

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10
double-window envelope, saving you time.

← **Mail this application to the address at left.**

Do not fax!

Date Generated:

Fold on this line —

Dear

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

SECTION BELOW FOR WAITLIST ADMINISTRATORS ONLY:

LANDLORD: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net

HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

☐ **This waitlist is closed. The only waitlists open at present are:**

☐ **This is not the right application. We have enclosed the correct application.**

☐ **You do not appear to qualify for this property, because:** _____

Name of Waitlist Administrator optional _____

Phone of Waitlist Administrator optional: _____ - _____ - _____ X _____

← *Date Time Stamp – for Office Use Only*

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes☐ No

Enter the COMPLETE SSN or ITIN below:

DATE OF BIRTH

Type birthyear first, using dashes YYYY-MM-DD

GENDER

F M T-MTF T-FTM

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused)RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = X☐ I don't need any of the accommodations listed below

☐ Fully Accessible Wheelchair Unit☐ Bathroom modifications☐ Vision Impaired Unit☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)☐ Hearing Impaired Unit☐ Domestic Violence Victim

☐ First-Floor unit only☐ Unit designed for Environmental Allergies☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE:

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household: Any Felony/Conviction? ☐ Yes☐ NoAny Misdemeanor Conviction? ☐ Yes☐ No

Other HH Members: Any Felony Convictions? ☐ Yes☐ NoAny Misdemeanor Conviction? ☐ Yes☐ No

Is anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes☐ No

ANY PETS: ☐ Yes☐ No Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

← # Adults

← # Children

← Total # in Household

ANNUAL INCOME

\$.00

DOCUMENTED DISABILITY?

☐ Yes☐ No

CURRENT HOUSING STATUS:

☐ Homeless☐ Housing Loss 14 days☐ Fleeing Dom. Violence☐ At risk of homelessness☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No☐ by Accessibility/health issues☐ by Addiction behaviors☐ by Cost of living☐ by Pandemic☐ by fire/flood/earthquake☐ by Domestic Violence or Sexual Assault☐ by Urban development, eminent domain☐ by Condemnation of home, code violations☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER:SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

☐ Email☐ Mail☐ Cellphone

BEST EMAIL ADDRESS:

BEST MAILING ADDRESS (include apt #): ☐ where I currently live☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO:Apt # or c/or Name:

City, State, and Zip Code:

City:State:Zip:

BACKUP ADDRESS

☐ same as above☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO:Apt # or c/or Name:

City, State, and Zip Code:

City:State:Zip:

BEDROOMS NEEDED→ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

☐ Disability☐ Elder☐ Local Resident☐ Local Employee☐ Local Student☐ Homeless Veteran

☐ Rent-burdened 40%☐ Rent-burdened 50%☐ Fleeing domestic violence☐ HUD VAWA Certificate

☐ Victim of Hate Crime☐ Community Based Housing

Displaced by: ☐ Urban Renewal☐ Sanitation Code☐ Natural Forces☐ Other:



The information requested in this form is required by the gov't. agency regulating this project.

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.

APPLICATION FOR SINGLE ROOM OCCUPANCY

***Applications are placed in the order specified in the Tenant Selection Plan located at the management office.
An applicant may be interviewed only after the receipt of this tenant application.***

Please complete all sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write “N/A” in that section. If all sections are not completed, the application will be returned to you for completion, and, as such, will not be placed on the waiting list. Everyone age 18 and over in the household as well as the Head, Co-head and Spouse must report all income and sign all necessary forms. Thank you for your assistance.

Applicant Name(s):

Address:	Street	Apt. #	City	State	Zip
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Daytime Phone: _____ Best Phone #: _____

Email address:

Bedroom size requested: ☐ SRO

Have you been continually homeless for a year or more, or have you had at least 4 episodes of homelessness in the past 3 years? [] YES [] NO

****As an applicant for one of the McKinney Funded Single Room occupancy (YMCA) program, you must provide documentation/proof of homelessness in order to be determined eligible.****

The following four questions are asked for the sole purpose of providing an equal opportunity to enjoy your housing. Answering them is voluntary, but if you don't let us know what you need to have an equal opportunity to enjoy your housing then we can't accommodate your requirements.

