

Waltham Housing Authority

110 POND STREET

WALTHAM, MASSACHUSETTS 02451-4505

TEL: (781) 894-3357 FAX: (781) 894-7595 TDD: (781) 894-3357

FEDERAL APPLICATION FOR HOUSING ASSISTANCE-FEDERAL

Full Legal Name: _____

Minority Code

Maiden Name (if applicable): _____

*(This information is requested solely to assist in complying with Fair Housing regulations. You are **not required** to answer.)*

Street Address: _____

Race (select one or more):

City / Town: _____

White

State & ZIP Code: _____

Black or African American

Telephone Number: _____

Asian

Email Address: _____

American Indian or Alaska Native

Please indicate the type of housing you are applying for (check one):

Native Hawaiian or Other Pacific Islander

One-Bedroom Elderly / Handicapped Housing

Ethnicity (select one):

Single Occupancy

Hispanic or Latino Not Hispanic or Latino

If you are a person with a disability, do you use any of the following?

(Check all that apply)

Wheelchair Walker Other Mobility or Assistive Equipment: _____

Do you require a barrier-free (accessible) unit? Yes No

FEDERAL FOR HOUSING USE ONLY: Family Composition

For Housing Authority Use Only:

Master Code #: _____ **Bedroom Size:** 1 **Number in Household:** _____

Gross Annual Income: \$ _____

Eligibility Determination:

Eligible Not Eligible

Preference: _____ **Priority:** _____ **Waitlist Original (W/O) Date:** _____

Reason Code: _____



ALL QUESTIONS MUST BE ANSWERED. IF NOT ANSWERED, APPLICATION WILL BE DENIED. IF QUESTION DOES NOT APPLY TO YOU, WRITE NOT APPLICABLE.

List **all people**, including yourself, who will be living in the household.

	Full Name (Head of Household first)	Relationship	Date of Birth (MM/DD/YYYY)	Social Security Number or Alien Number
1				
2				
3				
4				
5				
6				

SOURCE OF INCOME: If Employed, Company Name & City or Town you work in.

	Family Member	Gross Amount Received	Weekly Monthly Yearly	Where does this income come from
1				
2				
3				
4				
5				
6				

ASSETS: Saving Accounts, Checking Account, Certified of Deposits, Trust Fund, Bond/ Stocks

Bank name	Account Number	Account Amount
		\$
		\$
		\$
		\$

Automobile:

Make	Year	Registration#

Asset Disposal Disclosure

Have you sold, transferred, or given away any real estate or personal property within the past three (3) years?

Yes No

If yes, please provide the following information:

Location of Property: _____ **Type of Property (real estate, vehicle, land, personal property, etc.):** _____

Estimated Value or Sale Amount: \$ _____ **Date of Sale/Transfer:** _____

If you or any member of your household is a person with a disability and requires a specific accommodation to fully access or participate in our programs and services, please contact the Waltham Housing Authority at **(781) 894-3357**.

Have you ever filed an application with the Waltham Housing Authority before?

Yes No

Approximate Date: _____ **Under What Name (if different):** _____

Address at Time of Application: _____

Are you currently receiving, or have you previously received, housing assistance?

Yes No

If yes, name of Housing Authority:

Name & Address of Present Landlord:

Dates You Lived There:

From _____ To _____

Condition of Present Housing:

Excellent Good Fair Poor

Monthly Payments:

Rent: \$ _____ **Heat:** \$ _____ **Gas:** \$ _____ **Electricity:** \$ _____

Other (specify): \$ _____

Type of Utilities Used: **Heat:** Gas Oil Electric Other _____ **Cooking:** Gas Electric Other _____ **Hot**

Water: Gas Oil Electric Other _____

Have you ever been evicted? Yes No

If yes, reason:

Address Where You Were Living:

Date: _____

Emergency / Alternate Contacts (Preferably a close relative)

Contact #1

- **Name:** _____
- **Relationship:** _____
- **Address:** _____
- **Telephone #:** _____

Contact #2

- **Name:** _____
- **Relationship:** _____
- **Address:** _____
- **Telephone #:** _____

Certification & Authorization

I/We certify that the information provided above is true and correct to the best of my/our knowledge. I/We authorize the **Waltham Housing Authority** to make inquiries and obtain information necessary to verify the statements made in this application. I/We understand that providing false or misleading information is punishable under **Federal Law**.

Applicant Signature: _____ Date: _____

Spouse/Co-Applicant Signature: _____ Date: _____

INFORMATION CONTAINED IN THIS APPLICATION WILL BE USED TO REQUEST YOUR CRIMINAL RECORD, IF ANY, FROM THE CRIMINAL HISTORY SYSTEMS BOARD (CHSB), AS PERMITTED BY LAW.