

WATERTOWN HOUSING AUTHORITY

55 Waverley Avenue

Watertown, Massachusetts 02472-3613

(617) 923-3950

Fax (617) 923-2466

TDD 1-800-345-1833, Ext 569

Application # _____

Bedrooms _____

APPLICATION FOR PUBLIC HOUSING

Applicant's Name: _____

Current Street Address: _____

City/Town: _____

Contact Information: Home Phone: _____ Cell Phone: _____

Mailing Address (If Different): _____

City/Town: _____

Please indicate the type of housing for which you are applying for:

Elderly/Non-Elderly Disabled _____ Wheelchair Accessible _____ Family _____

MINORITY CODE: This will assist us in conforming to Fair Housing Regulations. You **ARE NOT** required to answer.

White _____ Asian _____ Black _____ North American Indian _____ Other (specify) _____

LOCAL PREFERENCE: Do you live or work in Watertown? Yes _____ No _____

VETERANS PREFERENCE: _____
(a DD-214 Form is Required)

FOR PERSONS WITH DISABILITIES: Do you require a reasonable and/or specific accommodation to fully utilize our program services? YES _____ NO _____

For Office Completion Only

State Public Housing: Priority _____ Preference _____

(A) _____ Veteran (B) _____ Local (C) _____ Affirmative Action

1. Displacement by Natural Force
2. Displacement by Public Action
3. Displacement by Public Health
4. Emergency
5. AHVP/MRVP (CLOSED)
6. Transfer (good cause)
7. Standard Applicant

Federal Public Housing: Local Preference _____ Veteran Preference _____

*****ALL QUESTIONS MUST BE ANSWERED. AN INCOMPLETE APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED. IF A QUESTION DOES NOT APPLY TO YOU WRITE N/A (not applicable)**

FAMILY COMPOSITION: LIST YOURSELF AND ALL PERSONS WHO WILL BE LIVING WITH YOU.

NAME	RELATIONSHIP	DATE OF BIRTH	SOCIAL SECURITY #

<u>INCOME:</u> HEAD OF HOUSEHOLD & FAMILY MEMBERS	<u>GROSS AMOUNT RECEIVED</u> (Show if weekly, monthly or yearly)	<u>SOURCE OF YOUR INCOME</u> (Specify all sources)

ASSETS:

Checking Account: \$ _____ Bank Name _____

Savings Accounts: \$ _____ Bank Name _____

Cert. of Deposits
Trust Funds: \$ _____ Bank Name _____

Bonds/Stocks: \$ _____ Bank Name _____

Property: \$ _____ Where Located _____

Land/House/Bldg.: \$ _____ Where Located _____

Have you sold any real estate or personal property in the past four years?
Where located? _____
What type? _____

Does anyone in your household own a car? _____
MAKE: _____ YEAR: _____ REGISTRATION # _____
MAKE: _____ YEAR: _____ REGISTRATION # _____

Do you have any PETS?* (Circle one) YES NO

*Note: Pets are only allowed in accordance with Watertown Housing Authority Pet Policy.

Have you filed an application with us before? _____ Approximate Date _____

Under what name? _____ Address _____

Are you now, or have you in the past received any housing assistance? _____
(This includes Rental Assistance Programs)

Which Housing Authority? _____

What was your address? _____

When did you live there? _____

CURRENT LANDLORD'S NAME _____ Tel. No. _____

Landlord's Address _____

CURRENT RENT: _____ AVERAGE UTILITIES: _____

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS?

Month _____ Year _____ to MONTH _____ Year _____

List your previous address and Landlord's address for the last FIVE years. (Please attach separate sheet if necessary).

(1) Address _____ Years: _____

Name of landlord: _____ Tel. _____

Address of landlord _____

(2) Address _____ Years: _____

Name of landlord: _____ Tel. _____

Address of landlord _____

(3) Address _____ Years: _____

Name of landlord: _____ Tel. _____

Address of landlord _____

Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of this Housing Authority? (If so, this will not necessarily disqualify your application.)

Circle one: Yes No

If yes, please explain: _____

PLEASE LIST SOMEONE WE MAY CONTACT IF WE CANNOT REACH YOU:
(preferably a close relative)

NAME _____ RELATIONSHIP _____

ADDRESS _____ TELEPHONE _____

* * * *

CRIMINAL HISTORY RECORDS WILL
BE SOUGHT BY THE WATERTOWN
HOUSING AUTHORITY.....

The above information is correct to the best of my knowledge. I do understand that giving false statements or information is punishable under FEDERAL LAW AND MAY BE VERIFIED BY THE BUREAU OF SPECIAL INVESTIGATION AND ALL INFORMATION IS SIGNED UNDER PAINS AND PENALTIES OF PERJURY.

SIGNATURES OF ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER MUST SIGN THIS FORM.

Date _____

Date _____

Date _____

Date _____

RELEASE BY APPLICANT

I hereby authorize the release of all information necessary for the Watertown Housing Authority to verify the facts herein stated. This includes possible release of financial, employment records, prior tenancy and court records as allowed by law.

SIGNATURES OF ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER

Date _____

PLEASE LET US KNOW WHEN YOU CHANGE YOUR ADDRESS.

IF WE CANNOT REACH YOU, YOUR NAME WILL AUTOMATICALLY BE REMOVED FROM OUR WAITING LIST.

RECERTIFICATION:

Every two years we send a letter to all applicants to ask whether or not you want to remain on our waiting list.

If you fail to reply to this letter, your name will AUTOMATICALLY BE REMOVED from our waiting list.