

Medford Housing Authority
121 Riverside Avenue
Medford, MA 02155
Tel: 781-396-7200 Fax: 781-393-9223
Tenant Selection email: ccardello@medfordhousing.org

WAITING LIST UPDATE FORM

Control Number _____

- I. Name of Applicant Head of Household: _____
Address of Current Residence:
Street _____ Apt. No. _____
City/Town _____ State _____ Zip Code _____
Mailing Address_(if different from above):
Street _____ Apt. No. _____
City/Town _____ State _____ Zip Code _____
Home Telephone (____) _____ Work Telephone (____) _____
2. Do you need a wheelchair accessible unit? (circle one) YES NO
3. Is anyone in your household a person with disabilities that requires a specific accommodation to fully utilize our programs and services? (circle one) YES NO
If yes, who _____ what do they require _____
4. Are you homeless? (circle one) YES NO
- 4a. Date you became homeless: _____
5. Are you a Veteran of the U.S. Military that received an honorable discharge or the spouse, surviving spouse, dependent parent or child, or divorced spouse with a dependent child of a Veteran of the U.S. Military that received an honorable discharge?
(circle one) YES NO
6. Do you or a household family member currently work or have been hired to work in the City of Medford?
(circle one) YES NO
- 6a. If so, provide employer name, address and telephone number _____

Note: To receive the residency preference you will need to be a resident or employed in the City of Medford at the time your name is selected from the waiting list

7. Are you currently living in non-permanent transitional housing which is subsidized under the Mass.

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Alternative Housing Voucher Program? (circle one) YES NO

8. Do you have any pets? (circle one) YES NO

9. Racial Designation: (Responding to this question is optional.) (circle one)
 American-Indian Asian Black Hispanic White Other(specify)_____

10. Members of household who will live in Unit, including Head of Household: (Use additional sheet if Necessary).

| Name | Relationship | Social Security Number | Sex | Date of Birth | Amount of Income per Month |
|-------------|---------------------|-------------------------------|------------|----------------------|-----------------------------------|
| | HEAD | | | | |
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| | | | | | |

Total Household Income _____

11. Number of Bedrooms required: (circle one) 1 2 3 4

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Applicant's Certification:

I understand that this form is not an offer of housing. Based on this form I should not make any plans to move or to end my present tenancy. I understand that it is my responsibility to inform the Medford Housing Authority (MHA) in writing of any change of address, income or household composition; failure to respond to a notice from the MHA or to provide necessary information will result in my name being removed from the waiting list. I certify that the information that I have given in this Update Form is true and correct. I understand that any false statement or misrepresentation may result in rejection of my application or termination of any resultant public housing tenancy.

Signed under the pains and penalties of perjury.

Applicant Head of Household signature: _____ Date: _____