1. Do you need a fully accessible unit for someone with a mobility impairment? ☐ Yes ☐ No

2. Do you need only certain accessible features of a unit? ☐ Yes ☐ No

If "yes", please list the features that you need to be accessible: _____

3. Do you need a unit with special features for someone with a hearing and/or visual impairment?

☐ Yes ☐ No

4. Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you? ☐ Yes ☐ No

5. *If "yes", please explain:* _____

B. HOUSEHOLD COMPOSITION & STUDENT STATUS ELIGIBILITY						
List ALL persons who will live in the apartment. List the head of household first.						
1.	Name	Relationship to head of household	Birth Date	Age (optional)	Social Security#	Student Status (Must Circle as Applicable for EACH Member)
Head		HOH				Full-time / Part-time / Not Student
Co-T						Full-time / Part-time / Not Student
3.						Full-time / Part-time / Not Student

Do you anticipate any changes to the household in the next twelve months? ☐ Yes ☐ No

If "yes", please explain:

C. INCOME

List **ALL** sources of gross income anticipated to be received by any/all household members in the next 12 months as requested below. If an income source doesn't apply, cross out or write N/A over that source name.

Household Member Name	Source of Income	Gross Monthly Amount
1.	Social Security	\$
	Social Security	\$
2.	SSI Benefits	\$
	SSI Benefits	\$
3.	SSP (State Supplement Program) Payments	\$
4.	Pension; List source:	\$
5.	Veteran's Benefits; List claim #:	\$
6.	Unemployment Compensation	\$
	Unemployment Compensation	\$
7.	Worker's Compensation	\$
8.	Title IV/TANF/TAFDC/Public Assistance	\$
9.	Interest Income; List source:	\$
10.	Other Income (including recurring gifts, lottery winnings, rental property, net income from a business, etc.)? Verify as applicable List source:	\$
11.	*Student Financial Assistance in excess of tuition and any other required fees and charges (scholarships, grants, private sources, work study, etc.) List source:	

* Only counted for Sec. 8 and/or LIHTC members with Section 8 assistance if the individual is applying separate from his/her parent(s) and he/she isn't 24+ with a dependent child.

Household Member Name	Source of Income	Monthly Amount
12.	Employment Income	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
13.	Employment Income	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:

14.	Employment Income	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
15.	Alimony	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
16.	Child Support	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you receive.	\$
17. Are any adult members 18 or older and not employed but are receiving unearned income such as Social Security, SSI, Public Assistance, Unemployment, etc.?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Are any adult members 18 or older, not employed and not receiving any unearned income from any source?		
		<input type="checkbox"/> Yes <input type="checkbox"/> No
19. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)		\$
20. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Based on last tax year)		\$
21. Do you anticipate any changes in this income in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:		
22. Do you file income tax returns? (If yes, please provide a copy with this application.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
<u>D. ASSETS</u>		
If your assets are too many to list here, please request an additional form. If a section doesn't apply, cross out or write N/A.		
1. Checking Accts	Bank:	Acct: Balance \$
	Bank:	Acct: Balance \$
	Bank:	Acct: Balance \$
2. Savings Accts	Bank:	Acct: Balance \$
	Bank:	Acct: Balance \$
	Bank:	Acct: Balance \$
3. Direct Express Debit Card (SSA only) Current Stmt/ATM receipt	Member:	Balance: \$
	Member:	Balance: \$
	Member:	Balance: \$
4. Other Debit Acct Cards Current Stmt/ATM receipt	Member:	Balance: \$
	Member:	Balance: \$
	Member:	Balance: \$

