



Norwood Housing Authority

40 William Shyne Circle, Norwood, Massachusetts 02062

(781) 762-8115 • Fax (781) 762-4942

office@norwoodha.org • www.norwoodha.org

Office Use Only:

Control No. _____

Date Received _____

PRELIMINARY RENTAL APPLICATION

Equal Housing Opportunity

Please check the Elderly/ Disabled/ Accessible Housing sites you want to apply to below:

FRANK L WALSH HOUSING
40 William Shyne Circle
Norwood MA 02062

KEVIN F MAGUIRE HOUSING
10 Brookview Circle
Norwood MA 02062

NOTE: Please print and fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the Rental Office.

APPLICANT NAME: _____

Telephone _____ Mobile Home **Email Address** _____

Present Address _____
Street City State Zip

Mailing Address _____
(If different) Street City State Zip

*Are you a veteran, a spouse of a veteran/deceased veteran or a family with dependent(s) of a veteran or deceased veteran? Yes No

Date of Military Service: _____ to _____ (Please attach copy of DD214 with application)

Race: (Optional: information will be used for fair housing programs only, as required by State and Federal Laws.)

<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<i>Please select one of the below (optional):</i> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
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NOTE: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with Program Description Insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy in the Development.

SIZE OF APARTMENT:

- 1 Bedroom
- *Elderly/Disabled apartments are 1 Bedroom only**

UNIT TYPE REQUESTED:

- First Floor Unit
- Wheelchair Adapted Unit
- Hearing/Visual Adapted Unit
- No specific preferences or needs

APPLICANT TYPE

- (check all that apply):**
- Elderly (62+)
 - Disabled

Does any member of the household have any accessibility needs, reasonable accommodation requests, changes in a unit or development or alternate ways we need to communicate with you? *(Please explain.)* Yes No

Present housing cost per month \$ _____ Does this include utilities? Yes No

How long have you lived at present address? _____ years.

What are your reasons for moving? _____

How did you hear about this housing development? _____

HOUSEHOLD COMPOSITION

List all those who will occupy the apartment. INCLUDE YOURSELF.

#	FULL NAME OF EACH HOUSHOLD MEMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD	DATE OF BIRTH	SOCIAL SECURITY NUMBER	SEX	FULL TIME STUDENT (YES/NO)	DISABLED (YES/NO)
1		Head of Household					
2							

REFERENCES

Provide the full name and address of Landlords or Officials at other places you have lived over the last five years or past two residences, whichever is more inclusive (include shelters).

Name of Present Landlord/Official 1 _____ Telephone _____

Address _____

Name of Previous Landlord/Official 2 _____ Telephone _____

Address _____

*Are you or any member of your household currently receiving federal (HUD) or state housing assistance?

Yes No

If yes, list the household members and type of assistance being received below:

Household Member	Type of Housing Assistance	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____



NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference _____ Telephone _____

Address _____

Name of Character Reference _____ Telephone _____

Address _____

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER

Please indicate the income received and assets held by each member of your household. List each member by the corresponding number on the first page.

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____

..... Weekly Bi-weekly Monthly Yearly

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____

..... Weekly Bi-weekly Monthly Yearly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or grants.

Household Member	Type of Income	Gross Earnings (Before Taxes)			
_____	_____	\$ _____ per	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
_____	_____	\$ _____ per	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year
_____	_____	\$ _____ per	<input type="checkbox"/> week	<input type="checkbox"/> month	<input type="checkbox"/> year



INCOME FROM ASSETS

Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Real Estate holdings and Cash Value of a Life Insurance Policy.

Household Member	Type of Asset	Asset Value
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/ CONSIDERATIONS:

1. Have you been displaced from your home? Yes No If yes, please explain:

2. Does your present apartment contain health code violations? Yes No If yes, please explain:

3. Is your present apartment too small for your family? Yes No

4. Does your current housing cause any accessibility or other problems for any member of the household who has a disability? Yes No If yes, please describe:

5. Have you or any member of your household suffered actual or threats of physical violence by a spouse or other member of the household? Yes No If yes, please explain:

ADDITIONAL REQUIRED INFORMATION

Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? Yes No

If yes to the above, list the name of the persons and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required):

Have you or any member of your household resided outside of Massachusetts? Yes No

If yes, please list all other states of residence for each household member. _____



NOTE: A failure to respond fully to these questions may result in rejection or denial of this application.

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report or other criminal background check will be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

_____	_____	_____	_____
Head of Household/Applicant	Date	Co-Applicant (if applicable)	Date

Norwood Housing Authority does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to the Development, its employment, or in its programs, activities, functions or services.

NOTE: In completing this application, the Applicant has the right to include, as part of the application, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization as contact person to provide assistance to Applicant in connection with the application.

Applications for Federally Assisted Housing must include completed Form HUD-920006 (Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants).

Applicants for Non-Federally Assisted Housing may use Form HUD-920006 or provide supplemental or optional contact information below:

Name of Additional Contact Person or Organization: _____

Address: _____

Telephone No: _____

E-Mail Address (if applicable): _____

Relationship to Applicant: _____

Reason for Contact: _____

