

Preliminary Application Federal Low-Income Public Housing

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

THIS BOX IS FOR OFFICE USE ONLY

Date of Receipt: _____
Control Number: _____
Barrier Free: _____
First Floor: _____
Elderly/Handicapped: _____
Race: _____
Priority Category: _____
Preference Category: _____
Language: _____

Bent Park
Cochituate Village Apartments
HUD Family Scattered Sites

Incomplete applications will not be processed.

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

1. APPLICANT INFORMATION (Head of Household)

Name of Applicant		
Address of Current Residence	Apt. No.	
City/Town:	State	Zip Code
Mailing Address	Apt. No.	
City/Town:	State	Zip Code
Home phone: ()	E-mail:	
Work Telephone ()		

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 has 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

Ethnic Designation

- White
- Black/African
- Native American/Alaska Native
- Asian
- Native Hawaiian/Other Pacific Islander

- Hispanic or Latino
- Not Hispanic or Latino

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

Name	Relationship	Social Security No.	Sex	Date of Birth	Occupation
	Head				

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: _____

