



174 South Common Street, Lynn, MA 01905
(781) 581 – 8760 / TTY (781) 477 – 2837

Date/Time Stamp: _____

WAITING LIST APPLICATION UPDATE

For Office Use Only:

- | | |
|---|--|
| <input type="checkbox"/> Federal Elderly/Handicapped (Wall Plaza) | <input type="checkbox"/> MRVP |
| <input type="checkbox"/> Federal Family (Curwin Circle) | <input type="checkbox"/> AHVP |
| <input type="checkbox"/> State Elderly/Handicapped | <input type="checkbox"/> Section 8 HCV |
| <input type="checkbox"/> State Family (705) | <input type="checkbox"/> LIHTC |

Initial Review By: _____

Control Number: _____
Bedrooms: 1 2 3 4 5

The information that you are being asked to provide as the Head of Household will be used to update the Lynn Housing Authority & Neighborhood Development's (LHAND) records and determine the following:

- If your household is on the correct waiting list;
- If your household should have completed an application for emergency housing; and
- If your household requires a unit with special features.

This information is subject to verification, and you will be required to sign releases that will permit the LHAND to confirm all information provided below. By signing this update, you are certifying that the information you have provided is correct. **Misrepresentation of information is grounds for removal from the waiting list or eviction from housing.**

Please Print Legibly.

- Head of Household: _____
- Current Address: _____
City State Zip Code
- Current Mailing Address (if different from above): _____
City State Zip Code
- Home Phone: () _____ Work Phone: () _____
- Are you Homeless: Yes No Do you have Veterans status: Yes No

6. Please provide the following information of all household members who will be living in the unit. If any of this information is not provided, the update will be considered incomplete and you may be removed from the Waiting List.

#	LEGAL NAME: (as it appears on Social Security Card) First, Middle Initial, Last	Relationship to Head of Household	Date of Birth	Gender (M/F)	* Race / Ethnicity	Full-Time Student (Yes/No)	Social Security #
1.		Head of Household			/		
2.					/		
3.					/		
4.					/		
5.					/		
6.					/		

7. Is there a member of your Household who requires a physically modified unit to address a disability?
Answer to this question is **not mandatory** for completion of this application.

- No Unit Modifications Required A Wheelchair Accessible Unit A Sensory – Impaired Accessible Unit
 Other Physical Adaptations

PLEASE COMPLETE OPPOSITE SIDE

8. Is anyone in your Household a member of a minority group? If yes, please indicate all minority group(s) to which they belong by checking the appropriate group(s) listed below. An answer to this question is **not mandatory** for completion of this application.

Native American Asian Afro – American White Hispanic Non – Hispanic

9. Total Household Income: List below all money earned or received by **all household members listed on page 1**. This includes money from wages, s self-employment, Unemployment, alimony, child support, and regular contributions or gifts received from persons not residing in the dwelling, TAFDC, Social Security, SSI, SSP, retirement, Pensions, Disability, Workman’s Comp, Military pay, Veteran Benefits, Rental Property Income, and all other sources.

Household Member	Income Source (ex. wages, child support)	Name & Address of Income Source	Gross Amount	Frequency
#:			\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Yearly
#:			\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Yearly
#:			\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Yearly
#:			\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Yearly
#:			\$	<input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Yearly

10. List all income or dividend producing assets of **all household members listed on page 1**:

Household Member	Type of Asset (ex. checking, retirement account)	Account #	Name & Address of Financial Institution	*Cash Value/ Balance	Interest Rate
#:				\$	%
#:				\$	%
#:				\$	%

11. List any disposed assets by **all household member listed on page 1**: (i.e. if during the last 2 years, any household member gave away any assets (such as cash, real estate, etc.) for less than they were worth):

Household Member	Description of Asset	Market/Cash Value	Amount Received	Date Disposed of
#:		\$	\$	
#:		\$	\$	

Any assets listed as disposed of for less than fair market value in the two years preceding the effective date of the certification will be counted as assets if the difference between the value and the amount received exceeds \$1000.

12. List all real estate owned by **all household member listed on page 1**: (ex. own a home, mobile home, or any other form of Real Estate (land and/or building))

Household Member	Address of Real Estate
#:	

13. Have you, or any household member 18 or older, ever lived in public housing or Section 8? Yes No

If Yes, when? _____ where? _____

I certify that the information contained in this application is true and complete under pains and penalty of perjury. I authorize the LHAND to make inquiries to verify the information I have provided on this application. I understand that it is my responsibility to inform the LHAND of any change in address or household composition.

Applicant Signature

Date

Warning: Title 18, Section 1001 of the U.S. Code provides, among other things that whoever knowingly and willfully makes or uses a document or writing containing false, fictitious or fraudulent statement or entry in any matter within the jurisdiction of any department or agency of the United States shall be fined not more than \$10,000 or imprisoned for not more than five years or both.

