

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: 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!

For Landlords Only!  
[support@housingworks.net](mailto: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*: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ X \_\_\_\_\_

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

**DO NOT LEAVE ANY 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 mm/dd/yyyy ☐ GENDER  
M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native,  
Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:  
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired 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 Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: 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 check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (*some programs may grant you a 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 \_\_\_\_\_



**Universal STANDARD Application for  
MRVP, & AHVP**

This box is for Office Use Only	
Date of Receipt:	_____
Time of Receipt:	_____
Control Number:	_____
Barrier fee:	_____
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: \_\_\_\_\_

City / Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Best # to Reach Applicant \_\_\_\_\_ Work Phone \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / Town: \_\_\_\_\_ 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 of 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 is/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:**

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

- Only for Elderly / Handicapped Housing:** You may apply for Veteran Preference if
- b. you are a Veteran who resides in the City or Town.

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. Racial Designation: (Responding to this question is optional). Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a minority, you may classify your household in that Minority category.

American Indian ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Other ☐

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

Make of car:

Year:

Reg. Number:

Make of car:

Year:

Reg. Number:

12. Members of household to live in unit, including **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
	<b>Head</b>						

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

If yes, what type? \_\_\_\_\_ When? (type a date)



14. **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		\$
<b>Total Gross Income:</b>			\$



15. **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)	\$

16. **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.
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

17. 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: \_\_\_\_\_



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

(1) Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

(2) Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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

(1)	Name of Primary Leaseholder: _____			
	Address _____	Apt # _____	From: _____	To: Present
	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) <input type="checkbox"/> yes <input type="checkbox"/> no				
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a				

(2)	Name of Primary Leaseholder: _____			
	Address _____	Apt _____	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) <input type="checkbox"/> yes <input type="checkbox"/> no				
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a				

(3)	Name of Primary Leaseholder: _____			
	Address _____	Apt _____	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) <input type="checkbox"/> yes <input type="checkbox"/> no				
Did this landlord return your security deposit? (check one) <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> n/a				





20. 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 No, Please  
Explain:

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

If Yes, Please  
Explain:

22. Do you have any pets? ☐ yes ☐ no

If so, how many? \_\_\_\_\_

Please  
describe:

23. 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

Telephone:

Business  
Phone:

Cell:

Email:



24. **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:

25. 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: \_\_\_\_\_



**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

NAME: \_\_\_\_\_ SS # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

I, the above named individual, have authorized the Lowell Housing Authority to verify the accuracy of the information which I have provided to the Lowell Housing Authority, from *the* following sources:

Banks and other financial institutions  
Courts, law enforcement agencies, CORI  
Credit Bureaus, Credit Providers  
Landlords and employers, past and present

Providers of :

Alimony, Child Care, Child Support, Credit, Handicapped Assistance,  
Marital Status, Schools, Colleges, Postal Services  
U.S. Social Security Administration, U.S. Department of Veterans Affairs  
Utility Companies, Welfare Agencies, Retirement and Pension Agencies

I hereby give permission to release requested information to the \_\_\_\_\_ subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to the Authority within five (5) days following the receipt of this request.

I understand that a photocopy of this authorization form is valid and may be used in lieu of the original document. Thank you for your assistance and cooperation in this matter.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

THIS AUTHORIZATION IS VALID FOR A PERIOD OF ONE YEAR  
FROM THE DATE NOTED ABOVE

**ACCEPTABLE TYPES OF VERIFICATION OF INCOME, ASSETS AND FAMILY.**

**PLEASE SUPPLY ONLY THE VERIFICATIONS THAT APPLY 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 SSL 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 support   |
| _____ Last three (3) months of checking account statements   |   |

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

— **PLEASE NOTE: YOUR APPLICATION WILL BE RETURNED TO YOU IF NOT COMPLETELY FILLED OUT, SIGNED, AND 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 and we will attempt to assist you. Your cooperation in providing all verification will enable us to process your application more quickly.

