

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



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: \_\_\_\_\_

Are 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 & 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 Handicap or another household member to work: List type of expenses, weekly amount, paid to whom:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Certification/Authorization**

**Certification**

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment. I/We understand that my/our eligibility for housing will be based on Rural Development's income/occupancy limits and by CMJ Management Company, Inc. selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We 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	Co-Applicant
Dated: _____	Dated: _____

**Authorization**

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

Signature:

_____	_____
Applicant	Co-Applicant
Dated: _____	Dated: _____

**Family Household Composition**

"The information regarding race, national origin, religion, and sex designation solicited on this application is requested in order to assure the Federal Government, acting through Rural Development, that Federal Laws pro- discrimination against tenant applicants on the basis of race, color, national origin, sex, familial status, age, religion, 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 _____

# 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

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DATES YOU LIVED THERE:

Name on the lease \_\_\_\_\_ to \_\_\_\_\_

Address you lived at: \_\_\_\_\_  
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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

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