

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

THIS SECTION FOR APPLICANT:

Date Generated:

← APPLICANT: you must mail this form to the address at left. Do not use the fax number below.

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*

Date Time Received. Application will be stamped to show when it was received:

DO NOT LEAVE A SINGLE 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:

Does the HoH have a Social Security Number or ITIN? = X If “Yes” you must provide the full number!

HEAD OF HOUSEHOLD’S SOCIAL SECURITY NUMBER ###-##-#### HEAD OF HOUSEHOLD’s DATE OF BIRTH 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

- Full 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) ANY VETERANS in HH? Yes No

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

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:



Rental Application

Date of Application _____

Applicant
Applicant Name _____
Applicant Address _____

*Applicant Social Security # _____
Applicant Date of Birth _____
Applicant Telephone # _____

Co-Applicant
Co-Applicant Name _____
Co-Applicant Address _____

Co-Applicant Social Security # _____
Co-Applicant Date of Birth _____
Co-Applicant Telephone # _____

*Except those household members who do not contend eligible immigration status. Applicants who were age 62 or older as of January 31, 2010, and who do not have a SSN, if they were receiving HUD rental assistance at another location on January 31, 2010, must provide information in order to verify whether the applicant qualifies for the exemption from disclosing and providing verification of a SSN.

Applicant Current Landlord Information
Current Address _____

Length of Time at Current Address _____
Current Landlord _____
Current Landlord Address _____

Current Landlord Telephone _____

Prior Landlord Information
Prior Address _____

Length of Time at Prior Address _____
Prior Landlord _____
Prior Landlord Address _____

Prior Landlord Telephone _____

If the Co-Applicant has different current and prior landlord information to the Applicant, please specify

Employment		
List all Full & Part-Time employment for all household members		
Household Member	Name/Address of Employer	Gross Earnings
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

Sources of Other Income		
List all other sources of income for all household members		
Household Member	Name/Address of Employer	Gross Earnings
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

Assets		
List all assets including but not limited to: Cash, Checking and Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate Holdings, Cash Value of Life Insurance Policies, etc.		
Household Member	Type of Assets	Institutions
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact	
Name _____	Relationship _____
Address _____	Telephone _____



Rental Application

Page 2

Questionnaire

How many people will be residing in the apartment? _____

What unit size do you require? _____

Have you or a member of your household ever been charged with a crime? Yes _____ No _____

Do you or a member of your household currently use illegal drugs or other illegal controlled substances, as defined by the Federal Government? Yes _____ No _____

Have you or a member of your household disposed of any assets for less than fair market value in the last two years? Yes _____ No _____

Are you, or any member of your household, subject to a State lifetime sex offender registration in any state? Yes _____ No _____

Has your housing assistance in a subsidized housing program ever been terminated? Yes _____ No _____

List all the states that you and all the members of your household have ever lived in _____

The Department of Housing and Urban Development (HUD) requires **Weston Associates Management Co., Inc.** as management agent to report the race and ethnicity of all applicants. This information will be used by HUD to monitor **Weston Associates Management Co., Inc.’s** compliance with Equal Housing Opportunity and Fair Housing Laws. Your desire to provide this information is optional and will have no bearing on your eligibility for housing at this community.

Please Check One

_____ White/Non-Minority

_____ Hispanic

_____ Black

_____ Native American/Alaskan Native

_____ Asian/Pacific Islands

_____ I do not wish to furnish this information

Special Notice to Applicants with Disabilities

Please be advised that applicants for housing in this development who have disabilities may be entitled to special considerations in connection with their application for housing as well as being provided access to housing units which may be adapted to the needs of people with disabilities.

For purpose of this notice, a disability with respect to an applicant or tenant means:

- a physical or mental impairment that substantially limits one or more major life activities of such individual
- a record of such an impairment or
- being regarded as having such impairment

If you believe you are disabled and you desire to have special considerations made in connection with your application for housing for people with disabilities, you are invited to supply the information requested on a separate form which will be treated as confidential. Providing this information is voluntary on your part and any failure to provide this information will not jeopardize or adversely affect your consideration for housing. If you would like to request special consideration/reasonable accommodation, please indicate here. ____Yes ____No

I understand that this is a Preliminary Application and that a complete credit, criminal and eviction inquiry will be made. This information must be satisfactory according to the Resident Selection Policy before my application can be approved. Additional information may be requested at a later date to complete processing the application. I certify that the foregoing is true and complete to the best of my knowledge. I authorize inquiries to be made to verify the above statements.

Applicant’s Signature/Head of Household

Date

Co-Applicant’s Signature/Co-Head of Household

Date

