Woburn Housing Authority 59 Campbell Street 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 Nar	Do	Do Not Write in Bo								
	Current Addre		Appl No.								
	City/Town		Emer	-7.7/-!							
	Mailing Addre		Emp/Eld/Dis Res Inc								
			1100	1110							
	Social Securi										
	Home Telephone Work Number Cell Phone #										
	5.6.6.2 5.			,	,	'					
2.	HOUSEHOLD COM	MPOSITION: L:	ist <i>i</i>	All membe	rs of househo	old, in	cludi	ing head:			
			ı	I	1	Soci	a 1	US Citize			
				Relation	Birth Date						
	Complete Na	ame	Sex	to head	Birth Place	Numb	er	Resident			
	1.			Head							
	1.			1100.0							
	2.										
	3.										
	4.										
	5.										
	6.										
	7.										
	8.										
3.	Is any change							no			
	II yes, v	what type of	cnai	nge?		Wn	en?				
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.										
	Hispanio	C		Non-Hisp	panic						
5.	HOUSEHOLD INCOME: List income received by all household members:										
	Household Type of Name and Address of source						Mo	onthly			
	Member	Income		of income	e or employe	<u>-</u>	1	ross amt.			
	-										

Name	Description	& Location of	Assets	Va	lue
following Housing P:	IDED HOUSING PRE categories may rogram. Please b ive any preferen	receive prefer e sure to answ	rence in the	e Federal- stions so	·Aided Pul that you
	nditions must be				
EMPLOYED/	ELDERLY/DISABLED	RANKING AND I	LOCAL PREFE	RENCES:	
	adult member of		Elderly Disable	? YES [] NO
	RANKING AND LOCA				
1. Does a	a household memb	per live or wor	rk in Wobur	n? YES [] NO
household unemployed	T HISTORY: Provi member who is p d but worked dur person's most	presently emploring the past y	oyed. If any	y member i	s present
	Name & Address of Employer	Dates of Employment	Job Title	Name of Immediat	e Supervi
	<u> </u>		000 11010		<u> </u>
	re expenses for resed medical exp				
HOUSING H years.	ISTORY: List in	reverse order	all addres	ses for th	ne past fi
- A) Addres:	s: E Landlord:		T:	ime elephone:	to prese
Monthly	s of Landlord: // Rent: c address:	Names of	Other Adu	lts residi	ng with y
B) Addres				Time:	
	E Landlord:			elephone:	
Monthly	s of Landlord: y Rent: t address:	Names of	Other Adu	lts residi	ng with y
at tha	٠.			Time:	
D) Addres:			T'	elephone:	
D) Addres: Name o:	E Landlord:		Te	elephone:	

6. ASSETS: List below the assets of all household members. Include ${\tt all\ bank}$

11.	Have you, or any member of your household, ever received housing assistance from this or any housing agency or group? This includes rental assistance programs. (circle one) yes no			
	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:			
12.	REFERENCES: List two personal references. These should not be relatives or household members.			
	A) Name: Telephone: Address: City: State:			
	B) Name: Telephone: State:			
13.	Do you have any pets? (circle one) yes no If yes, please describe:			
14.	EMERGENCY CONTACT: Name and phone number of a relative or friend to contact if unable to contact you:			
15.	CRIMINAL RECORD: Have you or any member of your household been convicted or arrested of either a misdemeanor or a felony in the last ten years? (circle one) yes no			
	If yes, please explain:			
16.	APPLICANT'S CERTIFICATION:			
	I understand that this application is not an offer of housing. Based on this application, I understand that I should not make any plans to move or to end my present tenancy until I have received a written <u>Unit Offer</u> from the Housing Authority.			
	I understand that it is my responsibility to inform the Housing Authority in writing of any change of address, income or household composition. This application will be canceled in the future if I don't respond quickly to letters sent to me at the last address I have given the WHA.			
	I hereby authorize the Woburn Housing Authority to make inquiries to verify the information I have provided. I certify that the information I have provided in this application is true and correct. I understand that any misrepresentation or false statement will be sufficient grounds for the cancellation of my application for housing; or if admitted as a result of false information, may result in prosecution for fraud and eviction from public housing.			
	Sworn to under the pains and penalties of perjury.			
	Applicant's Signature: Date:			
	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**