



Neither answer showing at right is acceptable on any housing application, except for Race: HoH = Head of Household | CDNS = Client Did Not say | CR = Client Refused

CLIENT NAME, DEMOGRAPHICS, AND PASSWORD

First Name of Head of Household: _____ Full and Complete Middle Name _____
Last Name _____ Suffix (Jr, Sr, III, etc) _____
Password: Mother's last name before marriage) ___ (enter "hw1" if client doesn't provide mother's last name)
SSN of person listed above _____ Alien Reg. No _____
Date of Birth _____ Gender: _____ Identify/Sexual Orientation: _____

Ethnicity: [] Hispanic [] Not Hispanic
Race: [] Am Indian or Alas. Nat. [] Asian [] Black/African Am. [] White [] Nat Hawaiian or Pac. Islander
[] Multi-Racial - specify _____ [] Client Refused

Does anyone in this household require Full Wheelchair Access [] Yes [] No

List any Crucial Reasonable Accommodations: [] First-Floor [] No Steps [] Blind [] Deaf [] ESU (Environmental Sensitivities Unit)
[] Has PCA (Personal Care Attendant) [] Interpreter needed [] Dom Viol Victim (Landlord must provide special attention to privacy)

Career Stage: [] Employed [] Unemployed [] Retired [] Full Time Student [] Part Time Student [] Infant or child in school

This Head of Household (HoH) currently holds a Permanent, Mobile Voucher: [] Yes [] No

HoH has a CORI Flag? [] No CORI Flags [] Possible Felony Flag [] Possible Misdemeanor Flag [] Client Refused

Any HH member is a registered Sex Offender? [] Yes [] No

Any Other HH members have a CORI Flag? [] No CORI Flags [] Possible Felony Flag [] Possible Misdemeanor Flag [] CR

Number of Adults (18+) _____ Number of Children (17-) _____

Current Housing Category: [] 1. Homeless [] 2. Housing Loss in 14 days [] 3. Homeless only under other Federal Statutes
[] 4. Fleeing domestic violence [] 5. At-Risk of Homelessness [] 6. Stably Housed at present. [] CDNS [] CR

Phone _____ Alternate Telephone _____
Email Address _____ Alternate Email Address _____

Secondary Address - Where Client Actually Lives _____
(street apt # city, state, zip)

Describe this address: [] Address where client will likely be able to receive mail for some years. [] A Care/Of Address [] Co-Applicant's Address
[] Address where client will probably not be able to receive mail some months from now. [] A Post Office Box

Primary Address - Where Client Can Count on Receiving Mail for Some Years _____
(street, city, state, zip)

Describe this address: [] Address where client will likely be able to receive mail for some years. [] A Care/Of Address [] Co-Applicant's Address
[] Address where client will probably not be able to receive mail some months from now. [] A Post Office Box

Emergency Contact's Name: _____ Emergency Contact's Phone: _____
Emergency Contact's Email: _____ Emergency Contact's Language: _____
Emergency Contact's Country: United States Emergency Contact's Full Address: _____



HOUSEHOLD TABLE:

Total household size (adults plus children) 0

First Name/Last Name	Relationship	Gender	Race	Date of Birth/Age	SSN Type like this: 888353456	Career Stage (Employed, Retired, Infant, Student)
Reserve this row for the same name showing at the top of the page	Head of Household					

INCOME Entire Family's Total Household Size The Household's Total Annual Gross Ancome is \$ 0.00

Client Name	Income Source <i>(SSI, Job, TANF, SSDI, Alimony, etc)</i>	Complete address of the company or agency who provides the income	Annual Income
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ASSETS Bank accounts and other assets

Client Name	Bank Name	Checking or Savings or ???	Bank Account Number (required!)	Average Monthly Balance



HOUSING HISTORY Last five years or last two addresses if you've lived at the same place for more than five years

CURRENT RESIDENCE

Country: United States

Complete Address (street, apartment #, city, state, zip): (it is okay to write "Living in a Car, Boston area, 02115):

Type of Residence (shelter, own home, rental with subsidy, rental without subsidy, etc) _____

If applicable, in whose name was the lease? _____

Landlord's Name _____

Landlord's Phone Number _____

Landlord's Complete Address _____

Reason for Leaving _____

May we call this landlord for a reference? [] Yes [] No (Must be "yes" unless DV Situation)

[] Will you leave in "good standing" ? [] Yes [] No

Lived there from: _____ to _____ End Date (present day)

