

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](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:

# 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: \_\_\_\_\_

# HANCOCK ESTATES, 1BR 50%AMI ACCESSIBLE UNIT WAITING LIST APPLICATION

Name \_\_\_\_\_ Home Tel. # \_\_\_\_\_

Address \_\_\_\_\_ Work Tel. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email (if available) \_\_\_\_\_

Unit size(s) for which you are applying (please check):

☐ 1 bedroom – 50% AMI – Disabled-Accessible

## HOUSEHOLD MEMBERS:

Please list **ALL** household members who will occupy the affordable apartment:

Name	Date of Birth	Sex	SS#	Relationship

## PREFERENCE INFORMATION

**Are you, or any member of your household, in need of an Accessible Unit?** This is defined as persons with a physical disability that meet standards established by the Department of Housing and Community Development and state laws for disabled accessible housing and who needs the features of a disabled-accessible unit.

☐ Yes

☐ No

**NOTE:** If no members of your household are in need of the disabled-accessible features of the unit, you will **not** be placed on the waiting list.

## INCOME

What is your approximate total yearly income (before-tax income from all jobs, self-employment, Social Security, Pensions, payments from friends/family, unemployment, child support, alimony, income from assets etc)?

\$

## **REASONABLE ACCOMODATION**

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you?

- ☐ Yes  
☐ No

If yes, please explain in the space provided here:

If you have a disability you have the right to request a reasonable accommodation in connection with your application for housing. All information is voluntary and will be treated as confidential.

### **Please remember to maintain all records of income, assets and taxes!!!**

Every household must maintain records of all income, assets, and changes in employment as all this documentation will be required if you are given the opportunity to move forward in this program. So please be sure to keep a record of all your pay, all your tax documentation and all your bank/asset statements to ensure an easy and fast eligibility review.

Additional information may be requested at a later date. Your signature below gives consent to Management to verify the information in this application. Please be advised that it is your responsibility to report any changes in address, phone number or priority status to the rental office. Failure to maintain current information at the rental office may jeopardize your waiting list status.

I/We hereby certify that the information contained herein is true and correct:

I/We hereby acknowledge that rents for affordable housing change on an annual basis based on changes in Area Median Income and Utility Allowances and that the current affordable rents are subject to change while I/We are on the waiting list. If we are given the opportunity to lease an affordable unit, prior to completing a lease application we will be notified of the rents that will be in place for our lease term.

Signed under the pains and penalties of perjury:

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applciant

\_\_\_\_\_  
Date

### **Property Contact Information:**

Email: [BGoldstein@ChestnutHillRealty.com](mailto:BGoldstein@ChestnutHillRealty.com)

Phone: (833) 836-4732