

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

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

App Generated:

### Housing Authority or Management Office Only

**Is this waitlist closed? Any other questions or concerns?** *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available by/from:**

\_\_\_\_\_

☐ **Any other info you wish to tell HousingWorks?**

\_\_\_\_\_

**Your position or title at this housing program:** \_\_\_\_\_

**Your signature:** \_\_\_\_\_

HousingWorks Fax: 617-536-8516



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER		GENDER	HoH's DATE OF BIRTH
○		○	

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <b><u>NOT</u></b> write Spanish, Hispanic, Latino here – and do <b><u>NOT</u></b> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME
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YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE			# BEDROOMS	How much money does your family receive in a year?
○	# Adults	# Children	Total #	○
				.0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

**CAMBRIDGE COMMUNITY HOUSING, INC.**  
**RENTAL APPLICATION**

*Please answer all questions fully. If a particular question does not apply to you, write "Not applicable" - in the space provided.*

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

Apartment type requested (# of Bedrooms): \_\_\_\_\_

Apartment type you live in now: \_\_\_\_\_

Rent per month: \_\_\_\_\_

**Applicants' Information**

Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Co-Applicant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Do you have a Section 8 Certificate? \_\_\_\_\_ Who issued the certificate? \_\_\_\_\_

Does any household member require an architecturally altered unit? Please describe: \_\_\_\_\_

**Tenants/Dependents' Information**

Co-tenant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_

Co-tenant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_

Co-tenant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_

Co-tenant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_

Co-tenant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Sex: \_\_\_\_\_

**Rental History - Present and all previous for last five (5) years)**

**Present Address**

Street Address: \_\_\_\_\_ Apt # \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Present Landlord's Address**

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

City/State/Zip: \_\_\_\_\_

**Previous Addresses for the last five (5) years, start with most recent**

1. Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_

City/State/Zip \_\_\_\_\_

2. Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_

City/State/Zip \_\_\_\_\_

3. Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_

City/State/Zip \_\_\_\_\_

4. Street Address \_\_\_\_\_ Apt # \_\_\_\_\_ From: \_\_\_\_\_ To \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Household Income**

Current Household Income before taxes. Please list ALL income of ALL household members. For example: employment, alimony, pension, bonuses, child support, SSI, AFDC or interest from investments:

Household Member	Employer/Source	Monthly Income
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Total: \_\_\_\_\_

**Bank Accounts:**

Bank Name/Account # _____	Balance \$ _____
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Bank Name/Account # _____	Balance \$ _____
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**Miscellaneous Information**

Several of our apartments have adopted a Smoke Free Policy, and you may be asked to sign a No Smoking Addendum for your apartment when you move in. Are you interested in living in a Smoke Free Apartment?

Are you or have you ever been displaced? Please Explain: \_\_\_\_\_

How did you hear of us? (ex. Friend, newspaper, etc.): **via the HousingWorks.net website**

Reasons you are applying for housing: \_\_\_\_\_

How much notice do you need to give your landlord? \_\_\_\_\_

Have you ever experienced credit problems, such as those involving collection agencies, creditors, or student loans in the last ten (10) years? Were they resolved? Please Explain:

**Application Terms**  
**(Applicant Read Carefully)**

I \_\_\_\_\_ (any person over the age of eighteen) hereby authorize the release of information from financial institutions, credit bureaus, and/or other agencies both public and private, that have relevant information on om credit history, personal references, employment, and history as a tenant to Winn Residential on behalf of Homeowners' Rehab.

I also authorize the release of information from all law enforcement and judicial institutions of the United States, as well as financial institutions, credit bureaus, and/or other agencies, both public and pribate, that have relevant information on my criminal history to Winn Residential.

I am aware that information received by Winn Residential through this criminal check will be used in determining the acceptability of my application.

I certify the information I have provided on this application to be true and accurate to the best of my/our knowledge. I UNDERSTAND THAT FAILURE TO REPORT COMPLETE AND ACCURATE INFORMATION WILL RESULT IN TERMINATION OF MY APPLICATION. I acknowledge that any change in residence, employment or phone number must be reported to update this application; out-of-date information may result in removal from the waiting list.

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Applicant Signature

Date

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Co-tenant Signature

Date

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Co-tenant Signature

Date

**Please mail or deliver this application to:**

**Cambridge Community Housing, Inc.  
c/o Winn Residential.  
810 Memorial Drive, Suite 102  
Cambridge, MA 02139  
(617) 491-5466**

**We encourage and support an affirmative advertising and marketing program in which there are no barriers to obtaining housing because of race, color, religion, sex, handicap, ancestry, familial status, sexual orientation or national origin.**



"If you believe you have been discriminated against in seeking housing, you should contact the Massachusetts Commission Against Discrimination, \*617) 727-3990 or the U.S. Department of Housing and Urban Development, (617) 565-5308."

**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 HoH 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 ☐ GENDER

- ☐ ETHNICITY ☐ RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- |  |  |   |
|--|--|---|
| <input type="radio"/> <b>Fully Accessible Wheelchair</b> Unit      | <input type="radio"/> <b>Blind Accessible</b> Unit                     | <input type="radio"/> Need an <b>Interpreter</b>      |
| <input type="radio"/> <b>No-Steps unit</b> (elevator to any floor) | <input type="radio"/> <b>Deaf Accessible</b> Unit                      | <input type="radio"/> <b>Domestic Violence Victim</b> |
| <input type="radio"/> <b>First-Floor unit only</b>                 | <input type="radio"/> Unit designed for <b>Environmental Allergies</b> |   |

- ☐ HoH'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 Describe: \_\_\_\_\_

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

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

- ☐ BEST MAILING ADDRESS

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)
- ☐ Disability ☐ Elder ☐ Veteran ☐ Fleeing Domestic Violence ☐ Rent-burdened  
☐ Displaced by ☐ Public Action ☐ Sanitary Code ☐ Natural Forces ☐ Other \_\_\_\_\_