

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

Control # _____ Reviewed by _____ Date _____
Preferences _____

Watertown Community Housing

63 Mt. Auburn St. Watertown, MA 02472 • Phone: (617) 923-3505 • Fax: (617) 923-8241 • TTY: (617) 234-2992

Application for Housing at Marshall Place*

The information you provide in this application will need to be verified. Once you have been initially screened for eligibility and ranking, you will then be asked to provide us with documentation of all the information requested in this application. **NOTE: Any misinformation provided, intentional or not, may be grounds for rejection or eviction.**

GENERAL INFORMATION

First name Last Name Middle Initial

Current Address (street, city, state, zip)

Phone (home) Phone (other)

Is anyone in your household related to an employee or board member of Watertown Community Housing or CASCAP, Inc.? ___ Yes ___ No

If yes, please give relative's name _____

How did you hear about Marshall Place Apartments?

What is the race and ethnicity of the head of household? (Note: this question is intended only to assess our Affirmative Fair Housing Marketing Plan).

Please check one **in each column.**

<input type="checkbox"/> Black / African-American	<input type="checkbox"/> Hispanic
<input type="checkbox"/> Asian-American	<input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> White / European-American	
<input type="checkbox"/> Native-American	
<input type="checkbox"/> Other (please specify) _____	

***Assistance in completing this application can be arranged all applicants including for non-English speaking applicants and applicants with disabilities. Anyone with a question or needing assistance is encouraged to call Watertown Community Housing at (617) 923-3505.**

Marshall Place, Cascap, Watertown Community Housing & Affiliates do not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.



Equal Housing Opportunity

HOUSEHOLD INFORMATION

Please complete the table below, starting with yourself on the first line, listing any other person who will live with you in the apartment.

Name	Date of Birth	Social Security #	Sex	Relation to head of household

Criminal Record

We will obtain your criminal record. Has anyone in your household been convicted of any crime? ___ Yes ___ No

Please provide the following information for each conviction.

Date City Court Offense Sentence

ELIGIBILITY & RANKING

1. What is your citizenship status?

Applicant ___ US Citizen ___ Legal Resident ___ Other

Other Member

of Household ___ US Citizen ___ Legal Resident ___ Other

2. Does anyone in your household have the need for a unit that is wheelchair accessible? (e.g., widened doors, lowered kitchen cabinets, etc.)

_____ Yes _____ No

If yes, you will be asked to provide verification of need.

3. Do you live or work in Watertown?

_____ Yes _____ No

4. What is your total monthly income from all sources? _____

5. When would you be able to move into a unit if offered one? _____

HOUSING HISTORY

List current address first and document the last five years of your housing history (even if you were not on a signed lease). This is to be completed by each household member applying. The attached landlord reference request forms will also require your signature so we can verify your residency at each location.

Address	Landlord's name, address and phone number	Dates of Tenancy	Reason for leaving

1. Has anyone in your household had a rent subsidy? ____Yes ____No

If yes, has the subsidy ever been terminated for fraud, nonpayment of rent, or failure to cooperate with recertification procedures? ____Yes ____No

2. Has anyone in your household ever been evicted? ____Yes ____No

FINANCIAL INFORMATION

Income

You must be income-eligible as defined by published guidelines. In order to determine your eligibility, you must provide the following information, which will be verified when your application is reviewed further. Be sure to include all sources of income for all household members. Sources of income include, but are not be limited to: wages, unemployment compensation, pensions, benefits, and interest from assets including bank accounts, stocks, and real estate.

Name	Source of income	Gross amount	Period (weekly, monthly, annually)

Assets

List all bank accounts, trusts, real estate and any other assets. *Please write "not applicable" or "n/a" if you have no assets.*

Bank	Account #	Balance	Interest Earned

CERTIFICATION AND NOTICE

I understand that this application form is intended for use in evaluating my eligibility for housing. It is not a contract. I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications may be necessary to complete the application process.

I understand that different agencies will be sharing the contents of this application, including, but not limited to Watertown Community Housing, Cascap, and Springwell, who may help determine the services I will be eligible to receive if I am accepted for residency.

I certify that the information I have provided on this application is complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts may result in rejection of my application or termination of tenancy. I authorize Cascap or its representatives to check all statements contained in this application in order to determine my eligibility for housing. This includes, but is not limited to landlord, credit, and criminal background checks.

Signature (applicant)

Date

Signature (other household member)

Date

If you are completing this form for someone else, please complete this section.

Your Name (please print) _____ Relationship _____

Check one: ☐ legal guardian ☐ power of attorney ☐ other

If you do not have legal guardianship or power of attorney for the applicant, you may still complete the application packet on their behalf (please do not sign for them, applicants can sign for themselves at a later date).

C A S C A P I N C

678 Massachusetts Avenue 10th Floor Cambridge, MA. 02139
Phone: (617) 492-5559 Fax: (617) 492-6928 TTY: (617) 234-2992

Landlord Reference Request

Please photocopy this form as needed. A separate form will need to be completed for all addresses within the past five years for all household members.

I, _____ (please print clearly) hereby authorize the release of information from previous landlords to CASCAP, Inc. for the purposes of evaluating my suitability for tenancy. I unconditionally release any informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and a photocopied or faxed copy of the original shall be as valid as the original.

Resident Signature / Date

Guardian/ Payee Signature / Date

Address during Tenancy

Dates of Tenancy

Landlord's Name, Address, Phone Number

Landlord,

The applicant listed above has applied for housing with CASCAP, Inc. Please answer all questions below and on the other side of this page. If you need additional space, please use the space provided on the back of this page. Please complete this reference and return in the envelope given as soon as possible. Your prompt assistance with this reference will enable us to provide housing more promptly to applicants in need. Thank you.

1. Dates of tenancy: from _____ to _____.
2. Are you a relative or friend of this applicant? _____yes _____no
3. Did the applicant have a lease? _____yes _____no
4. Was this applicant listed on the lease for the unit? _____yes _____no
5. Amount of monthly rent payment _____
6. Did this applicant ever pay rent late? _____yes _____no
7. If this tenant was late with rent payments, how often?
How late? Please comment in section below.

Continued on reverse

8. Did this applicant leave this address owing rent? ☐yes ☐no
9. Were this applicant's utilities ever disconnected? ☐yes ☐no
10. Did this applicant, other household members, or guests damage or deface the property in any way? If so, please give details in section below and specify if the tenant paid for the damages. ☐yes ☐no
11. Were the applicant's housekeeping standards reasonable? ☐yes ☐no
12. Did the applicant have problems with pest infestation (roaches/mice)? ☐yes ☐no
13. Did the applicant let people live in the unit with him or her on a regular basis? ☐yes ☐no
14. Did this applicant, other household members, or guests respect the rights of his or her neighbors? ☐yes ☐no
15. Did the applicant ever act in a violent or verbally abusive manner toward neighbors, landlord, or staff? ☐yes ☐no
16. Did the applicant engage in any criminal activity on the premises, including drug trafficking? ☐yes ☐no
17. Did the applicant give you any false information? ☐yes ☐no
18. Did you ever start or complete an eviction action against this applicant? If yes, please explain why in the comment section below. ☐yes ☐no
19. Would you rent to this applicant again? ☐yes ☐no

Please feel free to give additional comments in this space.

Name and title of person filling out form _____

Name of owner or management company _____

Signature

Date



Equal Housing Opportunity

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:

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Landlord Tel: _____

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Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A