5. Cash on Hand				Amount \$
6. Trust Account	Bank:		Acct:	Balance \$
	Bank:		Acct:	Balance \$
7. Certificates of Deposit	Bank:		Acct:	Balance \$
	Bank:		Acct:	Balance \$
8. Savings Bonds	Maturity Date			Value \$
	Maturity Date			Value \$
9. Life Insurance Policy	Ins. Co: Acct:			Cash Value \$
10. Life Insurance Policy	Ins. Co: Acct:			Cash Value \$
11. Mutual Funds	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
12. Stocks	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
13. Bonds	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
14. Annuities, 401(k), IRA, Keogh	Name: Source:			Value \$
15. Investment Property	Name: Source:			Appraised Value \$
16. Real Estate Property: <i>Does any household member own any property?</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. <i>If yes</i> , Name of Household Member:		b. Type of property:		
c. Location of property:				
d. Appraised Market Value:				\$
e. Mortgage or outstanding loans balance due:				\$
f. Amount of annual insurance premium:				\$
g. Amount of most recent tax bill:				\$
17. <i>Has any household member sold/disposed of any property in the last 2 years?</i>				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Name of Household Member:		Type of property:		
Market value when sold/disposed				\$
Amount sold/disposed for				\$
Date of transaction				
18. <i>Has any household member disposed of any other assets in the last 2 years?</i> (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
a. <i>If yes</i> , Name of Household Member:		b. Describe Asset:		
c. Date of disposition:				
d. Amount disposed				\$
e. Does any member have any other assets not listed above (excluding personal property)?				<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	Household Member Name:		Type of Asset:	

E. ADDITIONAL INFORMATION

1. How were you referred to this property?

Notice for the following question: We do not discriminate based on Section 8 Voucher/Certificate holder status. These questions are asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have Project Based Section 8; (2) to advise applicant households who are applying for a unit with Project-based Section 8 that if they move into such a unit that already has Section 8 with the unit, they will be required by their voucher agency to give up their mobile voucher.

2. Do you currently have a mobile Section 8 Voucher/Certificate?

☐ Yes

☐ No

3. Are you or any member of your family currently illegally using a controlled substance?

☐ Yes

☐ No

4. Have you or any member of your family ever been: (A) convicted of a felony; and/or (B) subject to any State Sex Offender Lifetime Registration requirement? Failure to respond to this question may jeopardize the approval of your application.

☐ Yes

☐ No

If yes, specify whether (A) and/or (B) with member name(s) as applicable and describe. Attach separate sheet if necessary:

5. Provide a complete list of ALL States in which any applicant household member has ever resided:

6. Are you an owner, developer or sponsor of this project (or officer, employee, agent or consultant of the owner, developer or sponsor)?

☐ Yes

☐ No

7. Has any landlord ever had to take legal action against you or another family member listed in Section B above for non-payment of rent and/or any other material non-compliance with your lease that resulted in your appearance in court?

☐ Yes

☐ No

If yes, please describe:

8. Have you ever filed for bankruptcy?

☐ Yes

☐ No

If yes, describe:

9. Will you take an apartment when one is available?

☐ Yes

☐ No

Briefly describe your reasons for applying:

F. REFERENCE INFORMATION

You must provide all full addresses resided at in the past five years and the names, addresses and phone numbers of all landlords, if applicable. (Please attach a separate sheet if necessary to include all landlords in the last 5 years.)

1. Current Landlord

Name:

Address:

Home Phone:

	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____
2. Prior Landlord	Name:	
	Address:	
	Home Phone:	
	Bus. Phone:	
	Address You Resided At:	
	How Long?	From: _____ To: _____
3. Personal Reference #1:		
Address:		
Relationship:		Phone #:
4. Personal Reference #2:		
Address:		
Relationship:		Phone #:
5. Personal Reference #3:		
Address:		
Relationship:		Phone #:
6. In case of emergency notify:		
Address:		
Relationship:		Phone #:

G. 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 prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is accurate and complete to the best of my/our knowledge and I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We hereby authorize the release of information regarding a criminal background and credit check, and landlord authorization. All adult household members, 18 or older, must sign the application. Further, any head, co-head or spouse, who is an emancipated minor, must also sign below.

SIGNATURE(S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

Cruz Companies, Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or treatment or employment in its programs and activities. Cruz Companies, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Cruz Companies, Inc. also provides people whose primary language is not English and as a result have limited English proficiency the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Dareline Jackson coordinates Cruz Companies' compliance with all nondiscrimination requirements, including Section 504. Contact her with questions or concerns relating to Cruz Companies' compliance with nondiscrimination requirements: Telephone (617) 247-2389, Relay #711 or at Cruz Management Corporation, 434 Massachusetts Ave., #300, Boston, MA 02118.

