

**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**

***Mid-Point: Transitional Housing for Cambridge Families  
A Program of Shelter, Inc.***

***Application Form***

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SS#: \_\_\_\_\_

**FAMILY COMPOSITION**

Name (First & Last)	Relationship	Date of Birth

(ATTACH OTHER SHEETS IF NECESSARY)

Are there other members of your family not living with you?

Name (First & Last)	Relationship	Date of Birth

Do your children see their other parent?    ☐ Yes    ☐ No

Explain

\_\_\_\_\_

Do you and your child(ren) maintain an on-going relationship with your family and/or the child's paternal family?    ☐ Yes    ☐ No

Explain:

\_\_\_\_\_

## HOUSEHOLD INCOME

Household Member	Wages/Salary	SS, SSI, SSDI, Pensions, etc.	TAFDC/EADC/Child Support

Total Income: \_\_\_\_\_

## EDUCATION

Highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

College 1 2 3 4 \_\_\_\_\_

High school diploma: \_\_\_\_Yes \_\_\_\_No

GED/Equivalency: \_\_\_\_Yes \_\_\_\_No

If Yes: Date Completed: \_\_\_\_\_ Where: \_\_\_\_\_

Do you have records/transcripts? \_\_\_\_Yes \_\_\_\_No

Are you currently in school? \_\_\_\_Yes \_\_\_\_No

If Yes: Where: \_\_\_\_\_

Current course of study: \_\_\_\_\_

\_\_\_\_Full Time \_\_\_\_Part Time

Start Date\_\_\_\_\_ Projected Completion Date\_\_\_\_\_

Financing: \_\_\_\_\_

How are your grades?\_\_\_\_\_

Any difficulties with attendance

\_\_\_\_\_

What do you plan to do after leaving school?

\_\_\_\_\_

Do you have any plans to further your education?

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Do you think you have sufficient English reading and writing skills to function in an employment situation?    ☐ Yes    ☐ No

Explain: \_\_\_\_\_

Are all of your school-aged children enrolled in school?    ☐ Yes    ☐ No

If No, explain:

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Child	Name of School	Grade	Teacher

(ATTACH OTHER SHEETS IF NECESSARY)

Are any of your children experiencing behavioral/academic difficulties in school?

☐ Yes    ☐ No    If Yes, explain:

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Do any of your children need specialized educational programs (i.e., special education programs, tutoring, etc.)?    ☐ Yes    ☐ No

If Yes, explain:

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Have any of your children had a CORE at school?    ☐ Yes    ☐ No

If Yes, explain: \_\_\_\_\_

Has an IEP been developed? If yes, when? \_\_\_\_\_

SUMMARY OF FAMILY'S EDUCATIONAL NEEDS *(to be completed by Mid-Point staff after interview):*

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### **JOB TRAINING**

Have you participated in any skills training programs? \_\_Yes \_\_No

If Yes:

Program \_\_\_\_\_

Location\_\_\_\_\_

Description\_\_\_\_\_

Dates\_\_\_\_\_ ET/Mass JOBS\_\_\_\_\_ Completed?\_\_\_\_\_

Program\_\_\_\_\_

Location\_\_\_\_\_

Description\_\_\_\_\_

Dates\_\_\_\_\_ ET/Mass JOBS\_\_\_\_\_ Completed?\_\_\_\_\_

Are you currently enrolled in MassJOBS, FEP? \_\_\_\_Yes \_\_\_\_No

If Yes,explain:

SUMMARY OF FAMILY'S JOB TRAINING NEEDS *(to be completed by Mid-Point staff after interview):*

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## WORK HISTORY

Overall, what type of work have you done the most?

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Other Experience:

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Average length of time employed at each job: \_\_\_\_\_

## EMPLOYMENT HISTORY

Employer: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ to Now

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Employer: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Why did you leave: \_\_\_\_\_

Employer: \_\_\_\_\_ From \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ per \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Why did you leave: \_\_\_\_\_

What are your long term goals for employment?

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What type of educational or employment training program do you think you may need to obtain this type of employment?

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If currently employed:

What do you like/dislike about your job?

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How do you get along with your supervisor?

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How often do you miss work? For what reasons?

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Are there changes you would make in your employment situation?

