

# 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: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

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

State & ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

☐ One-Bedroom ☐ Elderly / Handicapped Housing

☐ Single Occupancy

Minority Code

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

Race (select one or more):

☐ White

☐ Black or African American

☐ Asian

☐ American Indian or Alaska Native

☐ Native Hawaiian or Other Pacific Islander

Ethnicity (select one):

☐ 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 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#
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#### 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.**