

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 \_\_\_\_\_

**For Office Use Only, Date and Time Stamp**

**Federal Preferences:**

Check One:

- ☐ Homeless  
☐ Substandard Housing  
☐ 50% Income to Rent

*This property is managed by APT Management, Inc.*

**Preliminary Rental Application  
for Essex Towers Apartments**

**Please note:** Each application received will be recorded in a bound Log Book. No payment or fee should be given to anyone in connection with the preparation, filing, or processing of this application for subsidized housing.

**Section I. (Provide Landlords for the past 5 years.)**

**1. Name and Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Telephone Number** \_\_\_\_\_

**2. Length of time at present address**

From: \_\_\_\_\_ To: Present Day

**3. Monthly Rent \$** \_\_\_\_\_

**Utilities \$** \_\_\_\_\_

**4. Present Landlord**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Previous Landlord**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**6. Information of all who will occupy apartment:**

Name	BirthDate	Sex	Relationship	SS#	Occupation

Please note that Social Security Numbers are required for all persons who are age 6 and over who will be listed on the Lease agreement. If no Social Security Number has been assigned, a certification verifying that no Social Security Number has been assigned will be required prior to admission

**Section II.**

**7. Employment.** List all full and/or part-time employment for all household members, listing Head of Household first, then Spouse, then Co-Head, then Dependents. Please include self-employment earnings. Please note, income earned by full-time students and/or dependents under the age of 18 is not Included in this category.

Name	Employer Name & Address	Gross Earnings

8. **Other Income.** List all other types of income including Social Security, Welfare, AFDC, Supplemental Social Security, pensions, disability compensation, unemployment compensation, interest, alimony, child support, annuities, dividends, income from rental property, military pay, scholarships, grants.

Type: _____	Amount Per Month: _____
Type: _____	Amount Per Month: _____
Type: _____	Amount Per Month: _____
Type: _____	Amount Per Month: _____

9. **Assets.** List all Assets including checking accounts, savings accounts, term certificates, money markets, stocks, bonds, and real estate holdings.

A.	<b>Type of Account</b>	<b>Current Balance</b>	<b>Interest Percentage</b>
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- B. **Has any family member disposed of any assets for less than fair market value during the past two years?** If yes, please provide the following information, otherwise, please answer n/a.

Type of Asset	Market Value	Date of Disposition	Amount Received at Disposition
_____	_____	_____	_____
_____	_____	_____	_____

- C. **Were there any penalties, broker/legal fees or settlement costs in connection with the recent disposition of assets?** ☐ Yes ☐ No

If yes, please state the amount Incurred. \_\_\_\_\_

### Section III.

10. Persons with disabilities may choose to self-identify in order to qualify for housing or to substantiate the need for a reasonable accommodation. If you wish to self-identify, please check here. ☐
11. Have you been subsidized through a housing subsidy program In the past? If yes, please enter the name and address of the property and when you resided there.
12. **MEDICAL EXPENSES.** This allowance is permitted only for households whose HEAD or SPOUSE is age 62 or older, or a person with disabilities. consider only medical expenses that will not be paid by an outside source (insurance, Medicare or grants by a state agency or charitable organization).

What are the medical expenses anticipated to be paid by your household during the coming 12 month period?

13. **DISABILITY EXPENSES.** This allowance applies only if a family member is mobility impaired. Consider only those expenses that will not be paid or reimbursed by an outside source such as insurance, Medicare or grants by a state agency or charitable organization, and not paid to a family member living In the household.

What are the expenses anticipated to be paid by your household during the coming 12 month period? \_\_\_\_\_

Will this expense enable an adult member of the household to work? ☐ Yes ☐ No

If Yes, please state that person's name: \_\_\_\_\_

### Section IV.

14. **Person to contact in case of emergency:**

Name: _____	Relationship _____
Address: _____	Telephone: _____
_____	

15. **CREDIT REFERENCES**

Credit Reference

Address

Account Number

16. **CHARACTER REFERENCES**

Name

Address

Telephone

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Section V.**

17. **PROGRAM INFORMATION.** How did you hear about this development?

\_\_\_\_ Sign posted on building  
\_\_\_\_ Newspaper  
\_\_\_\_ Local Organization or Church  
\_\_\_\_ Friend or Family

\_\_\_\_ Assisted Housing list  
\_\_\_\_ Brochure/Pamphlet  
\_\_\_\_ Other

The following Information is required for statistical purposes so that the Department of HUD may determine the degree to which its programs are utilized. This information must be completed. It will not affect the processing of this application.

18. **RACIAL GROUP IDENTIFICATION** (Used for statistical purposes only). Please check one group that identifies the Head of Household.

☐ White (Non-Hispanic Origin)  
☐ Hispanic  
☐ Asian/Pacific Islander

☐ Black (Non-Hispanic Origin)  
☐ American Indian/Alaskan Native  
☐ Other

**I understand this is a Preliminary Application. Additional information may be requested at a later date to complete processing of the application. WARNING: WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS ARE A CRIMINAL OFFENSE UNDER SECTION 1001 OF TITLE 18 OF THE U.S. CODE.**

**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

Date

\_\_\_\_\_

\_\_\_\_\_  
Co-Applicant's Signature

Date

\_\_\_\_\_

Please return the completed application to: Essex Towers  
45 Broadway Street  
Lawrence, MA 01840