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If NOT employed:

Are you currently looking for work? \_\_\_\_Yes \_\_\_\_No

If Yes:

What type of work are you looking for?

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What have you tried so far to find work? \_\_\_\_\_

What barriers do you feel get in the way of your finding employment?

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SUMMARY OF FAMILY'S CAREER PLANNING OR JOB SEARCH NEEDS *(to be completed by Mid-Point staff after interview)*:

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## MEDICAL

Do all members of your household have health insurance? \_\_\_\_Yes \_\_\_\_No

Name of Health Insurance: \_\_\_\_\_

Where does your family receive health care?

Parent/Guardian \_\_\_\_\_ MD Name \_\_\_\_\_

Health Care Facility \_\_\_\_\_

Child(ren) \_\_\_\_\_ MD Name \_\_\_\_\_

Health Care Facility \_\_\_\_\_

Are you or your children on any medications that require medical supervision? \_\_\_\_Yes \_\_\_\_No

If Yes, Explain: \_\_\_\_\_

When was the last time you had a physical examination? \_\_\_\_/\_\_\_\_

When was the last time your child(ren) had a physical examination? \_\_\_\_/\_\_\_\_

Are all your children vaccinated? \_\_\_\_Yes \_\_\_\_No

Do you have a family history that presents a need for immediate medical screening (i.e., high blood pressure, diabetes, heart disease, myopia) \_\_\_\_Yes \_\_\_\_No

\_\_\_\_\_

Are there any medical needs that might have an impact on your ability to be employed or attend school? \_\_\_\_Yes \_\_\_\_No

If Yes, Explain: \_\_\_\_\_

Do you currently have any other concerns about your or your family's health?

\_\_\_\_Yes \_\_\_\_No

If Yes, Explain: \_\_\_\_\_

SUMMARY OF FAMILY'S MEDICAL NEEDS *(to be completed by Mid-Point staff after interview):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## CHILD CARE

Are you currently using childcare? \_\_\_\_ Yes \_\_\_\_ No

If Yes, explain:

\_\_\_\_\_

If Yes:

Child Care Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Child	Age	Type of Child Care	Hours per week	\$ per week

(ATTACH OTHER SHEETS IF NECESSARY)

Total Per Week: \$ \_\_\_\_\_

List the names of children for whom you would need child care services if you took training courses/education /full-time job.

Name of Child	Age	Type of Day Care (all day, 1/2 day, after school)

(ATTACH OTHER SHEETS IF NECESSARY)

SUMMARY OF FAMILY'S CHILD CARE NEEDS *(to be completed by Mid-Point staff after interview):*

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### TRANSPORTATION

What is your usual source of transportation for activities such as going to work, school, social activities, household errands, transporting children or other family needs?

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Do you have a valid driver's license? \_\_\_\_Yes \_\_\_\_No

Do you buy a monthly T Pass? \_\_\_\_Yes \_\_\_\_No

If No, explain\_\_\_\_\_

How do you (would you) transport your children to day care?\_\_\_\_\_

SUMMARY OF FAMILY'S TRANSPORTATION NEEDS *(to be completed by Mid-Point staff after interview):*

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### BUDGETING

Does your family have a plan for budgeting their income? \_\_\_\_Yes \_\_\_\_No

How do you determine how your income is spent each month? \_\_\_\_\_

Do you keep a record of your monthly expenses? \_\_\_\_Yes \_\_\_\_No

Have you had problems meeting bills or paying your rent in the past? \_\_\_\_Yes \_\_\_\_No

Do you currently have a student loan? \_\_\_\_Yes \_\_\_\_No

Amount: \$\_\_\_\_\_ (total owed)      Monthly payment: \$\_\_\_\_\_

If Yes, have you had trouble paying it? \_\_\_\_Yes \_\_\_\_No

Do you currently owe any past rent, utility bills, telephone, beeper, cable, credit cards?

