

- 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!

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:*

**Housing Authority or Management Office Only**

**Is this waitlist closed? Any other questions or concerns?** *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

- ☐ **This particular waitlist is closed: The only open waitlists we have at present are:**  
\_\_\_\_\_
- ☐ **This is not the correct application. The correct application is available by/from:**  
\_\_\_\_\_
- ☐ **Any other info you wish to tell HousingWorks?**  
\_\_\_\_\_

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

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

**HousingWorks Fax: 617-536-8516**



<div><div></div><div></div><div></div><div></div></div>	Head of Household’s FIRST Name
	Head of Household’s MIDDLE Name
	Head of Household’s LAST Name

HoH’s SOCIAL SECURITY NUMBER		GENDER	HoH's DATE OF BIRTH
<div></div>	<div></div>	<div></div>	<div></div>

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <b><u>NOT</u></b> write Spanish, Hispanic, Latino here – and do <b><u>NOT</u></b> write your country!
<div></div>	<div></div>

<div></div> YOUR MOTHER’S MAIDEN NAME
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YOUR HOME TELEPHONE	SECOND TELEPHONE
<div></div>	
YOUR EMAIL ADDRESS	
<div></div>	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
<div></div>
<div></div>

SECOND CONTACT ADDRESS
This is:
<div></div>
<div></div>

TOTAL HOUSEHOLD SIZE	# BEDROOMS		How much money does your family receive in a year?
<div></div>	<div></div>	<div></div>	<div></div> .00

INCOME SOURCES
<div></div>

MOBILE RENTAL ASSISTANCE, if any
<div></div>

REQUESTED ACCOMMODATIONS
<div></div>

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
<div></div>

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