

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

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:

 **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: At present, our only open waitlists 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 direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:

www.HousingWorks.net



SOME ITEMS ON THIS PAGE ARE NOT YET ANSWERED – DO NOT LEAVE ANYTHING BLANK!

- ☐ 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 ADDRESS

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence
- ☐ Rent-burdened ☐ Displaced by: _____ ☐ Other

**ACCEPTABLE TYPES OF VERIFICATION OF INCOME, ASSETS
AND FAMILY. PLEASE SUPPLY THE VERIFICATION WHICH
ONLY APPLIES TO YOUR SITUATION*******

_____ Four (4) recent consecutive ***** pay stubs for working people	_____ Copy of stub of pension check annuity check, etc.
_____ A current letter from the Social ***** Security office verifying your your SSA or SSI. Such letters are usually called "Report of Social Security Benefits"	_____ Credit union statement
_____ An up-to-date letter from welfare statement ***** showing amount your receive (NOT A COPY OF A CHECK)	_____ Copy of saving bank statement for the past three (3) months
_____ Copy of lease or rent receipt *****	_____ Copy of IRA or Keough
_____ For children 18 years of age or older, proof of student status	_____ Copy of birth certificate for all family members
_____ Copy of court order covering alimony or child support payments	_____ Copy of unemployment
_____ Copy of Social Security card	***** Copy of letter from social services agency assisting with your support such as Jewish Family Services
_____ Copy of Alien Card *****	***** Statement from family members assisting with your your support
_____ Last three (3) months of checking account statements	

In certain cases, it may be necessary that we request additional verification. Photocopies will be made free of charge if the above documentation is brought into the office.

**PLEASE NOTE: AN APPLICATION WILL BE RETURNED TO YOU IF NOT COMPLETELY
FILLED OUT, SIGNED OR ACCOMPANIED BY PROOF OF INCOME AND ASSETS.**

Failure to disclose all income, assets and family composition may disqualify you for the program.

If you have any questions regarding the completion of this application, please call 617-552-5501 and we will attempt to assist you. Your cooperation in providing all verification will enable us to process your application more quickly.



**Universal STANDARD Application for
State-Aided Public Housing,
MRVP & AHVP**

This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Barrier free:	_____
First Floor:	_____
Elderly Handicapped:	_____
Race and/or Ethnicity:	_____
Priority /Preference Category:	_____
Language:	_____

Incomplete applications will not be processed. Please complete all information requested on the application. **If a question is not applicable, please write N/A.** **Make sure you sign the last page.** **If you need additional space to provide an answer, please attach an additional sheet(s).** **Once completed please mail or hand carry to local housing authorities at which you want to apply.** **Please check the list of local housing authorities for availability of family or elderly/non-elderly handicapped housing.**

1. Name of Applicant: _____

Current Residence Address: _____ Apt No: _____

City / Town / State: _____ Zip: _____

Home Telephone: _____ Cell Phone: _____

Best # to Reach Applicant: _____ Work Phone: _____

Mailing Address: _____ Apt No: _____

City / Town: _____ State: _____ Zip: _____

2. Type of Public Housing You are Applying For: ☐ Elderly ☐ Non-Elderly, Handicapped

☐ Congregate Elderly/Handicapped ☐ Family ☐ MRVP ☐ AHVP

Note: To be eligible for elderly/handicapped housing you must be at least 60 years old or a person with a handicap. If you have a handicap, the handicap must be other than a history of alcohol/drug abuse. If you have a handicap, you must provide certification by a doctor clearly stating that you have a handicap and it is expected to be of long and indefinite in duration lasting at least six months. In addition, the LHA will need to determine that certain special architectural features OR low rent housing is not available in the private market AND that the applicant is faced with living in an institution or decadent substandard housing OR the applicant is paying excessive rents.

3. If you want to apply for emergency Housing you must select one of the categories below:

Note: To be eligible for Emergency applicant status you must be "homeless," which is defined by state regulations as: an applicant who is without a place to live or who is in a living situation in which there is a significant, immediate and direct threat of life or safety that would be alleviated by placement in an appropriate unit, who has not caused or substantially contributed to the situation, who has made reasonable efforts to prevent or avoid the situation and to locate alternative housing, and who is displaced from his/her primary residence for one of the following reasons. Please check the reason that applied to your situation.

- ☐ Displaced by Natural Forces (i.e. Fire, Flood, Earthquake)
- ☐ Displaced by Public Action (i.e. Urban renewal, eminent domain)
- ☐ Displaced by Public Action (i.e. Condemnation of home, code violations)
- ☐ Displaced by No-fault of housing, Severe Medical emergency and/or Victim of Abuse (domestic violence) where the housing situation significantly contributes to or is direct threat to the life and safety of the applicant.

