

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

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

App Generated:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: **617-536-8561**



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	GENDER	HoH's DATE OF BIRTH
○	○	○

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○



APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property

Please Print Clearly

This is an application for housing at:

Please complete this application and
return to:

Project:
Address:
Name:
Address:

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____

Street

Apt#

City

State

Zip

Daytime Phone: _____ Evening Phone: _____

No. of BR's in
current unit: _____ Do you ☐ RENT or ☐ OWN (Check one)

Amount of current monthly rental or mortgage payment: \$ _____

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No (check one)

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other (specify)

Approximate monthly cost of utilities paid by you (excluding Phone and cable TV): \$ _____

Bedroom size requested: ☐ Studio ☐ One BR ☐ Two BR ☐ Three BR ☐ Handicap BR

Name	Relationship to head	Birth Date	Age (Optional)	SS#	Student Y/N
Head					
Co-T					
3.					
4.					
5.					
6.					
7.					
8.					

Have there been any changes in household composition in the last twelve months? ☐ Yes ☐ No

If yes, explain: _____

Do you anticipate any changes in household composition in the next twelve months? ☐ Yes ☐ No

If yes, explain: _____

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? ☐ Yes ☐ No

IF YES, ANSWER THE FOLLOWING QUESTIONS:

Are any full-time student(s) married and filing a joint tax return? ☐ Yes ☐ No

Are any student(s) enrolled in a job-training receiving assistance under the Job Training Partnership Act? ☐ Yes ☐ No

Are any full-time student(s) a TANF or a title IV recipient? ☐ Yes ☐ No

Are any full-time student(s) a single parent living with his/her minor child who is not a Dependent on another's tax return? ☐ Yes ☐ No

C. INCOME

List ALL sources of income as requested below. If a section doesn't apply, cross out or write N/A.

Household Member Name	Source of Income	Gross Monthly Amount
	Social Security	\$
	Social Security	\$
	Social Security	\$
	Social Security	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	SSI Benefits	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Pension (list source)	\$
	Veteran's Benefits (list claim #)	\$
	Veteran's Benefits (list claim #)	\$
	Unemployment Compensation	\$
	Unemployment Compensation	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Title IV/TANF	\$
	Full-Time Student Income (18 & Over Only)	\$
	Full-Time Student Income (18 & Over Only)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Interest Income (source)	\$
	Long Term Medical Care Payments in excess of \$180/day	

Household Member Name	Source of Income	Monthly Amount
	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Employment amount	\$
	Employer:	
	Position Held:	
	How long employed:	
	Alimony	
	Are you legally entitled to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are entitled to receive.	\$
	Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you receive.	\$
	Child Support	
	Are you legally entitled to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are entitled to receive.	\$
	Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you receive.	
	Other Income	\$
	Other Income	\$
	Other Income	\$

TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)	\$
TOTAL GROSS ANNUAL INCOME FROM PREVIOUS UEAR	\$

Do you anticipate any changes in this income in the next 12 months? ☐ Yes ☐ No

Is any member of the household legally entitled to receive income assistance? ☐ Yes ☐ No

Is any member of the household likely to receive income or assistance from someone who is not a member of the household as listed on page 2? ☐ Yes ☐ No

If yes to any of the above explain:

Is the income received? ☐ Yes ☐ No

D. ASSETS

If your assets are too numerous to list here, please request an additional form.

If a section doesn't apply, cross out or write N/A.

Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

Trust Account	#	Bank	Balance \$
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Certificates	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

Credit Union	#	Bank	Balance \$
	#	Bank	Balance \$

Savings Bonds	#	Maturity Date	Value \$
	#	Maturity Date	Value \$
	#	Maturity Date	Value \$

Life Insurance Policy	#		Cash Value \$
Life Insurance Policy	#		Cash Value \$

Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value\$
	Name:	#Shares:	Interest or Dividend \$	Value\$
	Name:	#Shares:	Interest or Dividend \$	Value\$

Stocks	Name:	#Shares:	Dividend Paid \$	Value\$
	Name:	#Shares:	Dividend Paid \$	Value\$
	Name:	#Shares:	Dividend Paid \$	Value\$

Bonds	Name:	#Shares:	Interest or Dividend \$	Value\$
	Name:	#Shares:	Interest or Dividend \$	Value\$
Investment Property				Appraised Value \$

Real Estate Property: Do you own any property? ☐ Yes ☐ No

If yes, Type of property _____

Location of property _____

Appraised Market Value \$ _____

Mortgage or outstanding loans balance due \$ _____

Amount of annual insurance premium \$ _____

Amount of most recent tax bill \$ _____

Does any member of the household have an asset(s) owned jointly with a person who is NOT a member of the household as listed on Page 2? ☐ Yes ☐ No

If yes, describe:

Do they have access to the asset(s)? ☐ Yes ☐ No

Have you sold/disposed of any property in the last 2 years? ☐ Yes ☐ No

If yes, Type of property:

Market value when sold/disposed \$ _____

Amount sold/disposed for \$ _____

Date of transaction: _____

Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set ☐ Yes ☐ No

If yes, describe the asset: _____

Date of disposition: _____

Amount disposed: \$ _____

Do you have any other assets not listed above (excluding personal property)? ☐ Yes ☐ No

If yes, please list:

E. ADDITIONAL INFORMATION

Are you or any member of your family currently using an illegal substance? ☐ Yes ☐ No

Have you or any member of you family ever been convicted of a felony? ☐ Yes ☐ No

If yes, describe:

--

Have you or any member of your family ever been evicted from any housing? ☐ Yes ☐ No

If yes, describe _____

Have you ever filed for bankruptcy? ☐ Yes ☐ No

If yes, describe _____

Will you take an apartment when one is available? ☐ Yes ☐ No

Briefly describe your reasons for applying: _____

F. REFERENCE INFORMATION

Current Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	How Long?	

Credit Reference #1:

Address: _____

Account # _____ Phone #: _____

Credit Reference #2:

Address: _____

Account # _____ Phone #: _____

Credit Reference #3:

Address: _____

Account # _____ Phone #: _____

Personal Reference #1:

Address: _____

Relationship: _____ Phone #: _____

Personal Reference #2:

Address: _____

Relationship: _____ Phone #: _____

Personal Reference #3:

Address: _____

Relationship: _____ Phone #: _____

In case of emergency notify:

Address: _____

Relationship: _____ Phone #: _____

G. VEHICLE AND PET INFORMATION (if applicable)

List any cars, trucks, or other vehicles owned. Parking will be provided for one vehicle. Arrangements with Management will be necessary for more than one vehicle.

Type of Vehicle: _____ License Plate #: _____

Year/Make: _____ Color: _____

Type of Vehicle: _____ License Plate #: _____

Year/Make: _____ Color: _____

Do you own any pets? ☐ Yes ☐ No

If yes, describe: _____

CERTIFICATION

I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. All adult applicants, 18 or older, must sign application.

SIGNATURE (S):

(Signature of Tenant) _____
Date

(Signature of Co-Tenant) _____
Date

(Signature of Co-Tenant) _____
Date

(Signature of Co-Tenant) _____
Date