

Applicant: Write your full name and address,
including your apartment # and zipcode.

Mail this application to the address you
see at left.

Fold here

Dear

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

App Generated:



ATTN: WAITLIST ADMINISTRATOR



**Is this wait list closed? Anything else you want to tell the 900
Housing Advocates and the nearly 250,000 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: Our only open waitlists at present 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 advise applicants to use our free search to locate OTHER HOUSING OPTIONS,
you eliminate hundreds of phone calls and reduce frivolous applications.*

www.housingworks.net



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

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:

☐ **Fully Accessible Wheelchair** Unit

☐ **Blind Accessible** Unit

☐ Need an **Interpreter**

☐ **No-Steps unit** (elevator to any floor)

☐ **Deaf Accessible** Unit

☐ **Domestic Violence Victim**

☐ **First-Floor unit only**

☐ Unit for **Environmental Allergies**

☐ **Personal Care Attendant**

- ☐ HoH's CAREER STAGE

☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student
- ☐ ANY VETERANS in HH? ☐ Yes ☐ No

- ☐ 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

_____ ← # Adults _____ ← # Children _____ ← Total # in Household \$

☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?

☐ 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 MAILING ADDRESS)

- ☐ PREFERRED 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 _____



DEDHAM HOUSING AUTHORITY
163 Dedham Boulevard
Dedham, Massachusetts 02026

(781) 326-3543
FAX (781) 326-1023
TDD (781) 326-7302

Joanne Toomey
Executive Director

DO NOT WRITE IN BOX

Control No.: _____
Date & Time: _____
Bedrooms: 1 2 3 4
Priority: _____

STANDARD APPLICATION FOR FEDERAL HOUSING

1. **Name of applicant** _____
Current Street Address _____ Apt. No. _____
City/Town _____ State _____ Zip _____
Home Phone No. _____ Work Phone No. _____

2. **Race and Ethnicity:** Not mandatory. For statistical purposes only:
Check all that apply: White Black/ African American American Indian/ Alaska Native Asian
Check one: Hispanic or Latino Non-Hispanic or Non-Latino

3. **Veteran Information:**
a. Veterans Name (exactly how it appears on Service Records):

Last First Initial
b. Periods of Service:
From _____ to _____

4. **Household Composition:**
(Include names of all persons expected to reside in apartment and include relationship to head of household)

| Name | Relation to head | Birth Date | Sex | Status / Occupation | Soc. Sec. No. |
|------|------------------|------------|-----|---------------------|---------------|
| | HEAD | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

(List additional members on separate sheet & attach to application)

5. **Is a change in the household expected?** (Circle one) Yes No
6. If Yes, what type of change? _____ When? _____

7. **Number of Bedrooms:** (Circle one) 1 2 3 4

8. **INCOME BEFORE DEDUCTIONS:** Estimate the gross income anticipated for all household members for the next 12 months. Specify all sources. (*Salaries, pensions, compensation, Social Security benefits, AFDC, alimony, etc.*)

| Name of Household Member | Name & Address of Employer or source of Income | Gross Income for next 12 months |
|--------------------------|--|---------------------------------|
| | | |
| | | |
| | | |
| | | |

Total Gross Income: S _____

9. **EXPENSES:**

| | |
|--|--|
| Extraordinary expenses required by employer | |
| Expenses for care of children or sick/incapacitated person if necessary for employment | |
| Un-reimbursed medical expenses | |
| Alimony or child support payments | |
| Health insurance payments | |
| Other | |

Total Expenses: \$ _____

9. **ASSETS:** List below the assets of everyone to live in the unit. Include all bank accounts, stocks, bonds, trust agreements, real estate, etc. Do not include clothing, furniture or cars.ve you sold or transferred any property in the last four (4) years?

| Household Member | Description of Assets | Value of Applicant's Equity |
|------------------|-----------------------|-----------------------------|
| | | |
| | | |
| | | |
| | | |

- a. Have you sold or transferred any property in the last four (4) years? Yes No
- b. If yes, what was the date of the sale? Day_____Month_____Year_____
- What was the amount of the sale? _____
- What was the value of the mortgage at the time of the sale? _____

10. **Does anyone in the household own a car?** (Circle one)Yes No

Make & Model of Car _____Year_____

Make & Model of Car _____Year_____

Make & Model of Car _____Year_____

11. **References:** List two references. These should not he relatives or household members.

