

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



Plumley Village East

Application No.

Interview

Applicant's Last Name

Date Received

Time Received

APPLICATION FOR HOUSING

The Community Builders, Inc., Management Agent for Plumley Village East

16 Laurel Street ♦ Worcester, MA ♦ 01608-1011 ♦ (508) 757-3801

Plumley Village East does not discriminate on the basis of race, color, creed, religion, sex, national origin, age, familial status, socio-economic class, membership in the sponsoring organization, disability or handicap.

- 1) **Current Family Composition - (Please Print)** Complete the following information for each member of your family (including yourself) who will be occupying the apartment. (NOTE: A Social Security number must be provided for **all** persons age (6) and older. Applicants will be required to provide proof for each Social security number.)

	Name (as it appears on your Social Security card)	Soc. Security #	Date of Birth	Age	Sex	Relationship
Applicant						
Spouse/ Co-Head						
Other						
Other						
Other						
Other						
Other						
Other						
Other						

How many bedrooms does your household require? _____

- 2) **Do you anticipate any changes in your family composition within the next 12 months?** ☐ Yes ☐ No If yes, please explain: _____

3) Current Address and Telephone Number

Street Address (Number and Street Name)	City	State	Zip Code

Dates of Occupancy	Home Phone Number
From To	

4) Current Landlord (Name, Address and Telephone Number)

Landlord's Name (Full Name)	Phone Number

Street Address (Number and Street Name)	City	State	Zip Code

5) Current Living Situation (Check those which apply)

Do you own your own home? ☐ Yes ☐ No

Do you rent? ☐ Yes ☐ No

Do you live with others? ☐ Yes ☐ No

If yes, whom do you live with? _____

Do you have other living arrangements? ☐ Yes ☐ No

If yes, please explain: _____

6) Previous Addresses - If you have moved within the last five years, please list your previous addresses (include all states and all countries), landlords, and dates of occupancy in the spaces provided below. (Start with the address of where you lived before you moved to your current address).

A.

Street Address (Number and Street Name)	City	State	Zip Code

Dates of Occupancy
From To

A.

Landlord's Name (Full Name)	Phone Number

Landlord's Street Address (Number and Street Name)	City	State	Zip Code

B.

Street Address (Number and Street Name)	City	State	Zip Code

Dates of Occupancy	Home Phone Number
From To	

B.

Landlord's Name (Full Name)	Phone Number

Landlord's Street Address (Number and Street Name)	City	State	Zip Code

C.

Street Address (Number and Street Name)	City	State	Zip Code

Dates of Occupancy	Home Phone Number
From To	

C.

Landlord's Name (Full Name)	Phone Number

Landlord's Street Address (Number and Street Name)	City	State	Zip Code

7) Please indicate below your current monthly housing expenses:

Rent \$ _____ Gas \$ _____ Oil \$ _____

Electricity \$ _____ Water/Sewer \$ _____

Other (specify) _____

8) Do you now live, or have you ever lived, in subsidized housing? ☐ Yes ☐ No

If yes, when did you live in subsidized housing? Move-In Date _____ Move-Out Date _____

Reason for moving: _____

9) Have you ever been evicted? ☐ Yes ☐ No **If yes, why were you evicted?**

10) Are you being forced to move from your home? ☐ Yes ☐ No If yes, please explain:

11) Are you currently serving in the U.S. military? ☐ Yes ☐ No

If yes, what branch? _____

12) Are you currently being forced to move from your home due to a government (federal, state or local) action? ☐ Yes ☐ No

If yes, explain:

13) Do you currently have a subsidy voucher or certificate (often referred to as Section 8) **from another housing program?** ☐ Yes ☐ No

If yes, please provide the name of the housing program that issued the voucher or certificate:

14) Is the Head of Household or Spouse handicapped or disabled? ☐ Yes ☐ No

If yes, will they require any adaptations (e.g. grab bars, levered door handles or faucets, etc.) to their unit? ☐ Yes ☐ No

Please explain: _____

15) Please identify the racial or ethnic group of which you are a member.

(This is optional)

☐ Black

☐ Asian/Pacific Islander

☐ Native American

☐ Hispanic

☐ Other (please specify) _____

16) Do you own any real estate?

☐ Yes

☐ No

If yes, please include a letter from a realtor or appraiser stating an opinion of the value of your property. If other than your present address, please specify the property's (or properties) address(es).

