

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: 617-536-8561



Head of Household's FIRST NAME

Head of Household's MIDDLE NAME

Head of Household's LAST NAME

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

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

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!

REQUESTED ACCOMMODATIONS ○ = ● Do you need a:

☐ Fully Accessible Wheelchair Unit☐ Blind Accessible Unit☐ Need an Interpreter☐ No-Steps unit (elevator to any floor)☐ Deaf Accessible Unit☐ Domestic Violence Victim☐ First-Floor unit only☐ unit designed for Environmental Allergies

HoH's CAREER STAGE

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

MOBILE RENTAL ASSISTANCE

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

Head of Household -Any Felony/Conviction?

☐ Yes ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ NoOther Members: Any Felony Convictions?☐ Yes ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ NoIs anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?☐

←# Adults

←# Children

←Total #

☐

.00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*☐ Disability☐ Elder☐ Veteran☐ Fleeing Domestic Violence☐ Displaced by: _____☐ Rent-burdened☐ Other

Preserving Neighborhoods

COMMONWEALTH LAND TRUST

Preventing Homelessness

HOUSING APPLICATION

PLEASE PRINT

This is an application for housing at:

Name of Property: _____

Property Address: _____

Please complete this application and return to:

Name: _____

Address: _____

Applications are placed in order of date and time received.
An applicant may be interviewed only after the receipt of this tenant application.

A. GENERAL INFORMATION

Applicant Name(s): _____

Current Address: _____
Street Apt # City State Zip

Daytime Phone # _____ Evening Phone # _____

Cell Phone # _____ Pager # _____

Number of bedrooms in current unit: _____ Do you rent? _____ or own? _____

Amount of current monthly rental payment \$ _____ mortgage payment \$ _____

If you own, do you receive rental income from your property? Yes _____ No _____

Check utilities paid by you: Heat _____ Electricity _____
Gas _____ Other _____

Approximate monthly cost of utilities paid by you (excluding *phone & cable TV*) \$ _____

Bedroom size requested: SRO _____ Two Bedrooms _____
Studio _____ Three Bedrooms _____
One Bedroom _____ Handicap BR _____

1059 TREMONT STREET, SUITE 2 • ROXBURY, MASSACHUSETTS • 02120
PHONE. 617.445.4075 • FAX: 617.427.6834
COMMONWEALTHLANDTRUST@JUNO.COM

B. HOUSEHOLD COMPOSITION

List ALL persons who will live in the apartment and their relationship to the head of household.

List head of household first.

	Full Legal Name	Relationship to Head of House	Marital Status: <i>Divorced, Legally Separated, Estranged</i>	M F	Race/ Ethnicity (optional)	Birth Date mo/day/yr	Social Security Number	Full-Time Student? Y/N
1.		Head of Household						
2.								
3.								
4.								
5.								
6.								
7.								

Is this the entire household to occupy the unit? Yes _____ No _____

If no, explain: _____

Do you plan to have anyone living with you in the future who is not listed above? Yes _____ No _____

(No one else can join the household without prior management approval.)

If yes, list and explain: _____

Would you or a household member benefit from a special design features(s) such as wheelchair accessibility, visual aids (Braille) or apparatus for hearing assistance? Yes _____ No _____

If yes, list and explain: _____

Is anyone in the household a full time student? Yes _____ No _____

If yes, answer the following questions.

1. Is the full time student married and filing a joint tax return? Yes _____ No _____

2. Is the student a title IV recipient? Yes _____ No _____

3. Is the student enrolled in a job training program receiving assistance under the Job Training Partnership act? Yes _____ No _____

4. Is the full time student an AFDC recipient? Yes _____ No _____

5. Is the full time student a single parent living with his/her minor child who is not a dependent on another's tax return? Yes _____ No _____

C. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:

HOUSEHOLD MEMBER

SOURCE OF INCOME

_____	a.	Social Security	Monthly Amount \$	_____
_____		Social Security	Monthly Amount \$	_____
_____	b.	SSI Benefits	Monthly Amount \$	_____
_____		SSI Benefits	Monthly Amount \$	_____
_____	c.	Pension (1)	Monthly Amount \$	_____
_____		Pension (2)	Monthly Amount \$	_____
		Source of Pension(s)		
		(1)		_____
		(2)		_____
_____	d.	Veteran Benefits	Monthly Amount \$	_____
_____		Veteran Benefits	Monthly Amount \$	_____
_____	e.	Military Pay	Monthly Amount \$	_____
_____		Military Pay	Monthly Amount \$	_____
_____	f.	Unemployment Comp.	Monthly Amount \$	_____
_____		Unemployment Comp.	Monthly Amount \$	_____
_____	g.	Worker's Comp	Monthly Amount \$	_____
_____		Worker's Comp.	Monthly Amount \$	_____
_____	h.	Disability	Monthly Amount \$	_____
_____		Disability	Monthly Amount \$	_____
_____	i.	AFDC	Monthly Amount \$	_____
_____		AFDC	Monthly Amount \$	_____
_____		AFDC	Monthly Amount \$	_____
_____	j.	Employment Gross	Monthly Amount \$	_____
		Employer		_____
		Position Held		_____
		How long employed		_____
_____		Employment Gross	Monthly Amount \$	_____
		Employer		_____
		Position Held		_____
		How long employed		_____
_____		Employment Gross	Monthly Amount \$	_____
		Employer		_____
		Position Held		_____
		How long employed		_____