If you have selected one of the above emergency categories in this section, you must complete an EMERGENCY APPLICATION in addition to this Standard Application. All emergency applications must be accompanied by third party written documentation.



4. **Local Preference:** In addition to receiving local preference for the City or Town where you principally reside, you may receive local preference based on where you are employed.

Please answer the following:

- Provide the name of the City/Town in which you are employed: _____
- Provide the dates of employment: From: _____ To: _____
- Home Telephone: _____ Work Telephone: _____

5. **Veteran Preference:** You may apply for Veteran Preference if you are a Veteran, the spouse, surviving spouse, dependent parent or child or divorced spouse with a dependent child of a Veteran.

If you wish to apply for Veteran Preference, list the dates of U.S. military service. Include service dates for service in the U.S. Army, Marine Corps, Coast Guard, Air Force or National Guard.

Service Date: From: _____ To: _____

A Copy of the Veteran's Department of Defense Form DD214 must be submitted with this application.

6. Do you have any special needs due to a disability or need a reasonable accommodation such as a first floor unit for medical reasons? ☐ yes ☐ no

Please Specify: _____

7. Do you need a wheelchair accessible apartment? ☐ yes ☐ no

8. Number of Bedrooms needed: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

Note: Most elderly / handicapped housing developments only have 1 bedroom units.

9. Are you currently living in a non-permanent transitional housing which is subsidized under the Massachusetts Alternative Housing Voucher Program? ☐ yes ☐ no

10. Does anyone in your household own a car? ☐ yes ☐ no

Make of car _____ Year: _____ Reg. Number: _____

Make of car _____ Year: _____ Reg. Number: _____

11. Members of household to live in unit, **including yourself as Head of Household**:

First & Last Name	Relationship To Head of Household	Racial Designation*	Ethnic Designation**	Social Security Number***	Sex	Date of Birth	Occupation • Employed • At Home • Handicapped • Student
	Head						

***Racial Designation:** American Indian or Alaska Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander, White; Other (specify).

****Ethnic Designation:** Hispanic/Latino or Not Hispanic/Latino
Responding to these two questions is optional. Your status with respect to tenant selection procedures may be affected by this information. "Minority" does not include "White" unless there is also a designation of another race, or "Hispanic/Latino".

*****SSN:** This information will be used to verify income, assets, and criminal record information.

12. Is a change in the household composition expected? ☐ yes ☐ no

If yes, what type _____

When? _____



13. **Income Before Deductions:** Estimate the Gross Income anticipated for ALL household members from all sources for the next 12 month. **Specify all sources.**

Household Member Name		Name & Address of Employer or Source of Income	Gross Income for Next 12 Months
	Salaries, Wages, including Overtime / Tips		\$
	Salaries, Wages, including Overtime / Tips		\$
	Net Income from Business or Profession		\$
	Trust Income, Interest & Dividends		\$
	Unemployment or Disability Compensation		\$
	Pensions & Annuities		\$
	Regular Social Security Benefits and / or SSI		\$
	VA Disability Income		\$
	TAFDC or Public Assistance		\$
	Regular Alimony Support Payments		\$
	Other Income		\$

Total Gross Income: \$

14. **Expenses:**

Un-reimbursed Medical Expenses:	\$
Alimony of Child Support Payments:	\$
Health Insurance:	\$
Other (i.e. expense for care of sick children, or sick incapacitated person if necessary for employment)	\$

15. **Assets:** Do you own any real estate? ☐ yes ☐ no

If yes, please provide the address: _____

List below the assets of everyone to live in the unit. Include **all** bank accounts, stocks and bonds, trusts, real estate, etc. **DO NOT** include clothing, furniture or cars. Use additional paper if necessary.

Household Member	Asset Type	Asset Value or Current Balance	Name of Financial Institution	Account No.
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

16. Have you sold, transferred or given away any real property or assets in the last three (3) years? ☐ yes ☐ no

If yes: Date of sale / transfer: Month _____ Day _____ Year _____

Amount of the sale / transfer: _____

Value of the sale / transfer: _____

17. **References:** List two references. These references should not be relatives or household members.

(1) Name _____ Telephone No. _____

Address: _____ City _____ State _____ Zip _____

(2) Name _____ Telephone No. _____

Address: _____ City _____ State _____ Zip _____

18. **List Addresses for each Adult Household Member** for the Last Five Years in Reverse Order.

