ State _____

LANDLORD INFORMATION & RESIDENTIAL HISTORY

YOU MUST PROVIDE A MINIMUM OF TEN (10) YEARS OF RESIDENTIAL HISTORY. IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPARATE PAGE.

With regards to your **PRESENT** housing, do you
 _____ Rent.....Monthly Rent \$ _____
 _____ Own.....Monthly Mortgage Payment \$ _____
 _____ Live With Family.....Monthly Costs \$ _____
 _____ Other.....Explain _____
Are you receiving rental subsidy (Section 8) on this housing? _____ YES _____ NO
 Current Landlord's Name _____
 Current Landlord's Address: _____

 Current Landlord's Telephone (Include Area Code) _____
 How long at this address: From _____ To **PRESENT**
 (Month/Year) (Month/Year)

With regards to your **PREVIOUS** housing, did you
 _____ Rent.....Monthly Rent \$ _____
 _____ Own.....Monthly Mortgage Payment \$ _____
 _____ Live With Family.....Monthly Costs \$ _____
 _____ Other.....Explain _____
 Previous Landlord's Name _____
 Previous Landlord's Address: _____

 Previous Landlord's Telephone (Include Area Code) _____
 How long at this address: From _____ To _____
 (Month/Year) (Month/Year)



With regards to your **PREVIOUS** housing, did you

____ Rent.....Monthly Rent \$ _____
____ Own.....Monthly Mortgage Payment \$ _____
____ Live With Family.....Monthly Costs \$ _____
____ Other.....Explain _____

Previous Landlord's Name _____

Previous Landlord's Address: _____

Previous Landlord's Telephone (Include Area Code) _____

How long at this address: From _____ To _____
(Month/Year) (Month/Year)

With regards to your **PREVIOUS** housing, did you

____ Rent.....Monthly Rent \$ _____
____ Own.....Monthly Mortgage Payment \$ _____
____ Live With Family.....Monthly Costs \$ _____
____ Other.....Explain _____

Previous Landlord's Name _____

Previous Landlord's Address: _____

Previous Landlord's Telephone (Include Area Code) _____

How long at this address: From _____ To _____
(Month/Year) (Month/Year)

With regards to your **PREVIOUS** housing, did you

____ Rent.....Monthly Rent \$ _____
____ Own.....Monthly Mortgage Payment \$ _____
____ Live With Family.....Monthly Costs \$ _____
____ Other.....Explain _____

Previous Landlord's Name _____

Previous Landlord's Address: _____

Previous Landlord's Telephone (Include Area Code) _____

How long at this address: From _____ To _____
(Month/Year) (Month/Year)

With regards to your **PREVIOUS** housing, did you

____ Rent.....Monthly Rent \$ _____
____ Own.....Monthly Mortgage Payment \$ _____
____ Live With Family.....Monthly Costs \$ _____
____ Other.....Explain _____

Previous Landlord's Name _____

Previous Landlord's Address: _____

Previous Landlord's Telephone (Include Area Code) _____

How long at this address: From _____ To _____
(Month/Year) (Month/Year)



EMPLOYMENT INFORMATION

1. Are you currently employed? _____ YES _____ NO
2. Is any member of your household who will be residing in the unit currently employed?
_____ YES _____ NO

If you answered NO to BOTH questions you may SKIP TO “INCOME AND BENEFITS.”
If you answered YES to EITHER question, you must COMPLETE THE FOLLOWING:

Head of Household

Present Employer _____ Telephone _____
 Name of Immediate Supervisor _____
 Employer Address _____

Occupation: _____ Starting Date of Employment _____
 Salary \$ _____ per () Hour () Week () Month () Year

Previous Employer _____ Telephone # _____
 Name of Immediate Supervisor _____
 Employer Address _____

Occupation: _____ Starting Date of Employment _____
 Salary \$ _____ per () Hour () Week () Month () Year

Spouse or Other Family Member

Present Employer _____ Telephone # _____
 Name of Immediate Supervisor _____
 Employer Address _____

Occupation: _____ Starting Date of Employment _____
 Salary \$ _____ per () Hour () Week () Month () Year

Previous Employer _____ Telephone # _____
 Name of Immediate Supervisor _____
 Employer Address _____

Occupation: _____ Starting Date of Employment _____
 Salary \$ _____ per () Hour () Week () Month () Year

Please list the total ANNUAL EMPLOYMENT INCOME of all members of your household:

Name of Recipient	Wages Full Time	Wages Part Time	Overtime Pay	Commissions or Fees	Tips or Bonuses



INCOME & BENEFITS

Please list the total BENEFIT INCOME of all members of the household. OTHER SOURCES OF INCOME ARE LISTED ON THE NEXT PAGE.

Benefit Type	Received Yes/No	Amount	Frequency	Name of Household Member
Social Security Head of Household				
Social Security Other Household Member				
SSI Head of Household				
SSI Other Household Member				
Disability Head of Household				
Disability Other Household Member				
Pension Benefits Head of Household				
Pension Benefits Other Household Member				
Retirement Benefits Head of Household (Periodic Distributions From Annuities or IRAs)				
Retirement Benefits Other Household Member				
Veterans Benefits				
Death Benefits				
Public Assistance (DO NOT include food stamps & Medicaid)				
Other Benefit Income Source Not Listed				



OTHER INCOME

Do you or any other member of the household receive recurring or periodic income from any of the following sources?

