

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

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

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*: _____ - _____ - _____ 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 ☐ GENDER
Male, Female, etc.

- ☐ 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

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

- ☐ 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

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you 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 _____



Waiting List Application

Property Name: _____

Address: _____

Telephone: 774-202-3149 Fax: 508-997-8452 TDD/TYY: 711 National Voice Relay

Website: www.templelanding-aps.com Email: _____

No Smoking Community – This property is a No Smoking Community. Smoking is allowed in designated areas only. Smoking is prohibited in the apartment, on apartment balconies, porches and/or patios, and in all indoor and outdoor common areas, including but not limited to parking lots, sidewalks, hallways, and elevators.

THE AGENT WILL PROVIDE HELP IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

Please print clearly in Blue or Black Pen. If an item(s) does not apply to you, answer “NO” or “N/A”. Do not leave anything blank. If you need to make corrections, draw a line across and initial. Do NOT use Liquid Paper, Correction Tape, White Out, etc.

Applicant Name (First, Middle Initial, Last):	
Address:	
City, State, Zip Code:	
Home Phone:	Work Phone:
Cell Phone:	Date of Birth:
Driver's License or Government Issued ID #:	ID State:
Email Address:	

How did you hear about us? ☐ Drove by ☐ Flyer ☐ Internet ☐ News Article ☐ Newspaper Ad

☐ Radio ☐ Walk-In ☒ Other (specify) from the HousingWorks.net website ☐ Referral from _____

Date Apartment is needed: _____

Apartment Type: Eligibility is based on occupancy standards defined in the Tenant Selection Plan						
1 st Choice:	<input type="checkbox"/> Studio	<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> 3 Bedroom	<input type="checkbox"/> 4 Bedroom	<input type="checkbox"/> 5 Bedroom
2 nd Choice:	<input type="checkbox"/> Studio	<input type="checkbox"/> 1 Bedroom	<input type="checkbox"/> 2 Bedroom	<input type="checkbox"/> 3 Bedroom	<input type="checkbox"/> 4 Bedroom	<input type="checkbox"/> 5 Bedroom
Would you or anyone in your household benefit from a special needs unit?						
Mobility Accessible		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Communication Accessible (Hearing)		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Communication Accessible (Visual)		<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Special features: Please list below		<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Are you claiming a Preference? Certain preferences are assigned to applicants in order to provide housing opportunities for households with special circumstances. See *Tenant Selection Plan* for greater detail.

Homeless Due to Displacement by:

- ☐ Natural Forces ☐ Public Action or Urban Renewal ☐ Public Action for Sanitary Code Violations
- ☐ Involuntary *Displacement* by Domestic Violence
- ☐ Working ☐ Elderly or ☐ Disabled
- ☐ Other or Local Preference _____

Household Information:	
How many people will live in the unit?	
What is the total Gross Annual Income for all household members? Include unearned income, such as SSA or SSI benefits, gifts, child support, and income from assets.	\$

Are you or any members of your household subject to a lifetime registration required to register as a sex offender? _____

If yes, list the name of the person(s) and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required).

Signature Clause:

I certify that all information and answers to the questions are true and complete to the best of my knowledge, and understand that providing false information or making false statements may result in denial of my application and/or criminal penalties.

All household members 18 and over must sign below:

Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	
Signature		Date	

THIS SECTION IS FOR OFFICE USE ONLY		
Date Received:	Time Received:	Received by _____ As Agent for Owner