Street Address (Number and Street Name)	City	State	Zip Code

17) Does anyone listed in question #1 have paid employment?

Applicant

☐ Yes

☐ No

Employer's Name	Employer's Address	Position/Job Title

Does this person have a second job?

☐ Yes

☐ No

Co-Head/Spouse

☐ Yes

☐ No

Employer's Name	Employer's Address	Position/Job Title

Does this person have a second job?

☐ Yes

☐ No

Other Household Member (18 or older)

☐ Yes

☐ No

Employer's Name	Employer's Address	Position/Job Title

Does this person have a second job?

☐ Yes

☐ No

Other Household Member (18 or older)

☐ Yes

☐ No

Employer's Name	Employer's Address	Position/Job Title

Does this person have a second job?

☐ Yes

☐ No

18) Sources of Income - Please specify the gross monthly amounts for the following items:

Source of Income	Applicant's Monthly Income	Spouse's Monthly Income	Other Household Members Income NAME Amount	
Salary	\$	\$		\$
Social Security	\$	\$		\$
Supplemental Security Income	\$	\$		\$
Pension/Retirement Income Name of Fund _____	\$	\$		\$
Pension/Retirement Income Name of Fund _____	\$	\$		\$
Other Pension or Annuity Name of Fund _____	\$	\$		\$
Unemployment	\$	\$		\$
Worker's Compensation	\$	\$		\$
TAFDC/Welfare Assistance (per Month)	\$	\$		\$
Child Support (per Month)	\$	\$		\$
Alimony (per Month)	\$	\$		\$
Other (Specify):	\$	\$		\$
Other (specify):	\$	\$		\$

19) Does anyone listed in question #1 have a Savings Account?

☐ Yes ☐ No

Account#	Rate of Interest	Balance	Bank Name
	%	\$	
	%	\$	
	%	\$	

20) Does anyone listed in question #1 have a Checking Account?

☐ Yes ☐ No

Account#	Rate of Interest	Balance	Bank Name
	%	\$	
	%	\$	
	%	\$	

21) Does anyone listed in question #1 have Certificates of Deposit? ☐ Yes ☐ No

CD #	Rate of Interest	Term of CD	Principal Amount	Bank Name
	%		\$	
	%		\$	
	%		\$	

22) Does anyone listed in question #1 own any Stocks or Bonds? ☐ Yes ☐ No

Stocks		Bonds	
<i>Name of Company</i>		<i>Paying Company</i>	
<i># Shares of Stock</i>		<i>Interest Earned</i>	
<i>Dividend Paid</i>		<i>Value</i>	

23) Does anyone listed in question #1 have any other assets? ☐ Yes ☐ No

If yes, please specify: _____

24) Has anyone listed in question #1 disposed of any assets in excess of \$2000 or put any assets into trust during the two years preceding the date of this application?

☐ Yes ☐ No

Type of Asset	Date Disposed	Dollar Amount Received

26) Do you expect any change in your household income or assets during the next 12 months?

☐ Yes ☐ No

If yes, please specify: _____

27) Do you own a pet? ☐ Yes ☐ No. If yes, please specify type: _____

28) Why do you want to move to this property? Please use another sheet of paper if additional space is required.

29) References - Please give three (3) references (other than family members).

Name	Street Address	City	State	Phone Number

APPLICANT CERTIFICATION - PLEASE READ EACH ITEM BELOW CAREFULLY BEFORE YOU SIGN.

- 1) I hereby certify that the information provided in this application is correct, to the best of my knowledge.
- 2) I understand that if this application is not filled out completely, it may be cancelled.
- 3) I understand that this is a preliminary application and the information provided does not guarantee housing. I also understand that additional information and verifications may be necessary to complete the application process.
- 4) I hereby give **The Community Builders, Inc.** authorization to verify the information contained within this application. I also give authorization to check my credit history and to run a check of my criminal history background and my housing court history.
- 5) WARNING: Section 1001 of Title 1B of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction. It is a criminal offense to make willful false statements or misrepresentations on this application and is grounds for denying residency.

Date

Applicant's Signature

Date

Co-Head/Spouse Signature

In the event of any dispute or differences in interpretation, the parties agree that the form of the application in English shall prevail. The applicant shall submit and sign the English language application with any translated application attached thereto.



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

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

Housing History, Page 3

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