

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

D. HOUSEHOLD INCOME

Please indicate the income received and assets held by each member of your household. List each Member by the corresponding number on the first page.

MEMBER # _____

NAME OF PRESENT EMPLOYER _____

Address of Employer _____

Gross Wages \$ _____ () Weekly () Bi-weekly () Monthly Length of Employment _____

MEMBER # _____

NAME OF PRESENT EMPLOYER _____

Address of Employer _____

Gross Wages \$ _____ () Weekly () Bi-weekly () Monthly Length of Employment _____

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI Pensions, Disability Compensation, Unemployment Compensation, Alimony, Child Support, Military Pay, etc.

Household Member	Type of Income	Gross Earnings (Before Taxes)	
_____	_____	_____	per _____
_____	_____	_____	per _____
_____	_____	_____	per _____
_____	_____	_____	per _____ (week, month, year)

ASSET INFORMATION	NAME OF BANK	AMOUNT
Savings & Checking Accounts: _____		
Savings Certificates _____		
Stocks/Bonds _____		
Property Owned _____		Value \$ _____
Life Insurance Cash Value \$ _____		
Name(s) of Insurance Companies _____		
Assets disposed of within last 2 years for less than market value: Please explain: _____		

1. Have you been displaced from your home by fire, flood, earthquake or a disaster recognized under disaster relief laws?

_____ Yes _____ No
2. Have you been displace from your home by Public Action (Urban Renewal)

_____ Yes _____ No
3. Have you been displaced from your home because of health code violations which resulted in formal condemnation of the apartment?

_____ Yes _____ No
4. Have you been displace from your home because you are a victim of domestic Violence or living with a person who engages in domestic violence (Applies to household with one or more children under the age of 18)?

_____ Yes _____ No

I/We hereby certify that the information furnished on this application *is true and complete*, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All innformation is regarded as confidential in nature, and a consumer credit report and a Criminal Offense Record Information (CORI) report may also be requested. I/We certify that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that I/we have received a notice from the management agent describing the right to reasonable accom-
modations for person with disabilities.

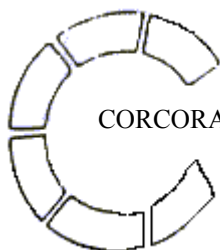
Signed under the pains and penalties of perjury.

Head of Household/Applicant

Date

Co-Applicant

Date



CORCORAN MANAGEMENT COMPANY, INC.

LINCOLN SCHOOL *SPECIAL HOUSING NEEDS*

This form is designed for applicants who answered "yes" to the special housing facilities questions on Page 1 of the rental application.

Answers to the following questions are optional. However, if you decline to answer, we may be unable to determine if you qualify for a reasonable accommodation or if you are eligible for a special unit for mobility-impaired

A. Do you or any member of your household have a condition that requires

- | | |
|---|---|
| <input type="checkbox"/> A separate bedroom | <input type="checkbox"/> Unit for vision impaired |
| <input type="checkbox"/> Unit for hearing impaired | <input type="checkbox"/> Barrier-free apartment |
| <input type="checkbox"/> Other physical modifications | <input type="checkbox"/> Wheelchair accessible apt. |
| <input type="checkbox"/> Communication in a specially requested format because of a disability. | |

If you checked any of the above, please explain exactly what you will need in the apartment or other services:

B. Can you and all members of your family go up and down stairs unassisted?

_____ Yes _____ No. If no, please indicate how we can accommodate your family:

C. Will you or any member of your family requires a live-in aide to assist you?

_____ Yes _____ No. If no, please explain:

D. What is (are) the name(s) of family members who need the features or assistance requested above:

E. Are there any other accommodations which you or a family member will need?

_____ Yes _____ No. If no, please explain :

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: _____
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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