_____	k.	Full-Time Student income: <i>Only Full Time Students 18 & over</i> Monthly Amount \$ _____ Full-Time Student income: <i>Only Full Time Students 18 & over</i> Monthly Amount \$ _____
_____	l.	Earned Income Tax Credit ANNUAL Amount \$ _____
_____	m.	Alimony: Are you entitled to receive? Yes _____ No _____ Alimony Received Monthly Amount \$ _____ Source _____
_____	n.	Child Support: Are you entitled to receive? Yes _____ No _____ Child Support Received Monthly Amount \$ _____ Source _____ Child Support Received Monthly Amount \$ _____ Source _____
_____	o.	Interest Income Monthly Amount \$ _____ Source _____ Interest Income Monthly Amount \$ _____ Source _____
_____	p.	Income from Assets Monthly Amount \$ _____ Source _____
_____	q.	Income from Rental Real Estate Monthly Amount \$ _____ Source _____
_____	r.	Income from Business (Net) Monthly Amount \$ _____ Source _____
_____	s.	Contributions from Friends/Relatives Monthly Amount \$ _____ Source _____
_____	t.	Other Income (any income not noted above) Monthly Amount \$ _____ Source _____
_____	u.	Grants or Scholarships* Monthly Amount \$ _____ Source _____

**not included in calculating income, but may aid management in determining student status as well as financial ability to pay rent.*

Do you anticipate any changes in these income sources in the next 12 months?` Yes _____ No _____

If yes, explain: _____
Do you file income tax returns? Yes _____ No _____
If yes, list the total household income shown on your most recent tax return: \$ _____
If this amount differs from the current year, please explain: _____

D. ASSETS

HOUSEHOLD MEMBER	TYPE OF ASSET	
	Checking Account(s)	
_____	# _____	Bank _____ Balance _____
_____	# _____	Bank _____ Balance _____
	Savings Account(s)	
_____	# _____	Bank _____ Balance _____
_____	# _____	Bank _____ Balance _____
	Trust Accounts	
_____	# _____	Bank _____ Balance _____
_____	# _____	Bank _____ Balance _____
	Certificates of Deposit	
_____	# _____	Bank _____ Balance _____
_____	# _____	Bank _____ Balance _____
	Credit Union	
_____	# _____	Bank _____ Balance _____
_____	# _____	Bank _____ Balance _____
	IRA or Retirement Funds	
_____	# _____	Bank _____ Balance _____
_____	# _____	Bank _____ Balance _____
	Mutual Funds	
_____	# _____	Bank _____ Balance _____
_____	# _____	Bank _____ Balance _____
	Trust Accounts	
_____	# _____	Bank _____ Balance _____
_____	# _____	Bank _____ Balance _____
	Stocks or Bonds	
_____	# _____	Maturity Date _____ Value _____
_____	# _____	Maturity Date _____ Value _____

Life Insurance Policies (whole or term)

_____	# _____	Company _____	Face Value \$ _____
_____	# _____	Company _____	Face Value \$ _____

Real Estate: Do you or any member of your household own any property? Yes _____ No _____

If yes, type of property _____

Location _____

Appraised market value \$ _____

Mortgage or outstanding loans balance due \$ _____

Amount of annual insurance premium \$ _____

Amount of most recent tax bill \$ _____

Have you or any member of your household sold/disposed of any property in the last 2 years? Yes _____ No _____

If yes, type of property _____

Market value when sold/disposed \$ _____

Amount sold/disposed for \$ _____

Date of transaction \$ _____

Have you or any member of your household disposed of any other assets in the last 2 years? Yes _____ No _____

(Example: Given away money to relatives, set up irrevocable Trust Accounts)

If yes, describe asset _____

Date of disposition _____

Amount disposed \$ _____

Do you or any member of your household have any other assets not listed above? Yes _____ No _____

(excluding personal property)

If yes, list _____

PLEASE CHECK ONLY ONE:

1. I have no assets at all. OR
2. My net assets do not exceed \$5,000. I believe my net assets total \$ _____ and I believe that all the annual interest income I receive from these net assets is \$ _____ (Management must include this interest gross annual income.) OR
3. My net assets exceed \$5,000. (Management must verify 3rd party and include in gross annual income.)

If net assets exceed \$5,000, multiply total value of assets by 2%. Then compare this result to the total Income from assets previously disclosed. The greater of the two figures should be counted towards the total annual income for the Tenant.

I/We certify that I/we have not disposed of any asset(s) of \$1,000 or more for less than fair market value in the last two years. Yes _____ No _____

Any assets disposed of for less than fair market value in the two years preceding the effective date of the certification or re-certification will be counted as assets if the difference between the value and the amount received exceeds \$1000.

