

Full Name:  
Address1:  
Address2:  
City State Zip:  
Email:  
Case Manager Email:

THIS SECTION FOR APPLICANT:

← Mail this form to the address at left.

Date Generated:

Fold on this line

Dear

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

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

[support@housingworks.net](mailto: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 Received. Application will be stamped to show when it was received:

**DO NOT LEAVE ANY QUESTION UNANSWERED!**



- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the Head of Household have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ###-##-#### ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy ☐ GENDER M, F, T
- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ I am not claiming any Reasonable Accommodation or Special Circumstances at the moment (else, fill in any of the items below)
- ☐ Fully Accessible Wheelchair Unit ☐ Blind Accessible Unit ☐ Need an Interpreter – language
- ☐ No-Steps unit (elevator to any floor) ☐ Deaf Accessible Unit ☐ Domestic Violence Victim
- ☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ HEAD OF HOUSEHOLD'S CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household: Any **Felony/Conviction**? ☐ Yes ☐ No Any **Misdemeanor Conviction**? ☐ Yes ☐ No
- Other Members: Any **Felony Convictions**? ☐ Yes ☐ No Any **Misdemeanor Conviction**? ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: Describe:

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- ← # Adults ← # Children ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ 1. Homeless ☐ 2. Housing Loss in 14 days ☐ 3. Homeless under other federal status
- ☐ 4. Homeless because Fleeing domestic violence ☐ 5. At risk of homelessness ☐ 6. Stably Housed

- ☐ HAVE YOU RECENTLY BEEN DISPLACED? ☐ No ☐ Accessibility or Personal Health Issues ☐ Cost of Living ☐ Domestic Violence or Sexual Assault
- ☐ Condemnation of Home, code violations ☐ Fire, flood, earthquake ☐ Pandemic ☐ Threat to Life or Safety ☐ Urban Development, eminent

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS ☒ Check this box if backup address is the same as best mailing address below.

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ UNIT SIZE

OTHER PRIORITIES AND PREFERENCES? It is important *to claim these if you can!*

# BEDROOMS NEEDED

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Veteran
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certificate ☐ Community Based Housing



LEBANESE COMMUNITY HOUSING  
CEDARS HOME FOR THE ELDERLY  
222 PELHAM ST.  
METHUEN, MA 01844

BARKAN MANAGEMENT COMPANY, INC.

PRELIMINARY APPLICATION

Date \_\_\_\_\_  
# BR \_\_\_\_\_  
Minority \_\_\_\_\_  
W/C H/C \_\_\_\_\_

**PLEASE PRINT CAREFULLY**

FULL NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

SECOND  
OCCUPANT: \_\_\_\_\_ AGE: \_\_\_\_\_

DO YOU CURRENTLY LIVE TOGETHER? \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**PART A. (COMPLETE ONLY IF YOU RENT YOUR PRESENT RESIDENCE)**

LANDLORD NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

YEARS LIVING THERE: \_\_\_\_\_ MONTHLY RENT: \_\_\_\_\_

DOES RENT INCLUDE HEAT? ☐ yes ☐ no DOES RENT INCLUDE ELECTRICITY? ☐ yes ☐ no

**NAMES AND ADDRESSES OF PREVIOUS LANDLORDS:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**PART B. (COMPLETE ONLY IF YOU OWN YOUR OWN HOME)**

MONTHLY MORTGAGE \$ \_\_\_\_\_ BALANCE ON MORTGAGE \$ \_\_\_\_\_

REAL ESTATE TAXES PER YEAR \$ \_\_\_\_\_

INSURANCE PER YEAR \$ \_\_\_\_\_ CURRENT MARKET VALUE \$ \_\_\_\_\_

UTILITIES PER MONTH: HEAT \$ \_\_\_\_\_ ELECTRICITY \$ \_\_\_\_\_

OTHER EXPENSES \$ \_\_\_\_\_ Describe: \_\_\_\_\_

**PART C. (COMPLETE IF YOU AND/OR SECOND OCCUPANT ARE CURRENTLY EMPLOYED)**

EMPLOYER'S NAME: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

POSITION: \_\_\_\_\_

GROSS SALARY: \$ \_\_\_\_\_ HOW LONG AT THIS JOB? \_\_\_\_\_

SECOND OCCUPANT:

EMPLOYER'S NAME: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

POSITION: \_\_\_\_\_

GROSS SALARY: \$ \_\_\_\_\_ HOW LONG AT THIS JOB? \_\_\_\_\_

**PART D. (INCOME OTHER THAN EMPLOYMENT)**

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR EACH PERSON, INCLUDING YOURSELF, WHO WILL BE RESIDING IN THE APARTMENT. ALL SOURCES OF INCOME MUST BE STATED. THESE INCLUDE SALARY, SOCIAL SECURITY, SSI, INTEREST, DIVIDENDS, INCOME FROM TRUST FUND, RENT FROM PROPERTIES YOU OWN, PENSIONS AND ANNUITIES, AND ALL OTHER INCOME.

