

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

THIS SECTION FOR APPLICANT:

Date Generated:

← APPLICANT: you must mail this form to the address at left. Do not use the fax number below.

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*

Date Time Received. Application will be stamped to show when it was received:

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
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:

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

 Number of Pets: Describe:

ANNUAL INCOME

DOCUMENTED DISABILITY?

HOUSEHOLD SIZE AND COMPOSITION

← # 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 MAILING ADDRESS)

check this box if backup address is the same as best mailing address below.

Address Line 1

Apt # or "care of" name:

City

State

Zip

PREFERRED 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:

CORCORAN MANAGEMENT COMPANY

Name of Property:

Original Application Date _____

Today's Date _____

Size of apartment needed: () Studio () 1 BR () 2 BR

A. HOUSEHOLD HEAD(S)

Last	First	Middle	Social Security
1. Name _____	Name _____	Initial _____	Number _____
2. _____			Social Security Number _____

Race: (Optional Section) This information will be used for fair housing purposes only, as required by Stow and Federal Laws.

Circle one:

Present Address _____ Zip _____

Home Telephone _____ Work Telephone _____

B. HOUSEHOLD COMPOSITION: Begin with Household Head(s) followed by other household members who will occupy the apartment

Name <i>First, Last</i>	Relationship to Head #1	Sex	Date of Birth <i>Mo-Day-Year</i>	Occupation <i>If student, give grade</i>
1. _____				
2. _____				
3. _____				
4. _____				

C. PRESENT HOUSING: (please list the names & addresses of landlords/officians when you have lived ever the last 5 years)

No. of Bedrooms _____	No. of Occupants _____	Rent \$ _____
Is Present Housing Subsidized? _____	If Yes, your share of Rent \$ _____	
Average Monthly Bill for Electricity \$ _____	Gas \$ _____	Oil \$ _____
Name of Present Landlord _____		
Address of Landlord _____		Town _____
Length of Time at Present Address: _____		Landlord Phone _____
Previous Address: _____		
Name of Previous Landlord: _____		Length of Tenancy _____
Address of Previous Landlord: _____		Town _____

D. NAME OF EMPLOYER _____ Tel. No. of Employer _____

Address of Employer: _____

Gross Wages \$ _____ Length of Employment _____

E. Please furnish two (2) character references. They must have known you for one (1) year or more and not be related to you.

Name of Character reference _____ Telephone _____

Address _____

Name of Character reference _____ Telephone _____

Address _____

_____ does not discriminate in the access or admission to its program or employment, or in its programs, activities, functions or services. Applications am available to eligible persons without regard to race, religion, color, sexual orientation, national origin, sex, veteran status, age, marital status, receipt of public/rental assistance, or physical or mental disability.

F. **HOUSEHOLD INCOME**

Please indicate the income received and assets held by each member of your household. List each Member by the corresponding number on the first page.

MEMBER # _____

NAME OF PRESENT EMPLOYER _____

Address of Employer _____

Gross Wages \$ _____ () Weekly () Bi-weekly () Monthly Length of Employment _____

MEMBER # _____

NAME OF PRESENT EMPLOYER _____

Address of Employer _____

Gross Wages \$ _____ () Weekly () Bi-weekly () Monthly Length of Employment _____

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI Pensions, Disability Compensation, Unemployment Compensation, Alimony, Child Support, Military Pay, etc.

Household Member	Type of Income	Gross Earnings (Before Taxes)
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____
_____	_____	_____ per _____

F. **ASSET INFORMATION**

NAME OF BANK

AMOUNT

Savings & Checking

Accounts: _____

Savings Certificates _____

Stocks/Bonds _____

Property Owned _____ Value \$ _____

Life Insurance Cash Value \$ _____

Name(s) of Insurance Companies _____

Assets disposed of within last 2 years for less than market value: Please explain: _____

1. Have you been displaced from your home by fire, flood, earthquake or a disaster recognized under disaster relief laws?

_____ Yes _____ No
2. Have you been displace from your home by Public Action (Urban Renewal)

_____ Yes _____ No
3. Have you been displaced from your home because of health code violations which resulted in formal condemnation of the apartment?

_____ Yes _____ No
4. Have you been displace from your home because you are a victim of domestic Violence or living with a person who engages in domestic violence (Applies to household with one or more children under the age of 18)?

_____ Yes _____ No
5. Preference is given to applicants whose head of household is 62 years of age or older. Does your household qualify?

_____ Yes _____ No
6. Does any member of your household need a wheelchair accessible unit? If "yes", please fill out the attached "Special Housing Needs" form at the end of this application.

_____ Yes _____ No
7. Does any member of your household wish to request any special housing facilities? If "yes", please fill out the attached "Special Housing Needs" form.

_____ Yes _____ No

I/We hereby certify that the the information furnished on this application *is true and* complete, to the beat of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All innformation is regarded as confidential in nature, and a consumer credit report and a Criminal Offense Record Information (CORI) report may also be requested. I/We certify that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that I/we have received a notice from the management agenet describing the right to reasonable accommodations for person with disabilities.

Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co-Applicant

Date