RESIDENCE BEFORE THAT

Country: United States

Complete Address (street, apartment #, city, state, zip): (it is okay to write "Living in a Car, Boston area, 02115):

Type of Residence (shelter, own home, rental with subsidy, rental without subsidy, etc) _____

If applicable, in whose name was the lease? _____

Landlord's Name _____

Landlord's Phone Number _____

Landlord's Complete Address _____

Reason for Leaving _____

May we call this landlord for a reference? [] Yes [] No (Must be "yes" unless DV Situation)

[] Will you leave in "good standing" ? [] Yes [] No

Lived there from: _____ to _____ End Date _____

RESIDENCE BEFORE THAT

Country: United States

Complete Address (street, apartment #, city, state, zip): (it is okay to write "Living in a Car, Boston area, 02115):

Type of Residence (shelter, own home, rental with subsidy, rental without subsidy, etc) _____

If applicable, in whose name was the lease? _____

Landlord's Name _____

Landlord's Phone Number _____

Landlord's Complete Address _____

Reason for Leaving _____

May we call this landlord for a reference? [] Yes [] No (Must be "yes" unless DV Situation)

[] Will you leave in "good standing" ? [] Yes [] No

Lived there from: _____ to _____ End Date _____

WHERE DO YOU WANT TO LOOK FOR HOUSING?

Choose either a **Zip code** or a **County** that will be the center of the search area: _____

How big an area to search? *1 mile, 5 miles, 25 miles, the whole county, etc* _____

Desired # of bedrooms _____ plus also indicate if seeking a voucher (ex: "1BR and Voucher any type"):

Desired Types of Permanent Housing

- Rental Assistance Voucher (sec 8, MRVP, AHVP, VASH, HomeBase, etc.)
- VASH voucher
- Other state-funded voucher
- Elder or Senior Citizen Housing
- Family or Individual Housing options
- Wheelchair Accessible / No-Steps units. . . or any disability +
- Assisted Living / Special Needs / Nursing Home
- Congregate Housing Opportunities
- Deaf Independent Living
- Ex-offender Housing options
- HIV/AIDS Housing
- Homeownership Options

- Housing with an Educational Component
- Immigrant – no documented status*
- Mobile Home Parks
- Permanent Housing for Disabled (visiting services)
- Permanent Supportive Housing (live-in services)
- Permanent Sober Housing (Oxford House model)
- Veterans-only Housing

+ Persons with other disabilities who do not need a wheelchair are often eligible for wheelchair units.

* If selected, generally "State-funded housing is safe to apply

OTHER INFORMATION YOU WILL NEED FOR HOUSING APPLICATIONS – this info does not need to be entered into the HousingWorks website, but you will need to hand complete it on many of the applications you print from our website.

Check if you are expecting any changes to the household makeup (new baby, divorce, marriage, death)? Yes When?

Describe the expected change:

Personal References	Street	City	State	Zip	Phone	Relationship
Financial References	Street	City	State	Zip	Phone	

ANY PROPERTY SOLD IN THE LAST SEVERAL YEARS?

Check if you have sold or transferred any property/real estate in the last several years
 Date sold/transferred _____ Actual value \$ _____ Amount collected \$ _____

EXPENSES CHECK IF YOU HAVE ANY OF THESE EXPENSES

\$ _____ Extraordinary expenses required by employer
 \$ _____ Expenses for care of children, or care of sick/incapacitated person (if necessary for employment)
 \$ _____ Un-reimbursed medical expenses \$0 Annual alimony or child support payments you make
 \$ _____ Health Insurance \$0 Other annual expenses

Check if you have a car or cars. Make/model _____ Year _____
 Registration Number _____ Driver's License Number _____

Check if you – or someone in your household— have ever received housing assistance (previous public housing, a voucher, etc.)
 If yes, name of head of household at that time: _____ Date this assistance ended: _____
 Relation of head to present applicant: _____ Name of housing agency providing assistance: _____
 Reason assistance ended: _____

Check if you left this residence “in compliance with the lease” related to this assisted housing program.
 If not, explain: _____
 Has any family member who will live with you EVER been convicted of a misdemeanor or a felony?
 Please explain: _____

Check if you - or any family member who will live with you - has a pending criminal case. Please explain why below, if you have checked this box:

Check if you are expecting any changes to the household makeup (new baby, divorce, marriage, death) When? _____
 Describe the expected change: _____
 Check if you have a pet or pets Describe pets (number, type, breed): _____

Full-Time Student Pregnant **Ever serve in military?** If so, Start Date _____ End Date _____

If employed or training, where? (type company name and city/state) _____



HOW YOUR INFORMATION IS PROTECTED

No information is shared with anyone **except via the housing applications that you must complete and sign**. The online information is not accessible to anyone but your authorized housing advocate(s). (We do collect and store **anonymous, aggregate** information for public policy purposes (example: "how many different people are seeking a 2BR unit in 02119 zip code?").

