

- Don't staple the pages of the application together!
1. Providers need to easily access their own application first page.
 2. Removing staples from 1000 applications a week adds too much work.
 3. Some providers *scan* the application, and can't do this if you staple.
 4. If you include a letter, don't staple that either!

Fold here.
Suggestion: Use #10
double-window
envelopes.

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: 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 designed for **Environmental Allergies**

- ☐ 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 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 _____

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.	Last		Middle	Social Security
	Name, First _____		Initial _____	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 _____

HomeTelephone _____ WorkTelephone _____

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

Name	Relationship	Sex	Date of Birth	Occupation
<i>First, Last</i>	<i>to Head #1</i>		<i>Mo-Day-Year</i>	<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.

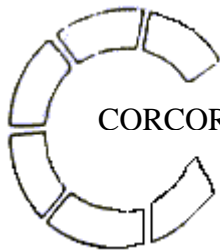
Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co-Applicant

Date



CORCORAN MANAGEMENT COMPANY.

SPECIAL HOUSING NEEDS FORM

This form is designed for applicants who answered "yes" to the special housing facilities questions on Page 1 of the rental application.

Answers to the following questions are optional. However, if you decline to answer, we may be unable to determine if you qualify for a reasonable accommodation or if you are eligible for a special unit for mobility-impaired.

A. Do you or any member of your household have a condition that require:

- | | |
|---|---|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Unit for vision impaired |
| <input type="checkbox"/> Unit for hearing impaired | <input type="checkbox"/> Barrier-free apartment |
| <input type="checkbox"/> Other physical modifications | <input type="checkbox"/> Wheelchair accessible apt. |
| <input type="checkbox"/> Communication in a specially requested format because of a disability. | |

If you checked any of the above, please explain exactly what you will need in the apartment or other services:

B. Can you and all members of your family go up and down stairs unassisted?

_____ Yes _____ No. If no, please indicate how we can accommodate your family:

C. Will you or any member of your family requires a live-in aide to assist you?

_____ Yes _____ No. If no, please explain:

D. What is (are) the name(s) of family members who need the features or assistance requested above:

E. Are there any other accommodations which you or a famioy member will need?

_____ Yes _____ No. If no, please explain:

Signature: _____ Date _____