

WATERTOWN HOUSING AUTHORITY

55 Waverley Avenue
Watertown, MA 02472-3613
(617) 923-3950
FAX (617) 923-2466
1-800-345-1833, Ext. 569 TDD

**APPLICATION FOR SECTION 8 RENTAL ASSISTANCE
ST. JOSEPH'S HALL**

NAME:			
ADDRESS:			
CITY/TOWN:			
STATE:		ZIP:	
TELEPHONE:			
EMAIL:			
BEDROOM SIZE:	(PLEASE CHECK ONE)	1BR <input type="checkbox"/>	2BR <input type="checkbox"/>

FOR OFFICE ONLY:
SUBMISSION #: _____
NO. OF BEDROOMS: _____
CORI: _____

INSTRUCTIONS

All applicants will be subject to meeting the provisions of the U.S. Housing Act of 1937, as amended (H.R) (4914) and other relevant provisions of the Section 8 Program, including an inquiry made to the Criminal History Board System as per 803 CMR 7.00. As an applicant you will be responsible for:

- a. Answering all questions on the application.
- b. Providing correct mailing and residential address information
- c. Providing social security number and date of birth for all members of household.
- d. Providing signature for all members of the household 18 years or older.

A. FAMILY COMPOSITION

	NAME	BIRTH DATE	SSN	RELATIONSHIP	AGE	OCCUPATION
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

For additional information, please use a separate sheet of paper.

MINORITY CODE: Head or Household member

(This will assist us in conforming to Fair Housing Regulations. You are **NOT REQUIRED** to answer).

White _____ Asian _____

Black _____ Hispanic _____
 North American Indian _____

FOR PERSONS WITH DISABILITIES:

DO YOU REQUIRE A REASONABLE AND/OR SPECIFIC ACCOMMODATION TO FULLY UTILIZE
 OUR PROGRAMS OR SERVICES? YES _____ NO _____

B. INCOME

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

C. ASSETS

HEAD OF HOUSEHOLD & FAMILY MEMBERS	TYPE OF ASSET AND WHERE IT IS FROM (i.e. Checking acct, Citizens)	CURRENT VALUE

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

D. CURRENT HOUSING STATUS

Name of Present Landlord: _____

Address: _____ # Of Bedrooms: _____

Do you wish to be subsidized in your present apartment? _____ What do you pay for?:

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

What type (gas, oil, elec.): Heat _____ Cooking _____ Hot Water _____

E. ALL PERSONS AGE 18 YEARS OR OLDER WHO WILL BE RESIDING IN THE HOUSEHOLD MUST SIGN THIS APPLICATION:

I/We understand that as a part of the application screening process, an inquiry shall be made to the Criminal History Board System to access information through CORI as per 803 CMR 7.00.

SIGNATURE: _____ DATE OF BIRTH: _____ SSN: _____

SIGNATURE: _____ DATE OF BIRTH: _____ SSN: _____

SIGNATURE: _____ DATE OF BIRTH: _____ SSN: _____

SIGNATURE: _____ DATE OF BIRTH: _____ SSN: _____

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND I AUTHORIZE THE WATERTOWN HOUSING AUTHORITY TO MAKE INQUIRIES FOR THE PURPOSE OF VERIFYING THE FACTS HEREIN STATED. I UNDERSTAND THAT GIVING FALSE STATEMENTS OR INFORMATION IS PUNISHABLE UNDER FEDERAL LAW.

HEAD OF HOUSEHOLD/APPLICANT SIGNATURE: _____ DATE: _____

NOTICE: YOU ARE REQUIRED TO NOTIFY THE WATERTOWN HOUSING AUTHORITY (IN WRITING) OF ANY CHANGE OF ADDRESS. IF WE CANNOT CONTACT YOU AT THE ABOVE ADDRESS, YOUR NAME WILL BE REMOVED FROM THE WAITING LIST.