

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.**

Your Name: \_\_\_\_\_

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

INCOME

Source	Amount (Annually)
Soc. Sec.	
SSI	
SSD	
AFDC	
Veteran's Assistance Pensions	
Alimony	
Child Support	
Other- (Unemployment, Interest, Other Wages, etc.)	
Full Time Student Income(only students 19 & over)	

ASSETS

Source	Amount
Savings Accounts	
NOW/Checking Accounts	
Stocks	
Bonds	
Cert. of Deposit	
Real Estate	
Trust Account	
Life Ins. Policy	
Face Value	

REFERENCES

Banks			
Name	Address	Account #	Type of Account

Credit			
Name	Address	Account #	Type of Account

Real Property:    Do you own any property/ Yes \_\_\_\_\_ No \_\_\_\_\_

                    If YES, Type of Property \_\_\_\_\_

                    Location \_\_\_\_\_

                    Appraised Market Value \$ \_\_\_\_\_

                    Mortgage or Outstanding Loans Balance Due \$ \_\_\_\_\_

                    Amount of Annual Insurance Premium \$ \_\_\_\_\_

                    Amount of Most Recent Tax Bill \$ \_\_\_\_\_

Certification of Assets Disposed of for Less than Fair Market Value

I have (    )    have not (    ) disposed of any asset(s) for less than fair market value in the (24 months) preceding 8/1/90. If assets were disposed of for less than fair market value, describe below.

Asset Disposed of	Date of Disposition	Fair Market Value	Amount Received

**Other Required Information**

**Vehicles.** List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_

License Plate # \_\_\_\_\_

Type of Vehicle \_\_\_\_\_ Year/Make \_\_\_\_\_ Color \_\_\_\_\_

License Plate # \_\_\_\_\_

**Pets.** Do you own any pets? ( ) Yes ( ) No

If yes, describe \_\_\_\_\_

Ate you displaced? ( ) Yes ( ) No

Is your unit condemned? ( ) Yes ( ) No

Are you now, or have you ever, lived in subsidized/Government assisted housing? ( ) Yes ( ) No

If yes, please give the address \_\_\_\_\_

Have you ever been evicted? ( ) Yes ( ) No

Reason \_\_\_\_\_

**In case of emergency, contact** \_\_\_\_\_

**Medical/Children/Handicap Assistance Expenses**

**Medical Costs:** Complete this part ONLY if Applicant is 62 or Older, Disabled or Handicapped.

Medicare Premiums Monthly Amount \$ \_\_\_\_\_

Monthly Amount \$ \_\_\_\_\_

Medical Insurance Coverage

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Monthly Amount \$ \_\_\_\_\_

Anticipated Medical/Drug/Prescription Costs NOT covered by Insurance NOR Reimbursed:

Monthly Amount \$ \_\_\_\_\_

Medical Bills or Outstanding Costs you are making monthly payments for:

Balance Due \$ \_\_\_\_\_ Monthly Payments \$ \_\_\_\_\_ Payable to: \_\_\_\_\_

Are you seeing a physician regularly? \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_

Projected Costs NOT covered by Insurance NOR Reimbursed for the next 12 months \$ \_\_\_\_\_

Any other medical expenses: List type and amounts: \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**Childcare Costs:** Complete ONLY for children 12 and younger:

Name(s) of children cared for \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

Name and Address of person or agency caring for children \_\_\_\_\_

Weekly cost for childcare due to employment \$ \_\_\_\_\_

Weekly cost for childcare due to education \$ \_\_\_\_\_

Handicap Assistance Expenses: Complete ONLY if Handicap expenses allow the Handicapped person, or another household member, to work:

List type of expenses, weekly amount, paid to whom:

\_\_\_\_\_  
\_\_\_\_\_

Are you applying for status as an elderly household where the applicant is 62 years or older or handicapped or disabled, Yes \_\_\_\_\_ No \_\_\_\_\_ If so, are you aware that you may qualify for certain deductions from you income, such as medical expenses? Please realize that eligibility must be verified..

Do you require a handicapped accessible unit? Yes \_\_\_\_\_ No \_\_\_\_\_

**Certification/Authorization**

**Certification**

I hereby certify that I do/will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this apartment prior to occupancy. I understand that my eligibility for housing will be based on Farmer's Home Administration income/occupancy limits and by CMJ Management Company, Inc. selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

**Signature:** \_\_\_\_\_  
**Applicant**

**Dated:** \_\_\_\_\_

**Authorization**

I do hereby authorize CMJ Management and its staff or authorized representative to contact any agencies, offices, groups or organizations to complete my application for housing in programs administered/managed by CMJ Management Company, Inc.

**Signature:** \_\_\_\_\_  
**Applicant**

**Dated:** \_\_\_\_\_

“The information regarding race, national origin, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through the Farmer’s Home Administration, that Federal Laws prohibiting discrimination against tenant applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application, or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex of individual applicants on the basis of visual observation or surname.”

White \_\_\_\_\_ Black \_\_\_\_\_ American Indian or Alaskan Native \_\_\_\_\_ Hispanic \_\_\_\_\_

Asian or Pacific Islander \_\_\_\_\_ Other \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

**CMJ MANAGEMENT COMPANY**  
150 MT. VERNON STREET SUITE 520  
BOSTON, MA 02125  
617-822-7300 V/TDD

**ATTACHMENT TO APPLICATION**

I understand that this is a preliminary application. I also understand that additional information may be requested at a later date to complete the processing.

In consideration for being permitted to apply for this apartment, I, Applicant, do represent all information in this application to be true and accurate and that the owner/manager/employee/agent may rely on this information when investigating and accepting this application. Applicant hereby authorizes the owner/manager agent to make independent investigations to determine my credit, financial and character standing. Applicant authorizes any person, or credit checking agency having any information on him✓her to release any and all such information to the owner/manager/employee or their agents or credit checking agencies. Applicant hereby releases, remises and forever discharges, from any action whatsoever, in law and equity, all owners, managers, and employees, or agents, both of Landlord and their credit checking agencies in connection of processing, investigating, or credit checking this application, and will hold them harmless from any suit or reprisal whatsoever. I understand that the credit report (rental history arrest and/or conviction records, and retail credit history) will be done through Me facilities of The INFO Center, Inc., Feeding Hills, MA 01030, Consumer Phone 413-562-5650.

The statements on my application are made under the penalties of perjury and all must be verified.

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

# Housing History, Page 1

**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

## 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

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