Please list primary lease holder (head of household) if someone other than yourself. Use additional sheet if necessary

(1) Name of Primary Leaseholder: _____

Address: _____ Apt # _____ Date From: _____ To: **Present Day**

City: _____ State _____ Zip _____

Landlord Name: _____ Telephone No. _____

Landlord Address: _____

City _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you? (check one) ☐ yes ☐ no

Did this landlord return your security deposit? (check one) ☐ yes ☐ no ☐ n/a

(1) Name of Primary Leaseholder: _____

Address: _____ Apt # _____ Date From: _____ To: _____

City: _____ State _____ Zip _____

Landlord Name: _____ Telephone No. _____

Landlord Address: _____

City _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you? (check one) ☐ yes ☐ no

Did this landlord return your security deposit? (check one) ☐ yes ☐ no ☐ n/a

(1) Name of Primary Leaseholder: _____

Address: _____ Apt # _____ Date From: _____ To: _____

City: _____ State _____ Zip _____

Landlord Name: _____ Telephone No. _____

Landlord Address: _____

City _____ State: _____ Zip: _____

Did this landlord bring any court action against the leaseholder or you? (check one) ☐ yes ☐ no

Did this landlord return your security deposit? (check one) ☐ yes ☐ no ☐ n/a

19. Have you, or any member of your household ever received housing assistance from this or any other housing agency? (check one) ☐ yes ☐ no

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

Relation to Applicant: _____

Name of Housing Agency: _____

Date Moved Out: _____

Reason Moved Out: _____

When you moved out, were you in compliance with the lease and other program requirements?
(check one) ☐ yes ☐ no

If Yes, Please Explain: _____

20. Are you a Board Member, employee, or a member of the immediate family of an employee of a board member of this housing Authority? *If so, this will not necessarily disqualify your application.*
(check one) ☐ yes ☐ no

If Yes, Please Explain: _____

21. Do you have any pets? ☐ yes ☐ no If so, how many? _____

Please describe: _____

22. 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 the case of an emergency.

Name: _____ Relationship _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Email: _____

23. **Criminal Record:** Have you or any member of your household who will live in the unit ever been convicted of a felony? ☐ yes ☐ no

If Yes, Please Explain: _____

24. Do you or any member of your household who will live in the unit have any criminal matters pending? ☐ yes ☐ no

If Yes, Please Explain: _____

APPLICANT'S CERTIFICATION:

I understand that this application is not an offer of housing. I understand that a Housing Authority will make no more than one offer of an appropriate public housing unit. If I do not accept that offer, my application will be removed from the waiting list; and, if I reapply, my application will not receive any priority or preference that was granted on the prior application for a three (3) year period.

Based on this application, I understand I should not make plans to move or end my present tenancy until I have received a written **Unit Offer** from a Housing Authority. I understand that it is my responsibility to inform the Housing Authority in writing of any change of addresses, 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 statement or misrepresentation may result in the denial of my application. **I understand that the Housing Authority will request Criminal Offender Record Information from the Criminal History Systems Board and perform credit checks and internet searches for all adult members of the household.**

SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY; I understand that a photocopy of this application and a photocopy of this signature as valid as the original.

Applicant's Signature: _____

Date: _____

Reviewer's Signature: _____

Date: _____

Applicant's Declaration of Residency and Authorization to Release Information

Control No. _____

I hereby declare that I am “homeless” as defined by the state regulations, and that I am
a resident of the City/Town: _____

(check one)

_____ from which I was displaced through no fault of my own.

_____ in which I am temporarily housed.

I certify that I have not declared myself a resident in any other city or town for the
purpose of obtaining local resident preference, and I hereby authorize other local housing
authorities and nonprofit agencies to release information to the Housing Authority to
verify this certification. If my temporary address changes, and I need to change my
declaration of local residency, I will immediately notify the Housing Authority, and I
authorize other local housing authorities and nonprofit agencies to immediately notify the
Housing Authority of the change.

Signed under the pains and penalties of perjury.

Dated: _____

Signature of Applicant: _____

RELEASE AND AUTHORIZATION

I, _____,

of _____
Street City State Zip Code

hereby authorize:

Name _____

Address 1 _____

City State Zip _____

Agency _____

to discuss any and all matters with the _____, its agents, servants or employees which they may wish to discuss with me regarding any matters which the Housing Authority may feel are related to my housing or my application for housing. I further authorize the aforesaid to provide the Housing Authority, its agents, servants or employees with copies of any and all documents which refer to me which may be requested by the Housing Authority through its representatives.

I hereby waive any and all claims, confidentiality and request that the above named cooperate with the Housing Authority to provide the information requested.

Signature of Applicant _____ Date _____

Signature of Witness _____ Date _____