

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:

 **ATTN: WAITLIST ADMINISTRATOR** 

**Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?**

**USE BLOCK PRINT to fill in the appropriate information below.** Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available in this way:**

\_\_\_\_\_

Your position or title at this housing program: \_\_\_\_\_

Your signature: \_\_\_\_\_

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

*If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

**www.HousingWorks.net**



**HOUSINGWORKS**  
For Everyone

**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

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- |  |  |   |
|--|--|---|
| <input type="radio"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit                     | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit                      | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit designed for <b>Environmental Allergies</b> |   |

- ☐ 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 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

- ☐ 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

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened  
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other \_\_\_\_\_

The information requested in this form is required by the government agency regulating this project.

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.

## New North Canal Apartments

517A Moody Street, Lowell, MA 01854

### PRELIMINARY APPLICATION FOR HOUSING

Please Print Clearly

**This is a preliminary application for housing at:**

New North Canal Apartments

Preliminary applications are used to pre-qualify prospective applicants for the waiting list as specified in the Tenant Selection Plan located at the management office. All applicants will be asked to complete a full application upon being selected from the waiting list and may be interviewed for housing only after the receipt of the full application.

**Please complete all sections of this preliminary application and return to 517A Moody Street, Lowell. If a question is not applicable to you, please write "N/A" in that section. Everyone age 18 and over in the household as well as the Head, Co-head and Spouse must report all income and sign on the last page.**

Head of Household Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

BRs in current unit: \_\_\_\_\_

Bedroom size requested: ☐ One Bedroom ☐ Two Bedroom ☐ Three Bedroom

Do you need an accessible unit? (This question is asked for the sole purpose of providing an equal opportunity to enjoy your housing.) ☐ Yes ☐ No

Do you require any accessible features in your unit? (This question is asked for the sole purpose of providing an equal opportunity to enjoy your housing.) ☐ Yes ☐ No

**PLEASE LIST ALL PERSONS WHO WILL RESIDE IN THE APARTMENT**

	Name	Relationship to Head of Household	Birth Date	Social Security Number	Full Time Student? Y/N
1.		SELF			
2.					
3.					
4.					
5.					
6.					



**Equal Housing Opportunity**



Please list all sources of income for all household members. **NOTE: "Income" refers to all money received as a result of employment, Social Security benefits, Pension, Veteran's Benefits, Unemployment Compensation, Public Assistance, and interest earned from assets.** Under "Annual Amount" please indicate the total annual income from the named source, PRIOR to deductions (taxes, etc.)

Household Member Name	Source of Income	Annual Amount

Please list all household members' assets. **NOTE: "Assets" refers to money held in checking accounts, savings accounts, trust accounts, certificates of deposit, credit unions, savings bonds, life insurance policies, mutual funds, stocks, bonds, annuities, 401(K), Keogh, investment properties.**

Household Member Name	Type of Asset	Amount	% Interest

<b>How were you referred to this property?</b>	
<b>Do you currently receive or do you have a Section 8 Voucher/Certificate?</b> (We do not discriminate based on Section 8 Voucher/Certificate holders. This question is asked for the sole purpose of determining ability to pay rent.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you ever been convicted of a felony?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe</i>	
<b>Have ever been evicted from any housing?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	
<b>Have you ever filed for bankruptcy?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, describe:</i>	



Equal Housing Opportunity



Race/National Origin - Race/National Origin information will be used for statistical purposes only, and will not affect the status or selection of applicants. Answering this question is completely optional.

- ☐ Asian      ☐ Black      ☐ Latino      ☐ Native American Indian      ☐ Caucasian  
☐ Other

**Briefly describe your reasons for applying at this location:**

I further certify that this will be my permanent residence. I understand I must pay a security deposit for this apartment prior to occupancy. I understand that my eligibility and suitability for housing will be based on applicable income limits and by management's marketing plan. I certify that all above information is true to the best of my knowledge. I understand that intentional false statements or information are punishable by law and will lead to cancellation of this preliminary application or termination of tenancy after occupancy. I understand that this is a preliminary application to determine my eligibility for available waitlists, and that I will be required to complete a full application when my name nears the top of the waiting list. I understand all changes to this application, including but not limited to address change, family composition change, and annual household income change must be made to the management office in writing, and that failure to do so may result in my application being cancelled. All household members aged 18 or older must sign below:

Signature (Head of Household): \_\_\_\_\_

Signature (Other): \_\_\_\_\_

Signature (Other): \_\_\_\_\_

Signature (Other): \_\_\_\_\_

Signature (Other): \_\_\_\_\_



**Equal Housing Opportunity**



Maloney Properties Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Maloney Properties, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Maloney Properties, Inc. also provides people whose primary language isn't English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Sue Stockard coordinates Maloney Properties' compliance with all nondiscrimination requirements, including Section 504. Contact her with any questions or concerns relating to Maloney Properties' compliance with nondiscrimination requirements: Telephone (781) 943-0200 x255, Relay #711 or at Maloney Properties, Inc. 27 Mica Lane, Wellesley, MA 02481.