### Preliminary Application Federal Low-Income Public Housing

**Wayland Housing Authority**  
106 Main Street  
Wayland, MA 01778  
V/TTY: (508) 655-6310

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**Incomplete applications will not be processed.**

*If you need additional space to provide an answer, please attach an additional sheet(s).*

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1. **APPLICANT INFORMATION**  
   (Head of Household)

<table>
<thead>
<tr>
<th>Name of Applicant</th>
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<tr>
<th>Address of Current Residence</th>
<th>Apt. No.</th>
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<tbody>
<tr>
<td>City/Town:</td>
<td>State</td>
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<th>Mailing Address</th>
<th>Apt. No.</th>
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<td>City/Town:</td>
<td>State</td>
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<tr>
<th>Home phone:</th>
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<th>E-mail:</th>
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<td>Work Telephone</td>
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2. **TYPE OF PUBLIC HOUSING YOU ARE APPLYING FOR**  
   (Check all that apply to your household)

1. ☐ Bent Park Elderly/Disabled Housing ☐ Elderly (Age 62 and over) ☐ Non-Elderly Disabled

2. ☐ Cochituate Village Elderly/Disabled Housing ☐ Elderly (Age 62 and over) ☐ Non-Elderly Disabled

3. ☐ Family Public Housing (HUD Scattered Sites)

For Bent Park and Cochituate Village, the federal definition of a disabled person: A person who

1. has a disability defined as an inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or, in the case of a person who has attained the age of 55 and is blind, the inability by reason of such blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he or she has previously engaged with some regularity and over a substantial period of time, or

2. has a physical, mental, or emotional impairment which is expected to be of long continued and indefinite duration, which substantially impedes his or her ability to live independently, and is of such a nature that the ability to live independently could be improved by more suitable housing conditions, or

3. has a developmental disability which is a severe, chronic disability of an individual 5 years or older which is attributable to a mental or physical impairment or combination of impairments and which is manifested before the age of 22 and is likely to continue indefinitely and which results in substantial functional limitations in three or more of the following areas of major life activity (self-care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living and economic self-sufficiency), and which reflects the individual’s need for assistance that is lifelong or of extended duration and is individually planned and coordinated.

If you are disabled, you must provide certification by a doctor with this application. In addition, the WHA will need to determine that certain special architectural design features OR low rent housing is not available in the private market AND that the applicant is faced with living in an institution or decadent substandard housing OR the applicant is paying excessive rents.

Such term shall not exclude persons who have the disease acquired immunodeficiency syndrome (AIDS) or any conditions arising from the etiologic agent for AIDS.
3. **APPLICATION PREFERENCE** In addition to receiving local preference for the town where you principally reside, you may receive local preference based on where you are employed.

**Documentation must be submitted with this application in order to receive a preference.**
- □ Non-Wayland Resident
- □ Currently resides or works in the Town of Wayland
- □ Family with a child in the Wayland METCO Program at the time of application.
- □ Have a parent, grandparent, or child residing in Wayland.

4. **ACCESSIBILITY NEEDS**
   - Do you have any special needs due to disability or need a reasonable accommodation such as a first-floor unit for medical reasons? Specify: ______________________________________
   - Do you need a wheelchair accessible apartment? YES □ NO □
   - Do you need a first-floor level apartment? YES □ NO □

5. **NUMBER OF BEDROOMS NEEDED** (Please check one) 1 □ 2 □ 3 □ 4 □ 5 □
   Please note that Bent Park and Cochituate Village developments have only 1-bedroom units.

6. **RACIAL DESIGNATION** (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. (Please check all that apply)

   **Racial Designation**
   - □ White
   - □ Black/African
   - □ Native American/Alaska Native
   - □ Asian
   - □ Native Hawaiian/Other Pacific Islander

   **Ethnic Designation**
   - □ Hispanic or Latino
   - □ Not Hispanic or Latino

7. **HOUSEHOLD** Members of household to live in Unit, including Head of Household:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Social Security No.</th>
<th>Sex</th>
<th>Date of Birth</th>
<th>Occupation</th>
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   Attach additional sheets if needed.
   - Is a change in the household composition needed? (Please check one) YES □ NO □
   - If yes, what type of change? __________________________When? ____________________

8. **TOTAL GROSS ANNUAL HOUSEHOLD INCOME:** $__________
   Include all earned/unearned money/gifts coming into the household.
   - □ Wages $__________ □ Social Security $__________ □ Asset/Investments $__________
   - □ SSI/SSDI $__________ □ TANF/Welfare $__________ □ Real Estate $__________

9. **ASSETS** List all assets, real or personal property, bank accounts, annuities, retirement/pension funds, investments, insurance policies, etc. ________________________________________________________________

10. **I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE**
    I understand that the submission of false information or misrepresentation may result in loss of eligibility to participate in WHA housing programs.

    Signature: ___________________________ Date: _____________________