

# Woburn Housing Authority

59 Campbell Street  
Woburn, MA 01801-3699

**The FEDERAL-AIDED Public Housing 2 BEDROOM waiting list is open 1/2/2018 – 4/6/2018, the 4 BEDROOM waiting list is open until further notice. 1 Bedroom and 3 Bedroom Federal Family lists are closed as of 1/2/2018. Applications will not be accepted by FAX. Effective 1/2/2018**

## FEDERAL PUBLIC HOUSING APPLICATION FOR TENANT ELIGIBILITY

<b>1. APPLICANT</b> Name _____	<b>Do Not Write in Box</b>
Current Address _____	Appl No.
City/Town _____ State _____ Zip _____	Emer
Mailing Address if different: _____	Emp/Eld/Dis
Social Security Number: _____	Res Inc
Home Telephone _____ Work Number _____	
E-mail address _____	
Cell Phone # _____	

**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.			_____		

**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:

Address:

Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

- Monthly Rent: \_\_\_\_\_

at that address:

Address:

Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

- Address of Landlord  
Monthly Rent:**

Honorary Name: \_\_\_\_\_ Names of Other Adults residing  
at that address:

Please use additional pages if necessary.

Please use additional paper to list other landlords and addresses.

**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: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ 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:

Are you or any member of your household subject to a lifetime registration on the sex offender registry? (circle one) yes no

**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 Unit Offer 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\*\***