

**Woburn, MA 01801-3699**

**The FEDERAL-AIDED Public Housing 4 BEDROOM waiting list is open until further notice. Applications will not be accepted by FAX.**

**FEDERAL PUBLIC HOUSING  
APPLICATION FOR TENANT ELIGIBILITY**

1. **APPLICANT** Name \_\_\_\_\_  
 Current Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address if different: \_\_\_\_\_  
 \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Home Telephone \_\_\_\_\_ Work Number \_\_\_\_\_  
 E-mail address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Do Not Write in Box

Appl No.  
Emer  
Emp/Eld/Dis  
Res Inc

- 2. HOUSEHOLD COMPOSITION:** List All members of household, including head:

Complete Name	Sex	Relation to head	Birth Date Birth Place	Social Security Number	US Citizen or Legal Resident
1.		Head			
2.					
3.					
4.					
5.					
6.					
7.					
8.					

3. Is any change in the household expected? (circle one)      yes      no  
If yes, what type of change?      When?

- 4. RACE/ETHNIC ORIGIN:** Please circle all that apply. This information is required for government reports.

11-White; 12-Black or African American; 13-Asian;

14-American Indian or Alaskan Native; 15-Native Hawaiian or other Pacific Islander;

16-American Indian or Alaskan Native & White; 17-Asian & White;

18-Black or African American & White;

19-American Indian or Alaska Native and Black or African American;

20-Other Multi Racial;

**ETHNICITY:** Please circle all that apply.

Hispanic

Non-Hispanic

5. **HOUSEHOLD INCOME:** List income received by all household members:

Household Member	Type of Income	Name and Address of source of income or employer	Monthly gross amt.

6. **ASSETS:** List below the assets of all household members. Include **all bank accounts**, stocks and bonds, trust agreements, real estate, etc. Do not include clothing or furniture.

Name	Description & Location of Assets	Value

7. **FEDERAL-AIDED HOUSING PREFERENCE STATUS:** Applicants meeting one of the following categories may receive preference in the Federal-Aided Public Housing Program. **Please be sure to answer all questions so that you will receive any preferences for which you are entitled.** Verification of the conditions must be submitted when the Authority asks for it.

A. **EMPLOYED/ELDERLY/DISABLED RANKING AND LOCAL PREFERENCES:**

1. Is an adult member of the household:    Employed?    YES [ ]    NO [ ]  
   Elderly?    YES [ ]    NO [ ]  
   Disabled?    YES [ ]    NO [ ]

B. **RESIDENT RANKING AND LOCAL PREFERENCES:**

1. Does a household member live or work in Woburn?    YES [ ]    NO [ ]

8. **EMPLOYMENT HISTORY:** Provide the following information for each household member who is presently employed. If any member is presently unemployed but worked during the past year, provide this information about that person's most recent job.

Name	Name & Address of Employer	Dates of Employment	Job Title	Name of Immediate Supervisor

9. **EXPENSES:**

Child care expenses for employment or education  
Unreimbursed medical expenses if 62 or older

10. **HOUSING HISTORY:** List in reverse order all addresses for the past five years.

A) Address: \_\_\_\_\_ Time \_\_\_\_\_ to present  
Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Landlord:  
Monthly Rent: \_\_\_\_\_ Names of Other Adults residing with you  
at that address:

B) Address: \_\_\_\_\_ Time: \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Landlord:  
Monthly Rent: \_\_\_\_\_ Names of Other Adults residing with you  
at that address:

D) Address: \_\_\_\_\_ Time: \_\_\_\_\_  
Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address of Landlord:  
Monthly Rent: \_\_\_\_\_ Names of Other Adults residing with you  
at that address:

**Please use additional paper to list other landlords and addresses.**

- If yes: Name of head of household at that time:  
Relationship to present applicant:  
Name of Housing Agency:  
Date Moved Out:  
Reason Moved Out:  
Did you leave as a tenant in good standing?      yes      no  
If no, please explain:

- A) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
- B) Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

- If yes, please explain:

Co-Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*IF THIS APPLICATION IS NOT FILLED OUT  
COMPLETELY, IT WILL NOT BE ACCEPTED AND IT WILL BE  
RETURNED TO YOU FOR COMPLETION\*\***