\_\_\_Yes \_\_\_No

Creditor	Amt. Owed	Amt. Paid Monthly

(ATTACH OTHER SHEETS AS NECESSARY)

Do you feel you are able to provide for basic necessities (i.e., food, clothing, fuel, diapers, medicine, etc.)? \_\_\_Yes \_\_\_No

Do you have a plan for savings? \_\_\_Yes \_\_\_No

Would you be interested in budget counseling or financial planning? \_\_\_Yes \_\_\_No

Do you have either a checking or savings account? \_\_\_Yes \_\_\_No

If yes, what type and total balance: \_\_\_\_\_

SUMMARY OF FAMILY'S FINANCIAL & BUDGETING NEEDS *(to be completed by Mid-Point staff after interview)*:

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### **DOMESTIC VIOLENCE HISTORY**

Have you ever been involved in an abusive relationship? \_\_\_Yes \_\_\_No

If Yes, explain:

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If you are currently involved in an abusive relationship:

Name of Abuser: \_\_\_\_\_ Relationship: \_\_\_\_\_

Abuser's Address: \_\_\_\_\_

How does/did the abuser hurt you?

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Have you ever sought medical treatment? \_\_\_\_\_

If Yes, explain injury(ies): \_\_\_\_\_

Medical facility \_\_\_\_\_ Treatment \_\_\_\_\_

Date(s) treated \_\_\_\_\_

Are you still in contact with this person? \_\_\_\_\_

Do you have a current restraining order? \_\_\_\_\_

How long is it in effect: \_\_\_\_\_

Has this person ever hurt your child(ren)? \_\_\_\_\_

Were your children present for the abuse? \_\_\_\_\_

Is the abuser trying to gain custody of the children?

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How did you leave your abuser?

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Have you and/or your abuser ever been involved in domestic violence counseling? \_\_\_\_Yes \_\_\_\_No

If Yes, explain:

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SUMMARY OF DOMESTIC VIOLENCE HISTORY & SERVICE NEEDS *(to be completed by Mid-Point staff after interview):*

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## DRUG AND ALCOHOL HISTORY

Have you or any members of your household ever experienced difficulties with drugs or alcohol?

☐ Yes ☐ No

If Yes, explain:

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Are you in recovery? ☐ Yes ☐ No

If Yes,

How long have you been "clean/sober"? \_\_\_\_\_

What was your drug of choice: \_\_\_\_\_

Do you participate in any outpatient services or an AA or NA program?

☐ Yes ☐ No

Has anyone in your family ever been hospitalized for drugs or alcohol?

☐ Yes ☐ No

If Yes, explain: \_\_\_\_\_

How often do you drink alcohol? Include kind and amounts

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Does your significant other drink or do drugs? ☐ Yes ☐ No If Yes, explain:

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Have you ever missed work or school because of alcohol? ☐ Yes ☐ No

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Has anyone ever suggested to you that you may have a problem with drugs or alcohol?

☐ Yes ☐ No

Are you concerned about the drug or alcohol use of anyone else in your household or close to you?

☐ Yes ☐ No Who? \_\_\_\_\_

If you felt that you or your family were experiencing drug or alcohol-related problems, would you know where to go for help? ☐Yes ☐No

SUMMARY OF SUBSTANCE ABUSE HISTORY AND SERVICE NEEDS *(to be completed by Mid-Point staff after interview)*:

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### LEGAL HISTORY

Are you or any members of your household experiencing any legal difficulties?

\_\_\_Yes \_\_\_No If Yes, explain:

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In the past seven years?

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SUMMARY OF FAMILY'S LEGAL ASSISTANCE NEEDS *(to be completed by Mid-Point staff after interview):*

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### SOCIAL SERVICES

Are you currently involved with the Dept. of Social Services? \_\_\_Yes \_\_\_No

If Yes, Child(ren) involved\_\_\_\_\_

Reason: \_\_\_\_\_

Name of DSS Worker: \_\_\_\_\_

DSS Office & Phone #: \_\_\_\_\_

Date Case Opened\_\_\_\_\_

### Mental Health/Counseling

Do you feel that you or any members of your family may be in need of counseling?

\_\_\_Yes \_\_\_No Who and why do you think so? \_\_\_\_\_

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Has anyone in your family been hospitalized for mental health reasons? \_\_\_Yes \_\_\_No

If yes, when and where: \_\_\_\_\_

What do you consider to be your most significant issues at this time (i.e., personal problems, family problems, relationship issues, etc.):

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Has anyone in family ever attempted suicide? \_\_\_Yes \_\_\_No

If yes, who & when: \_\_\_\_\_

Are there additional services that you or your family may need?

