

FOR APPLICANT:

- 1. Fill out the top half of this page.
- 2. Type your full name and address, Include your apartment # and email!
- 3. Complete the answers below and sign.
- ← 4. Mail to the address just to the 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

☐ 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 _____

Application # _____

Application for: _____

Our apartments are being financed by the Massachusetts Housing Finance Agency and Executive Office of Communities and development. Apartment are to be rented to all people on an open-occupancy basis.

Nuestros apartamentos son financiados por la Agencia de Financiamiento do Vivienda de Massachusetts y la Ofcina Ejecutiva de Comunidades y Desarrollo. Los apartamentos son alquilados sin discriminar con respecto a raza, color, religion, sexo u origen nacional.

PLEASE FILL OUT EACH ITEM AS COMPLETELY AS POSSIBLE TO HELP SPEED PROCESSING.
POR FAVOR, COMPLETA CADA ARTICULO LO MEJOR POSIBLE PARA ACELAERAR EL PROCESO

1. NAME

Nombre _____

HOME TELEPHONE

Telefono de su casa _____

2. PRESENT ADDRESS

Direccion actual _____

NAME OF PRESENT LANDLORD

Nombre del dueno de casa actual _____

LANDLORD'S ADDRESS

Direccion del dueno actual _____

LANDLORD'S TELEPHONE

Telefono del dueno actual _____

MONTHLY RENT

Alquiler mensual _____

APARTMENT SIZE

Tamano do su apartamento _____ Bedroom (s)

UTILITIES (if separate)

Utilidades (si aparte) _____

HOW LONG HAVE YOU LIVED THERE?

Cuanto tiempo lleva viviendo ahi? _____

3. PREVIOUS ADDRESSES (Optional if at present address more than five years)

Direccion anterior (Opcional si lleva mas de cinco anos on vivienda actual)

ADDRESS

Direccion _____

NAME OF PREVIOUS LANDLORD

Nombre del dueno de casa anterior _____

LANDLORD'S ADDRESS

Direccion del dueno anterior _____

LANDLORD'S TELEPHONE

Telefono del dueno anterior _____

MONTHLY RENT \$

Alquiler mensual \$ _____

APARTMENT SIZE

Tamano do su apartamento _____ Bedroom (s)

UTILITIES (if separate) \$

Utilidades (si aparte) \$ _____

HOW LONG HAVE YOU LIVED THERE?

Cuanto tiempo lleva viviendo ahi? _____

ADDRESS

Direccion _____

NAME OF PREVIOUS LANDLORD

Nombre del dueno de casa anterior _____

LANDLORD'S ADDRESS

Direccion del dueno anterior _____

LANDLORD'S TELEPHONE

Telefono del dueno anterior _____

MONTHLY RENT \$

Alquiler mensual \$ _____

APARTMENT SIZE

Tamano do su apartamento _____ Bedroom (s)

UTILITIES (if separate) \$

Utilidades (si aparte) \$ _____

HOW LONG HAVE YOU LIVED THERE?

Cuanto tiempo lleva viviendo ahi? _____

ADDRESS

Direccion _____

NAME OF PREVIOUS LANDLORD

Nombre del dueno de casa anterior _____

LANDLORD'S ADDRESS

Direccion del dueno anterior _____

LANDLORD'S TELEPHONE

MONTHLY RENT \$

Telefono del dueno anterior _____

Alquiler mensual \$ _____

APARTMENT SIZE

UTILITIES (if separate) \$

Tamano do su apartamento _____Bedroom (s)

Utilidades (si aparte) \$ _____

HOW LONG HAVE YOU LIVED THERE?

Cuanto tiempo lleva viviendo ahi? _____

ADDRESS

Direccion _____

NAME OF PREVIOUS LANDLORD

Nombre del dueno de casa anterior _____

LANDLORD'S ADDRESS

Direccion del dueno anterior _____

LANDLORD'S TELEPHONE

MONTHLY RENT \$

Telefono del dueno anterior _____

Alquiler mensual \$ _____

APARTMENT SIZE

UTILITIES (if separate) \$

Tamano do su apartamento _____Bedroom (s)

Utilidades (si aparte) \$ _____

HOW LONG HAVE YOU LIVED THERE?