E. ADDITIONAL INFORMATION

Are you or any member of your household currently using an illegal substance? Yes ____ No ____

Have you or any member of your household ever been convicted of drug use or manufacture or any other felony? Yes ____ No ____

If yes, describe _____

Have you or any member of your household ever been convicted of a crime? Yes ____ No ____

If yes, describe _____

Have you or any member of your household ever been evicted from any housing? Yes ____ No ____

If yes, describe _____

Have you ever filed for bankruptcy? Yes ____ No ____

If yes, describe _____

Are any members of the household receiving rental assistance through a housing subsidy certificate or voucher? Yes ____ No ____

Will you take an apartment when one is available? Yes ____ No ____

Briefly describe your reasons for applying: _____

Is **everyone** in the household full-time students? Yes ____ No ____

Does **everyone** in the household plan to be full-time students? Yes ____ No ____

If yes, answer the following questions

- | | | |
|---|----------|---------|
| 1. Is the full-time student married and filing a joint tax return? | Yes ____ | No ____ |
| 2. Is the full-time student a title IV recipient? | Yes ____ | No ____ |
| 3. Is the full-time student enrolled in a job-training program receiving assistance under the Job Training Partnership Act? | Yes ____ | No ____ |
| 4. Is the full-time student an AFDC recipient? | Yes ____ | No ____ |
| 5. Is the full-time student a single parent living with her/his minor child who is not a dependent on another's tax return? | Yes ____ | No ____ |

IF EVERYONE IS A FULL-TIME STUDENT, MANAGEMENT MUST VERIFY AND HOUSEHOLD MAY NOT BE ELIGIBLE

F. PRIORITY CATEGORIES

- | | |
|----------|--|
| _____ 1. | homeless due to a natural disaster such as flood, earthquake or fire not caused by you or a member of your household. |
| _____ 2. | homeless because of public action (such as public housing construction or clearance of an area for urban renewal). |
| _____ 3. | have to leave current housing or were forced to leave within the past 90 days because of enforcement of code violations, such as major heating or plumbing or wiring violations. |

- _____ 4. have to leave your housing because of threat to your life and safety or to the life and safety of your household members for causes other than your own.
- _____ 5. at risk of being displaced from your current housing because of conversion to condominiums or other non-rental use.
- _____ 6. currently living in seriously overcrowded conditions (overcrowding is defined as more than two people per room, not including bathroom and kitchen).
- _____ 7. paying more than 50% of your gross income for rent and utilities.

If you checked any of the above priorities, please give details in the space provided below.

G. REFERENCE INFORMATION

Landlord references:

Current Landlord: Name _____
Address _____
Home Phone _____ Business Phone _____
How long? _____

Prior Landlord: Name _____
Address _____
Home Phone _____ Business Phone _____
How long? _____

Prior Landlord: Name _____
Address _____
Home Phone _____ Business Phone _____
How long? _____

Three credit references:

Name _____ Acct. # _____
Address _____ Phone _____

Name _____ Acct. # _____
Address _____ Phone _____

Name _____ Acct. # _____
Address _____ Phone _____

Three personal non-related references:

Name _____ Relationship _____
Address _____ Phone _____

Name _____ Relationship _____
Address _____ Phone _____

Name _____ Relationship _____
Address _____ Phone _____

In Case of Emergency

Notify _____ Relationship _____
Address _____ Phone _____

H. VEHICLE AND PET INFORMATION

List any cars, trucks or other vehicles owned.

Type of Vehicle _____ Year/Make _____ Color _____

License Plate # _____

Type of Vehicle _____ Year/Make _____ Color _____

License Plate # _____

PETS: Do you own any Pets? Yes _____ No _____

If yes, describe

*Please note that this is a preliminary application. Additional information may be requested at a later date to complete the processing of this application. Your signature below gives consent to the owners/agents of this housing to verify information contained in this application. This application **will be** screened by private, gate and credit reporting agencies.*

Warning: Section 1001 of Title 1B of the US Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the US as to any matter within its jurisdiction. It is a criminal offense to make a willful false statement or misrepresentation on this rental application

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. Me have understood and answered all questions on this application. I/We certify that all answers and information in this application are true to the best of my/our knowledge and I/We understand that false statements, and/or

any misrepresentation of information could be punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE(S):

Tenant Dated _____ Co-Tenant Dated _____

For the Landlord, Commonwealth Land Trust Dated _____

BY: _____
(please print)

Position: _____
(plea- print)

ALL HOUSEHOLD MEMBERS AGE 18 AND OLDER MUST SIGN.

AUTHORIZATION

I/We Do Hereby Authorize Commonwealth Land Trust and its staff or authorized representatives to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by

_____.

SIGNATURE(S):

Tenant _____ Dated _____ Co-Tenant _____ Dated _____

For the Landlord, Commonwealth Land Trust _____ Dated _____

BY: _____ Position: _____
(please print) (please print)

ALL HOUSEHOLD MEMBERS AGE 18 AND OLDER MUST SIGN.