

**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**

# *John F. Kennedy Apartments*

INDEPENDENT & ASSISTED LIVING

## ASSISTED LIVING APPLICATION

Please complete and return this confidential application with a \$50 administrative health and wellness assessment service fee. This fee is fully refundable if the application is withdrawn from consideration by you or John F. Kennedy Apartments. The fee is not a deposit of any kind and is not applied toward residency charges. Thank you.

### General Information

Applicant Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Town/City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ How long at this address? \_\_\_\_\_ years  
Telephone where applicant can be reached \_\_\_\_\_  
Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_ Gender \_\_\_\_ Male \_\_\_\_ Female  
Current or former occupation or profession \_\_\_\_\_  
Contact information on the person assisting you as you consider John F. Kennedy Apartments (if applicable):  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ Town/City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
How did you hear about John F. Kennedy Apartments? \_\_\_\_\_  
What is your anticipated move-in date? \_\_\_\_\_

### Current Living Situation

Are you/have you been a tenant of the Cambridge Housing Authority? \_\_\_\_ Yes \_\_\_\_ No  
If yes, when? \_\_\_\_\_  
If yes, which building(s)? \_\_\_\_\_  
Do you rent or own your home? \_\_\_\_ Rent \_\_\_\_ Own Is home listed in applicant's name? \_\_\_\_ Yes \_\_\_\_ No  
What type of housing do you live in? \_\_\_\_ Apartment \_\_\_\_ Single Family \_\_\_\_ Multi-Family \_\_\_\_ Condo  
\_\_\_\_ Other (please describe) \_\_\_\_\_  
Current monthly rental rate \_\_\_\_\_  
Name of Landlord/Owner/Manager \_\_\_\_\_ Telephone \_\_\_\_\_  
Previous address: \_\_\_\_\_  
Are you considering other housing alternatives? \_\_\_\_ Yes \_\_\_\_ No  
If so, which ones? \_\_\_\_\_  
Do you own an automobile? \_\_\_\_ Yes \_\_\_\_ No  
Do you drive yourself regularly? \_\_\_\_ Yes \_\_\_\_ No Do you intend to maintain a car? \_\_\_\_ Yes \_\_\_\_ No

## Daily Living

Are there any problems or concerns you would like our staff to be aware of, or any special support you might need to live in our community? \_\_\_\_\_

Do you require someone (friend, relative or other person) to live with you at the present time?

If so, who? \_\_\_\_\_ Reason for this need? \_\_\_\_\_

If not, do you require someone to assist you during the day? \_\_\_\_ Yes \_\_\_\_ No

If yes, what type of assistance do you receive? \_\_\_\_\_

Please use an "X" to indicate your desire for assistance in the following areas:

Task	No Assistance Needed	Minimal Assistance Needed	Full Assistance Required
Housekeeping			
Laundry			
Bathing			
Budgeting			
Shopping			
Transportation			
Dressing			
Medication Reminders			
Escort / Mobility			
Night Care			
Shaving / Grooming			

## Health Care Information

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

How would you describe your present state of health? \_\_\_\_ Excellent \_\_\_\_ Good \_\_\_\_ Fair

How often do you see your doctor? \_\_\_\_\_ When was your last visit? \_\_\_\_\_

Do you use any assistance such as a cane, walker or wheelchair? \_\_\_\_ Yes \_\_\_\_ No Type \_\_\_\_\_

Are you on a special or restricted diet? \_\_\_\_ Yes \_\_\_\_ No Please Describe \_\_\_\_\_

Do you smoke? \_\_\_\_ Yes \_\_\_\_ No

## Medication and Insurance Information

Are you on any medications at the present time? \_\_\_\_ Yes \_\_\_\_ No

If yes, please list the medication(s) and condition(s) being treated:

Medication _____	Condition _____
_____	_____
_____	_____
_____	_____

Please list all of your medical insurance coverage, including Medicaid, supplemental and long-term care insurance:

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

## Financial Information

Please provide the following financial information (this information will be kept confidential):

Employment Income	\$ _____ per month
Social Security Income	\$ _____ per month
Employer Pension	\$ _____ per month
Interest & Dividend Income	\$ _____ per month
Annuity Income	\$ _____ per month
Life Insurance Benefits	\$ _____ per month
Support from Family	\$ _____ per month
Rental Income	\$ _____ per month
Other:	\$ _____ per month
<b>Total Monthly Income</b>	<b>\$ _____ per month</b>

What are your assets/savings? \_\_\_\_\_

What is the approximate value of your home? \_\_\_\_\_

Is there any additional information we should be aware of when reviewing your financial resources?

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

I understand and agree that this application is neither a contract, nor a reservation for residency. Nothing contained in this document is legally binding on me or John F. Kennedy Apartments unless and until a Residency Agreement has been signed by all parties involved.

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Signature of Applicant

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Date of Application

**Completion of this section is voluntary:**

In order to help us carry out our responsibilities under applicable Fair Housing Laws, we ask that you identify yourself by one of the following designations:

(Please circle one)    Caucasian            Black / African American            American Indian / Alaskan Native  
                         Asian            Hispanic / Latino            Other

## *John F. Kennedy Apartments*

INDEPENDENT & ASSISTED LIVING

55 Essex Street • Cambridge, MA 02139

Tel 617-499-7147 • Fax 617-499-7161

[www.seniorlivingresidences.com](http://www.seniorlivingresidences.com)



## 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