Name_____Tele. No. _____

Address_____City_____State _____Zip_____

Name_____Tele. No. _____

Address_____City_____State _____Zip_____

12. **List address for the last five (5) years in reverse order:**

(1) _____to Present

Address_____City _____State _____Zip_____

Name of Landlord _____Tele. No. _____

Address of Landlord _____City _____State _____Zip_____

(2)_____to _____

Address_____City _____State _____Zip_____

Name of Landlord _____Tele. No. _____

Address of Landlord _____City _____State _____Zip_____

(3)_____to _____

Address_____City _____State _____Zip_____

Name of Landlord _____Tele. No. _____

Address of Landlord _____City _____State _____Zip_____

13. Have you or any member of your household ever received housing assistance from this or any housing agency or group? This includes Rental Assistance Programs. (Circle one) Yes No

If yes: Name of Head of Household at that time: _____

Relation to present applicant _____

Date moved out _____ Reason moved out _____

Did you leave as a tenant in good standing? (Circle one) Yes No

If no, please explain _____

14. Are you a board member, employee or a member of the immediate family of an employee or board member of this housing authority? (If so, this will not necessarily disqualify your application.)

(Circle one) Yes No

If yes, please explain _____

15. Do you have any pets? (Circle one) Yes No

If no, please describe _____

16. Emergency Reference: Name of a relative or friend not planning to live with you. We will contact this person if we are not able to reach you in case of an emergency.

Name _____ Relationship _____

Address _____ Tele. No. _____

17. Criminal Record: Have you or any member of your household who will live in the unit been convicted of any criminal offense? (Circle one) Yes No

If no, please explain _____

In accordance with Section 504 of the Rehabilitation Act of 1973, the Dedham Housing Authority is required to make reasonable accommodation to its programs and facilities in order to provide otherwise eligible individuals with disabilities equal access to participation in those programs and facilities.

Further, it is the policy of the Dedham Housing Authority to accord preference to veterans who have a service connected disability.

No one is required, as a condition of application, to provide any information regarding the nature and severity of a disability. Individuals with disabilities may choose to self-identify by responding to the questions below. The information provided will assist the Dedham Housing Authority in providing reasonable accommodations and accessible resources where they are most needed. Responses to these questions are confidential and will only be used for purposes if determining eligibility for assistance or the need for accommodations.

1. Do you, or does any member of your household covered by this application, have a physical or mental impairment? Yes _____ No _____
2. *(For Veterans Only)* Is this impairment service related? Yes _____ No _____
3. Please describe below the types of accommodations that would most benefit you and/or member(s) of your family:
4. Do you or any member of your family have any objection to the Dedham Housing Authority requesting verification of the information you have provided above? Yes _____ No _____

18. APPLICANT'S CERTIFICATION

I understand that this application is not an offer of housing. I understand that the Housing Authority will make no more than one offer of an appropriate Conventional unit. If I do not accept that offer, I will lose any priority or preference status and my application will be put at the bottom of the waiting list.

Based on this application I understand I should not make any plan to move or end my present tenancy until I have received a written **Unit Offer** from the Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income or household composition.

I authorize the Housing Authority to make inquiries to verify the information I have provided in this application. I certify that the information I have given in this application is true and correct. I understand that any false statements or misrepresentation may result in the cancellation of my application.

Such information shall be subject to verification by the housing authority.

Signed under the pains and penalties of perjury.

Applicant's Signature

Date

Interviewer/Reviewer's Signature

Date

APPLICATION ADDENDUM REGARDING CORI RECORDS

NOTICE TO APPLICANTS:

As part of its tenant selection process, the Dedham Housing Authority will be acquiring Criminal Offender Record Information (CORI) on all member of your household who are age (17) or older. These records will be used for tenant selection purposes only.

CERTIFICATION:

I/We, the undersigned, certify that we are aware that the Dedham Housing Authority will be acquiring Criminal Offender Record Information on me/us as part of its tenant selection process.

Signed: _____ Date _____

Signed: _____ Date _____

Signed: _____ Date _____

Signed: _____ Date _____

Applicant Name: (print) _____

Applicant Address: _____