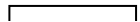
You can block your housing advocate from getting into your information by visiting **another** housing advocate who uses our website. We don't store SSNs and names online; we comply with the tightest possible laws governing your personal information. We are "tighter than most banks".

YOUR ADVOCATE NEEDS YOUR PERMISSION TO SEND THE COMPLETED APPLICATIONS

I _____ understand that my housing advocate intends to use the HousingWorks.net system to search and apply for housing. My housing information will be stored electronically, used to search for housing options, and even to generate housing applications. The only information about me that anyone will see is what is printed onto housing applications and signed by me. Additionally, I can authorize this housing advocate to sign the housing applications by signing a separate permission on the next page. A second possibility is that my advocate can update waitlists I am on with any crucial changes in my housing application profile. Finally, I understand that if I authorize any other housing advocates in writing to work for me, then all my housing advocates will be able to see my housing application information, and have permission to talk with each other. I understand, however, that I can ask one advocate to permanently bar the other housing advocates from my records, if I wish. This lets me keep control over who can advocate for me. I can also ask my housing advocate to show me which advocates have updated my information and when.

If the lines below are blank, this release lets my housing advocate request or provide information from/to all relevant agencies for purposes of my housing search. If I list specific agencies below, then my advocate may only contact the ones that are listed. My advocate should explain to me what kinds of agencies they generally contact in order to perform housing advocacy:

(Continue to next page)



My signature below acknowledges my understanding and authorization and consent for the following:

- 1. This Authorization for Release of Information is valid until it is revoked in writing by the applicant;
2. This authorization can be revoked by me at any time, except for information already released;
3. This authorization covers both the release of that information specified in the section RESTRICTIONS ON THE USE OF INFORMATION and also the information to be compiled during the course of client's involvement with the agency or program;
4. I understand that I have a right to receive a copy of this authorization form, including the REVOCATION OF AUTHORIZATION form below;
5. I understand that by signing this release I authorize this agency's auditors and HousingWorks tech support staff to view information contained in my file (for audit purposes only);
6. A copy of this form is as valid as the original;
7. My advocate cannot withdraw any of my applications without reasonable attempts to contact me. My agency will discuss with me the greatest length of time I can choose not to respond to attempts to contact me before any applications are withdrawn. It is my responsibility to stay in touch with the agency unless I revoke their authorization using the agency's form or the form below. (Be sure to sign on next page)

Name of Client/Parent/Guardian Relationship to Client Date: ___/___/___ Witness to Signatures

How client was informed of the above information:

- Client read and signed this form
Verbal explanation of this form was provided point by point by advocate
An interpreter was provided

Printed Name of the Housing Advocate I am authorizing Signature of the Housing Advocate I am authorizing Date: ___/___/___

OPTIONAL: AUTHORIZATION FOR USE OF SIGNATURE

Let this serve to verify that I, _____ have authorized my housing advocate, _____ to sign as my agent on housing applications submitted on my behalf, including but not limited to, releases of information, fair housing practice forms, and requests for criminal history forms. Further, any questions regarding my housing needs may be addressed directly to my housing advocate. This form is good until I revoke the advocate's authorization by signing the Revocation on the next page, or by visiting another housing advocate to whom I can give the ability to block any of my other advocates from sending future applications.

Applicant's Signature Date: ___/___/___ Housing Advocate Date: ___/___/___

OPTIONAL: REVOCATION OF AUTHORIZATION

Do not sign this section unless you wish the advocate to stop working on your behalf

WRITTEN REVOCATION: I hereby revoke all authorization for the releases specified on this page.

Signature of Client/Parent/Guardian Date: ___/___/___

ORAL REVOCATION: Client/Parent/Guardian revoked all authorizations for the above specified client.

Signature of Advocate Date: ___/___/___

WHAT AUTHORIZATION(S) ARE REVOKED? [] Ability to sign applications [] Permission to advocate for me in any way.