OCCUPANT 1:

NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
<u>SOURCE OF INCOME</u>	<u>GROSS INCOME</u>	<u>PER MONTH/YEAR</u>
_____	\$ _____	PER _____
_____	\$ _____	PER _____
_____	\$ _____	PER _____
_____	\$ _____	PER _____

OCCUPANT 2:

NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
<u>SOURCE OF INCOME</u>	<u>GROSS INCOME</u>	<u>PER MONTH/YEAR</u>
_____	\$ _____	PER _____
_____	\$ _____	PER _____
_____	\$ _____	PER _____
_____	\$ _____	PER _____

TOTAL GROSS INCOME \$ \_\_\_\_\_

PLUS EMPLOYMENT INCOME (PART C) \$ \_\_\_\_\_

TOTAL ANNUAL GROSS INCOME \$ \_\_\_\_\_

**PART E. ASSETS (PLEASE LIST ALL ASSETS)**

SAVINGS ACCOUNTS	\$ _____	STOCKS/BONDS	\$ _____
CHECKING ACCOUNTS	\$ _____	PAID UP LIFE INSURANCE	\$ _____
TERM CERTIFICATES	\$ _____	EQUITY IN REAL ESTATE	\$ _____
TRUST FUND	\$ _____	OTHER ASSETS	\$ _____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>		

**PART F. CREDIT REFERENCES**

PLEASE LIST ALL FIRMS WITH WHOM YOU PRESENTLY HAVE, OR FORMERLY HAD, CREDIT)

_____	_____
name of firm	account number
_____	_____
name of firm	account number
_____	_____
name of firm	account number

**PART G. MEDICAL EXPENSES**

_____	_____
name of health insurance	amount per mo/qtr/yr.
_____	_____
name of health insurance	amount per mo/qtr/yr.

ARE THERE ANY SPECIAL EXPENSES FOR THE CARE OF HOUSEHOLD MEMBERS WHO ARE HANDICAPPED OR DISABLED? \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE MEDICAL EXPENSES WHICH ARE NOT COVERED BY INSURANCE?

\_\_\_\_\_

\_\_\_\_\_

**PART H. RACE**

NOTE: COMPLETING THIS QUESTION IS OPTIONAL. THE INFORMATION WILL BE USED ONLY FOR FAIR HOUSING PROGRAMS AS REQUIRED BY FEDERAL AND STATE LAWS.)

_____ WHITE	_____ HISPANIC	_____ ASIAN OR
		PACIFIC ISLANDER
_____ BLACK	_____ AMERICAN INDIAN/ALASKAN NATIVE	

**PART I. OTHER INFORMATION**

WHAT ARE YOUR REASONS FOR WISHING TO MOVE? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IF YOU WERE OFFERED AN APARTMENT, WHEN COULD YOU MOVE IN? \_\_\_\_\_

DO YOU OWN A CAR? \_\_\_\_\_ TYPE AND REGISTRATION: \_\_\_\_\_

DO YOU OWN A PET? \_\_\_\_\_ WHAT KIND? \_\_\_\_\_

HOW DID YOU HEAR ABOUT THESE APARTMENTS? \_\_\_\_\_

PLEASE NOTE THAT THIS IS A PRELIMINARY APPLICATION AND IN NO WAY INSURES  
OCCUPANCY. ADDITIONAL INFORMATION MAY BE REQUESTED TO COMPLETE PROCESSING YOUR  
APPLICATION.

I CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY  
KNOWLEDGE. I AUTHORIZE INQUIRIES TO BE MADE TO VERIFY THE STATEMENTS ABOVE.

\_\_\_\_\_  
Head of Household

DATE: \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant

-----

\_\_\_\_\_  
Interviewed By:

DATE: \_\_\_\_\_

**BARKAN MANAGEMENT COMPANY, INC.  
LEBANESE COMMUNITY HOUSING  
CEDARS HOME FOR THE ELDERLY  
222 PELHAM ST., METHUEN, MA 01844  
978-681-8845**



## 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