Income Type	Received Yes/No	Amount	Frequency	Organization Name	Household Member
Self Owned Business					
Gifts or Recurring Cash Contributions (Including Rent & Utility Payments)					
Worker's Compensation					
Unemployment Benefits					
Severance Pay					
Payment from Insurance Policies					
Military Reserve or National Guard Pay					
Alimony					
Child Support					
Periodic Payments from Lottery					
Other (Please Specify)					

Do you have any rental property or business property income? _____ YES _____ NO

If yes, give name and address of rental or business:

Name _____

Address _____

Amount of Income/Rent received per Month \$ _____



ASSET INFORMATION

Has any member of the household disposed of any assets for less than fair market value during the past two (2) years? _____ YES _____ NO

If yes, please describe the asset, its value, and the date of disposition: _____

Please provide information on any of the following assets held:

Type of Asset	Current Balance or Cash Value	Bank/Institution Name	Household Member
Checking Account	\$		
Checking Account	\$		
Savings Account	\$		
Savings Account	\$		
Money Market	\$		
Money Market	\$		
Certificate of Deposit	\$		
Certificate of Deposit	\$		
Credit Union Shares	\$		
Stocks/Bonds	\$		
Treasury Bills	\$		
Rental Property	\$		
Real Estate (Including But Not Limited to a House, Land, Mobile Home or Camp)	\$		
Safe Deposit Box	\$		
Deeds or Trusts	\$		
Annuities	\$		
Real Estate on which you hold the mortgage	\$		
IRA, 401-K or Keogh Accounts	\$		
Mutual Funds	\$		
Personal Property held as investment	\$		
Other (Please Specify)	\$		

IF MORE SPACE IS NEEDED, PLEASE ATTACH A SEPARATE PAGE



MEDICAL AND UNUSUAL EXPENSES

This section of the application requires information concerning your medical expenses. The questions asked are used in determining whether or not the applicant qualifies for medical deductions. Providing the information below is strictly voluntary. Any information provided will be kept confidential and used solely for determining eligibility for medical deductions. *Failure to provide this information may result in the applicant not qualifying for any medical deductions.*

Please provide following information for all members of the household:

Description of Expense	Organization	Expense Amount	Frequency	Household Member
Medicare Premium Head of Household				
Medicare Premium Spouse or Co-Applicant				
Other Health Insurance Head of Household				
Other Health Insurance Spouse or Co-Applicant				
Medicare Part D Head of Household				
Medicare Part D Spouse or Co-Applicant				
Prescription Drug Expenses Head of Household				
Prescription Drug Expenses Spouse or Co-Applicant				
Dependent Care Expense While Family Member is Employed				
Outstanding Medical Bills On Which You Are Currently Paying				
Other Medical Payments				

Do you anticipate other any health care related expense for the next twelve (12) months which are not covered by health insurance? YES NO

If yes, please give estimated amount \$ _____



PET INFORMATION

Common household pets are allowed in Elderly Communities when the pet meets the eligibility criteria and a pet deposit is paid. If you fail to register your pet, you are not allowed to house the pet.

1. Do you own a common household pet? YES NO

If yes, describe your household pet:

Dog Breed Weight Height
 Cat Breed Weight Height
 Fish Gallon Aquarium
 Bird Type of Bird Number

2. Do you have a certified Assistance Animal? YES NO

If yes, please describe your Assistance Animal:

Type Weight

Note: Certified Assistance Animals do not require pet deposits.

3. Has your pet been spayed or neutered? YES NO

4. Can you provide proof of required state/local licensing and shot records for pet?

YES NO

VEHICLE INFORMATION

Name on Driver's License _____

Drivers License Number _____

State Issued _____ Date Issued _____ Expires _____

License Plate Number _____

State Issued _____ Expires _____ Year of Vehicle _____

Make _____ Model _____ Color _____

Do you currently have insurance on the vehicle? YES NO



AUTHORIZATION/ACKNOWLEDGEMENT

I/We understand that the information contained in this application is being collected to determine my/our eligibility for residency. I/We authorize the owner/management agent of Robert A Georgine Towers to verify all information provided on this application and my/our signature is consent to obtain such verification. I/We certify that all information and answers to the above questions are true and complete to the best of my/our knowledge. I/we consent to the release of the necessary information to determine eligibility.

I/We authorize any person, law enforcement or credit checking agency having any information regarding me/us to release any and all such information to the owner/management agents or their agents or credit checking agencies. I/We understand that the credit report (rental history, arrest and/or conviction records, including pedophile and sex offender records and retail credit history) will be done through a credit bureau contracted with the apartment community. I/we understand that a check will be made of the sex offender registry in all states which I/we have resided.

I/We do hereby swear and attest that all of the information contained herein is true and correct.

WARNING: "Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States government. HUD, the Contract Administrator, and any owner (or an employee of HUD, the Contract Administrator, or the owner) may be subject to penalties for unauthorized disclosure of improper uses of information collected based on the consent form. Use of the information collected based on the verification forms is restricted to the purposes cited thereon. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.00. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief as may be appropriate against the officer or employee of HUD, the Contract Administrator, or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 U.S.C. 208(f), (g) and (h). Violation of these provisions are cited as violations for 42 U.S.C. 408 (f), (g), & (h).

Signatures (All adult household members over 18 years of age must sign)

Head of Household Date

Spouse/Co Applicant Date

Other Household Member Date

Revised 09-19-2019

It is the policy of EHDOC and Robert A Georgine Towers to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, religion, color, creed, sex, familial status, national origin, handicap, or sexual preference. In compliance with HUD's Final Rule, "Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity", it is our policy to ensure that this housing is open to all eligible individuals and families regardless of actual or perceived sexual orientation, gender identity or marital status. If you feel that you have been discriminated against during this application process, please call the EHDOC main office at (954) 835-9200 and speak with Mary Dinello, Compliance Coordinator.