

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

COMMUNITY LIVING NETWORK

Creating Senior Housing Options
1171 Washington Street
Newton, MA 02465
617.527.6576
info@communitylivingnetwork.org

Pre-Application for Housing *

The information you provide in this pre-application will need to be verified. Once you have been initially screened for eligibility, you will then be asked to provide us with required documentation of all items requested in this pre-application.

This pre-application will be used to determine eligibility for housing at 45 Pelham Street, Newton, MA, (located just outside Newton Centre), a project of Community Living Network. It is not a commitment of housing, and is not to be considered a final application for any housing unit, nor does it indicate a commitment of placement on any waiting list.

GENERAL INFORMATION

Last Name First Name Middle Initial

Street / P.O. Box Apt. #

City State Zip Code

Phone (home) Phone (work)

ELIGIBILITY

CLN's *Pelham Street* is intended for low-income seniors (age 55+). Household income must not exceed \$28,950 for a household of one and \$33,100 for a household of two. The following questions will not be used for any purposes other than to determine eligibility for apartment units.

Total monthly household income (from all sources) \$ _____

Current rent (if you share a home with people who will not move with you, indicate your portion only) \$ _____/month

Does your rent include utilities? _____ Yes _____ No

Have you recently been, or are you currently being displaced or evicted? _____ Yes _____ No

Do you live in sub-standard housing? _____ Yes _____ No

Do you require an accessible unit? _____ Yes _____ No

***If you need assistance in completing or in translation of this application, please call
617-527-6576**

HOUSEHOLD INFORMATION

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

Name	Date of Birth	Sex	Relation to Head of Household

Present Living Situation

What type of housing do you currently occupy?

_____ Single Family Home _____ I own _____ I rent
_____ Apartment
_____ Senior Citizen Housing
_____ Other: _____

Note: The following question is optional and is intended only to assess our Affirmative Marketing/Fair Housing Plan. It will have no bearing on your eligibility for housing. Please check each column that applies.

_____ Black/African-American
_____ Asian
_____ Native American
_____ Caucasian
_____ Hispanic
_____ Other (please specify) _____

How did you hear about us? _____



CERTIFICATION

I understand that this is a preliminary application form and is intended to be used in evaluating my eligibility for housing at 45 Pelham Street in Newton Centre. It is not a complete application and it is not a contract for housing. I understand that this does not guarantee me a unit of housing, and it does not guarantee me a place on a waiting list for housing. Additional information and verifications will be necessary with a final application to complete the application process.

I certify that the information I have provided on this application is complete and true to the best of my knowledge. I understand that any false information, omissions, or misrepresentations of facts may result in the rejection of my application or the termination of tenancy. I authorize CLN or its representatives to check all statements contained in this application in order to determine my eligibility for housing.

Signature (applicant)

Date

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

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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