Cuanto tiempo lleva viviendo ahi? _____

4. INCOME INFORMATION
INFORMACION DEL INGRESO

HEAD OF HOUSEHOLD JEFE DE FAMILIA	CO-HEAD - SPOUSE ESPOSO (A) - COMPANERA(O)
Employer Patron _____	Employer Patron _____
Employers address Direccion del patron _____	Employers address Direccion del patron _____
Employer's tel # Num. Telefono del patron _____	Employer's tel # Num. Telefono del patron _____
Position / Posicion _____	
Length of employment Tiempo en empleo _____	Length of employment Tiempo en empleo _____
Annual wage Salario annual _____	Annual wage Salario annual _____

OTHER INCOME
OTRO INGRESO

Amount Per Month Cantidad Mensual	APPLICANT APLICANTE	SPOUSE ESPOSO(A)	OTHERS OTROS
A. Social Security <i>Seguro Social</i>	_____	_____	_____
B. SSI	_____	_____	_____
C. Pensions <i>Pensiones</i>	_____	_____	_____
D. General relief <i>Asistencia general</i>	_____	_____	_____
E. AFDC <i>AFDC</i>	_____	_____	_____
F. Child Support <i>Sostenimiento de ninos</i>	_____	_____	_____
G. Alimony <i>Alimony</i>	_____	_____	_____
H. Other <i>Otro</i>	_____	_____	_____

Please inlude salaries of anyone 18 years of age or older. *Por favor, incluya salarios de personas de 18 anos de edad o mas*

ASSETS
Habites

ACCOUNT NO., Num. Cuenta	BANK NAME, Nombre del Banco	AMOUNT Cantidad)
Checking/chequera		\$
Savings/Ahorros		\$

HAVE YOU DISPOSED OF ANY ASSETS BELOW THE FAIR MARKET VALUE WITHIN THE PAST TWO YEARS?
Ha dispuesto usted de algun haber por debajo del valor de mercado justo durante los pasados dos años?
YES/SI. NO.

PERSONAL REFERENCE (Name, address, phone number)
Referencias personales (Nombre, direccion, numero telefono)

1.
2.
3.

LIST ALL PERSONS WHO WILL OCCUPY THE APARTMENT (including applicant)
Anotar todas las personas que viviran en el apartamento. (Incluir al solicitante)

NAME NOMBRE	SOC. SEC. # # SEG. SOC.	DATE OF BIRTH FECHA DE NACIM.	RELATION PARENTESCO

7.

Does any family member use a wheelchair? If yes, name of member.
Indique si algun miembro de su familia usa silla de ruedas?
Si indica que SI, indiquenos el nombre de la persona.

YES/SI NO
- Is there any full-time student over 18 in your household? If yes, name of member.
Hay algun estudiante a tiempo completo mayor de años en su familia?
Si indica que SI, indiquenos el nombre de la persona.

YES/SI NO

8.

DO YOU HAVE A CURRENT SECTION 8 CERTIFICATE?
Tiene usted un certificado corriente de Sección 8?

YES/SI NO
- A SECTION 8 VOUCHER YES/SI NO
Voucher de la Sección 8?

AN MRVP VOUCHER? YES/SI NO
Voucher de MRVP?

9.

RACE (This question is optional. The information will be most helpful to us in conforming with our Affirmative Marketing Plan)
RAZA (Esta pregunta es opcional. La información nos ayudaría a cumplir con las metas de nuestro Plan Afirmativo de Mercadeo Justo.)

American Indian
Indio americano

Black
Negro

Asian
Asiático

Latino
Latino

White
Blanco

Other
Otro

10.

Do you have any pets?
¿Tiene usted mascotas? YES/SI NO

Please note that this is a preliminary application. Additional information may be requested at a later date to complete the processing of applicants. Your signature gives consent to the Management to verify the information contained in this application.

Note que esta solicitud para alquiler es preliminar. Puede que luego necesitamos información adicional de su parte para completar el proceso de cada solicitante. Su firma da autorización a la Gerencia para verificar la información contenida en esta solicitud.

I/WE HAVE READ THE FOREGOING AND CERTIFY THAT THE INFORMATION HEREIN SUBMITTED BY ME/US IS TRUE AND CORRECT.

YO/NOSTROS HE/HEMOS LEIDO LO ANTERIOR Y CERTIFICO/CERTIFICAMOS QUE LA INFORMACION PROVISTA AQUI ES VERDADERA Y CORRECTA.

WARNING: Section 1001 of Title 1B of the U.S. Code makes it a criminal offense to make willfully false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction.

AVISO: La Seccion 1001 del Titula 1B delCodigo de E.U. dicta como ofensa criminal declaraciones que sean deliberadamente falsas o tergiversaciones a cualquier departamento agencia e E.U. en cuanto a cualquier asunto bajo su jurisdiccion se refiere.

DATE
FECHA _____

APPLICANT'S SIGNATURE
FIRMA DEL SOLICITANTE

SIGNATURE OF RENTAL AGENT
FIRMA DEL AGENTE DE ALQUILER

APPLICANT'S SIGNATURE
FIRMA DEL SOLICITANTE