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What types of informal support do you have (e.g., significant other, family, friends):

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SUMMARY OF FAMILY'S SOCIAL SERVICE INVOLVEMENT, SUPPORT NETWORK AND SERVICE NEEDS *(to be completed by Mid-Point staff after interview):*

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## HOUSING HISTORY

Please provide a complete 5-year housing history:

From: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

Monthly rent: \_\_\_\_\_ Type of subsidy: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

Monthly rent: \_\_\_\_\_ Type of subsidy: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

From: \_\_\_\_\_ to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Landlord: \_\_\_\_\_ Phone #: \_\_\_\_\_

Monthly rent: \_\_\_\_\_ Type of subsidy: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

(ATTACH OTHER SHEETS AS NECESSARY)

What do you see as the major barriers for you in securing and maintaining housing?

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**FAMILY'S GOALS/OBJECTIVES/EXPECTATIONS/PLANS** *(to be filled out by applicant prior to interview):*

What do you see yourself doing in five years (including employment, housing, personal plans):

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How would you like things to be? \_\_\_\_\_

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What do you want from life? \_\_\_\_\_

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What plans are you making to achieve your goals? \_\_\_\_\_

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Do you feel you can achieve your goals if you follow certain steps?

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What makes you a good candidate for Mid-Point?

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## **SUPPORTIVE/HEALTH SERVICES**

**List all agencies with which you are involved including counseling, legal, health care providers, NA, AA, etc. (to be filled out by applicant prior to interview):**

1. Agency\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ Worker\_\_\_\_\_

Service(s)\_\_\_\_\_

2. Agency\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ Worker\_\_\_\_\_

Service(s)\_\_\_\_\_

3. Agency\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ Worker\_\_\_\_\_

Service(s)\_\_\_\_\_

4. Agency\_\_\_\_\_ Phone\_\_\_\_\_

Address\_\_\_\_\_ Worker\_\_\_\_\_

Service(s)\_\_\_\_\_

Please add pages if necessary.

### To the applicant:

Mid-Point staff may seek written and/or telephone communication from any or all of these providers in determining the appropriateness of the program for you and your family.

## FAMILY PROFILE

(To be completed by Case Manager from referring/sponsoring program):

Provide an overview of family history, including family composition, ages, education levels, housing history, family support network, family's strengths and areas of need. Prior and/or current human service involvement should be noted, as well as the need for any specialized assessments.

[illegible]

## FAMILY GOALS PLAN

This plan is to be developed in conjunction with the family.

This plan is to be reviewed monthly for progress and necessary modifications.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Case Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

*To be completed by Mid-Point Staff:*

DOCUMENTS RECEIVED FROM APPLICANT: \_\_\_\_\_

Indicate date received:

\_\_\_/\_\_\_/\_\_\_ Birth certificate for each family member

\_\_\_/\_\_\_/\_\_\_ Social Security cards for each family member

\_\_\_/\_\_\_/\_\_\_ Immunization/physical exam records for each family member

\_\_\_/\_\_\_/\_\_\_ Mental Health Assessment verification/documentation of ongoing treatment

\_\_\_/\_\_\_/\_\_\_ Substance Abuse Assessment verification/documentation of ongoing treatment

\_\_\_/\_\_\_/\_\_\_ Income verification

\_\_\_/\_\_\_/\_\_\_ Health insurance cards

\_\_\_/\_\_\_/\_\_\_ Green Card (if applicable)

\_\_\_/\_\_\_/\_\_\_ High School Diploma/GED diploma

\_\_\_/\_\_\_/\_\_\_ Proof of homelessness (eviction, overcrowding, etc.)

\_\_\_/\_\_\_/\_\_\_ Copies of back bills/debts

\_\_\_/\_\_\_/\_\_\_ TRW credit report

\_\_\_/\_\_\_/\_\_\_ CORI report

\_\_\_/\_\_\_/\_\_\_ Current Restraining Order, if applicable

\_\_\_/\_\_\_/\_\_\_ Other Documents: \_\_\_\_\_

\_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

Staff recommendation:	Program Director's approval of recommendation:	Date family to enter/date denial letter sent

## 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