

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number** (SSN)? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

The Abrams Management Company, Inc.
621 Columbus Avenue
Boston, MA 02118
617/424-1300 TDD 800-545-1833, Ext. 609

Official Use Only: 12/98

Date Received: _____

Received by: _____

CAST I APARTMENTS

3-10 Columbia Terrace and 55-59 Columbia Street
Cambridge, MA 02139

Bedroom Sizes: Studio, 1, 2, 3, 4 & 5

Section 8 Certificate Yes () No ()

In order for us to process your application, you must answer each question:

NAME: _____ # OF BEDROOMS NEEDED: _____

PRESENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE #: _____ SOCIAL SECURITY #: _____

EMPLOYER/ASSISTANCE: _____

EMPLOYER TELEPHONE #: _____

ETHNIC GROUP (OPTIONAL):

☐ Black ☐ White ☐ Hispanic ☐ Asian ☐ Amer. Indian ☐ Other: _____

PRESENT LANDLORD NAME: _____

PRESENT LANDLORD ADDRESS: _____

DATE MOVED IN: _____ RENT: _____ /MO HEAT INCLUDED? ☐ Yes ☐ No

PREVIOUS LANDLORD NAME: _____

PREVIOUS LANDLORD ADDRESS: _____

DATE MOVED IN: _____ MOVED OUT: _____ RENT: _____ /MO HEAT INCLUDED? ☐ Yes ☐ No

Complete the following information for each who will in this apartment.

NAME	M/F	RELATIONSHIP	BIRTHDATE	OCCUPATION	INCOME PER WK MO YEAR
		Head of House			

Are you presently without permanent housing: ☐ Yes ☐ No If yes, since when: _____

PLEASE CHECK THE REASON THAT YOU DO NOT HAVE PERMANENT HOUSING:

- ☐ Displaced by fire or other natural disaster.
- ☐ Displaced by urban renewal, redevelopment or condemnation.
- ☐ Displaced by sale or conversion to non-residential use.
- ☐ Currently living in a shelter or agency assisting homeless or battered women.
- ☐ Referred by a shelter or agency assisting homeless or battered women.
- ☐ Currently living in a nursing home.

ARE YOU CURRENTLY:

- ☐ Living in substantially substandard housing? Verified by:
- ☐ Paying too much rent (50% or more of adjusted monthly income)?
- ☐ Living in overcrowded conditions? # of People _____ # of Bedrooms _____
- ☐ Other: _____

YOU MUST ANSWER YES OR NO TO THE FOLLOWING QUESTIONS:

1. Are you or any member of your household currently engaging in the illegal use of a controlled substance? ☐ Yes ☐ No
2. Have you or any member of your household been convicted of the illegal manufacture or distribution of a controlled substance? ☐ Yes ☐ No
3. Have you ever been evicted ? ☐ Yes ☐ No

For non-payment of rent? ☐ Yes ☐ No
If yes, what was your monthly income? \$ _____ What was your monthly rent? \$ _____

For other reasons? ☐ Yes ☐ No
Please explain: _____
4. Have you ever been convicted of a crime? ☐ Yes ☐ No
(Please be advised that a conviction of a crime will not automatically result in a rejection of your application for housing.) Please explain: _____

I hereby certify the above information is true and accurate to the best of my knowledge. My signature below gives my permission to The Abrams Management Company, Inc. to verify this information and to run a credit report

SIGNATURE: _____ DATE _____

- ❖ ***Equal Housing Opportunity***
- ❖ ***Equal Opportunity Employer***
- ❖ ***The Abrams Management Company, Inc. does not discriminate on the basis of disabled status.***
- ❖ ***Please contact the 504 Coordinator.***

NOTICE OF RIGHT TO REASONABLE ACCOMMODATION

If you have a disability and you need ...

- a change in the rules of policies or how we do things that would make it easier for you to live here and use the facilities or take part in programs on site;
- a change or repair in your apartment or a special type of apartment that would make it easier for you to live here and use the facilities or take part in programs on site-,
- a change or repair to some other part of the housing site that would make it easier for you to live here and use the facilities or take part in programs on site, or
- a change in the way we communicate with you or give you information,

you can ask for this kind of change, which is called a **REASONABLE ACCOMMODATION**.

If you can show that you have a disability and if your request is reasonable, if it is not too expensive, and if it is not too difficult to arrange, we will try to make the changes you request.

We will give you an answer in five (5) business days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more Information or verification from you, or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons and you can give us more information if you think that will help.

If you need help filling out a REASONABLE ACCOMMODATION REQUEST FORM, or if you want to give us your request in some other way, we will help you.

You can get a **REASONABLE ACCOMMODATION REQUEST FORM** at The Abrams Management Company, Inc., 621 Columbus Avenue, Boston, Massachusetts 02118 617/424-1300.

I have received a copy of the "Reasonable Accommodation" Policy:

Signature

Date

Address

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Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns): To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

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Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

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Street and Apt# City State Zip

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Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

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