

**APPLICATION FOR  
TENANT-BASED RENTAL ASSISTANCE (TBRA)**

Please complete all information requested in ink. Do not leave blanks or we may be unable to process your application. Always keep your application information and address up to date with this office. Please print. Thank you and we look forward to assisting you.

**Return to: City of Waltham  
Housing Division  
119 School Street  
Waltham, MA 02451**

**Telephone numbers: 781-314-3380**

Date of Application \_\_\_\_\_

**I. Applicant Information**

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address (where you live now) \_\_\_\_\_ Social Security No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**II. Household member information:** Please list all persons who will live in the TBRA-assisted unit beginning with the applicant.

Name	Sex	Relationship to Applicant	Date of Birth	Place of Birth	Social Security Number	*Race
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

\*Race: White, Black, American Indian/Alaska Native, Asian or Pacific Islander, Hispanic, Other

You are not required to answer if someone in your household has a disability. However, if a household member has a disability you may qualify for additional deductions in your rent amount. Does any household member have a disability?  Yes  No If yes, list name(s) \_\_\_\_\_

You can voluntarily provide information on an alternate contact person. If we are unable to contact you, we will try to contact the alternate person on your behalf. NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

**III. Household Income**

Please provide all income/earnings information below for all household members. This income may include but is not limited to: Employment Income, Self-Employment Income, Unemployment Compensation, Social Security, TANF, Disability Income, Child Support, Pensions, Baby-Sitting Income, etc. If you have no income, write NONE below.

Name of Household Member Receiving Income	Employment or Self-Employment Gross Weekly Income and Employer Name	Weekly Unemployment Benefits	Social Security/ SSI Monthly Benefits	TANF Monthly Income	Child Support Monthly Income	Other Income List-Type and Monthly Amount
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Does anyone in your household have any other earnings/income or receive any money not listed above?  Yes  No

If yes, list type and amount monthly: \_\_\_\_\_

Does anyone help you pay your bills?  Yes  No If yes, list name and monthly amount: \_\_\_\_\_

**IV. Housing Assets:**

Do you have a checking account?  Yes  No Balance \_\_\_\_\_ Bank \_\_\_\_\_

Do you have a savings account?  Yes  No Balance \_\_\_\_\_ Bank \_\_\_\_\_

Do you own any real estate/property?  Yes  No Type \_\_\_\_\_ Value \_\_\_\_\_ Address \_\_\_\_\_

Do you have any of the following: Money Market Account?  Yes  No Certificate of Deposit?  Yes  No IRA Account?  Yes  No Stocks?  Yes  No Bonds  Yes  No Other (list) \_\_\_\_\_

Have you disposed of any assets for less than Fair Market Value during the two preceding years?  Yes  No  
If yes, please list \_\_\_\_\_

**V. Preferences:** The City of Waltham gives a preference to households that are Elderly, Disabled, or a family unit.

Does your household qualify for this preference?  Yes  No

**VI. General Information**

Do you currently live in subsidized housing?  Yes  No If yes, give name of agency or complex? \_\_\_\_\_

Have you previously lived in subsidized housing?  Yes  No Approximate date, address and agency name of each instance. \_\_\_\_\_

Do you owe money to any Housing Agency?  Yes  No If yes, list agency and amount owed. \_\_\_\_\_

Have you or anyone in your household been evicted from federally or state assisted housing, including public housing, for any reason which interfered with the health, safety or right to peaceful enjoyment of the premises by other residents in the last three years?  Yes  No If yes, give names, dates and details of incidents for each occurrence: \_\_\_\_\_

**VII. Signatures/Certification of True and Correct Information**

By completing and returning this application, you will automatically be placed on a waiting list for Tenant-Based Rental Assistance. Wait list applicants are kept on file for one (1) year only.

I/We hereby affirm that the answers to the foregoing questions are true and correct, and that I/we have not knowingly withheld any fact or circumstances which would, if disclosed, affect this application unfavorably. I/We hereby authorize inquiries to be made to verify the information given in this application. **Please be sure you have answered all questions. Otherwise, we will be unable to process your application.**

\_\_\_\_\_

( Applicant Signature )

\_\_\_\_\_

( Date )

\_\_\_\_\_

( Spouse Signature )

\_\_\_\_\_

( Date )

**WARNING: Section 1001, of Title 18 of the U.S. code, makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the United States as to any matter within its jurisdiction**