

NORWOOD HOUSE  
 449 Washington Street  
 Norwood, MA 02062

**NORWOOD HOUSE – PROJECT BASED S8  
 PRELIMINARY APPLICATION**

Official use only Control No: _____ Time & Date Received: _____
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Name: \_\_\_\_\_ Are you employed in Norwood? Yes / No

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Social Security # \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Race: Responding to this question is optional. Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a minority, you may classify your household in that minority category.

Circle One: American-Indian      Asian      Black      Hispanic      White

Are you a client of any provider of services for persons with disabilities? YES / NO  
 If yes, please state name and address of agency: \_\_\_\_\_

Describe your current housing situation: \_\_\_\_\_

Amount of current rent: \$ \_\_\_\_\_

Please list the estimated gross income anticipated for all members of your household for the next 12 months  
 Income source: (Wages, Social Security, SSI, Pension, Annuity, TANF, Child Support, Alimony, Veterans Benefit, Others)

Household Member	Source of Income	Amount	Frequency (weekly / monthly)

Regular Medical Expense, please list below

Household Member	Type of Expense	Amount

Please list all assets for every member of your household. (Asset includes bank accounts, stock, bond, mutual funds, real estate, etc...)

Household Member	Type of Assets	Principal Value of Asset

Have you sold or transferred any assets in the last four years? YES / NO If, yes type of asset: \_\_\_\_\_

Date of sale / transfer: \_\_\_\_\_ Amount of rec'd: \_\_\_\_\_ Value of at time of sale: \_\_\_\_\_

Have you or any member listed on this application ever been convicted of a crime other than parking violations?

If yes, please explain: \_\_\_\_\_

Emergency Reference: (Name of person not living with you that we may contact in the event we are unable to reach you.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Tel# \_\_\_\_\_

In order to qualify for the "local preference", you must be living or working in the Town of Norwood at the time of your application and at the time your name comes to the top of the Waiting List. If you move into Norwood after your application has been processed, you must complete a new application in order to receive a "local preference".

I understand this application is not an offer for a unit. I understand I should not make any plans to move or to terminate my present tenancy. I understand that it is my responsibility to inform the Norwood Housing Authority in writing of my change in my address, household income or household composition. I authorize the Norwood Housing Authority to make inquiries from 3rd parties to verify the accuracy of the information I have provided on this application. I certify under the pains and penalties of perjury that the information I have given is true and complete.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Please attach addition explanation or documentation that you would like the authority to consider)