

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:

 **ATTN: WAITLIST ADMINISTRATOR** 

**Is this waitlist closed? Anything else you want to tell the 900 Housing Advocates and the nearly 200,000 applicants using our system?**

**USE BLOCK PRINT to fill in the appropriate information below.** Save paper and ink by faxing only this one page to HousingWorks – we will immediately update your information! See fax number below.

☐ **This particular waitlist is closed: At present, our only open waitlists are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available in this way:**

\_\_\_\_\_

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

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

**HousingWorks Fax: 617-536-8561**

*If you direct applicants to try our free search to locate OTHER HOUSING OPTIONS, you reduce frivolous applications and eliminate possibly hundreds of phone calls:*

**www.HousingWorks.net**



**HOUSINGWORKS**  
For Everyone

**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 \_\_\_\_\_

## Rental Application for Casselman House

*The management agent will provide assistance in reviewing this document. If necessary, persons with disabilities may ask for this application in large print type, or other alternate formats.*

Casselman House  
195 Sumner Street  
Newton Centre, MA 02459

TEL: 617-244-4035 x28  
FAX: 617-332-2916  
TDD: 800-439-2370  
EMAIL: casselmanhouse@ncdfinc.org

**MANAGEMENT USE ONLY**  
Stamp Date and Time Rec'd:

**All sections must be completed entirely; failure to do so will result in processing delays or rejection of application.**

*Applications must be received by mail, fax or hand delivery in the Casselman House management office by 1:00 p.m. on Friday, December 1, 2017.*

*Eligible applicants will be notified in writing of their control number at least 10 days in advance of the lottery which will be held on Wednesday, December 20, 2017 at 1:00 p.m. at The John W. Weeks House, 7 Hereward Road, Newton Centre, MA 02459. Applicants do not need to be present.*

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_  
street city state zip

Mailing Address (if different): \_\_\_\_\_

Home Tel: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_ @ \_\_\_\_\_

### **SIZE OF APARTMENT NEEDED:**

1-bedroom ☐

### **ACCESSIBILITY INFORMATION AND UNIT TYPE:**

Wheelchair Adapted Unit: YES ☐ NO ☐

Hearing/Visual Adapted Unit: YES ☐ NO ☐

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? YES ☐ NO ☐

If YES, please explain: \_\_\_\_\_

How did you hear about Casselman House? \_\_\_\_\_

**FAMILY COMPOSITION:**

Please list all those who will occupy the apartment, INCLUDING YOURSELF.

***Attach a copy of social security card(s) for all household members listed below:***

NAME	RELATIONSHIP	DATE OF BIRTH	SEX	OCCUPATION	FULL TIME STUDENT	SOCIAL SECURITY NUMBER
	HEAD OF HOUSEHOLD				Yes or No	
					Yes or No	
					Yes or No	

Do you currently have a household pet? YES ☐ NO ☐ If YES, what species and breed? \_\_\_\_\_

Do you own a vehicle? YES ☐ NO ☐ (copies of registration must be provided)

Year: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Color/Make/Model: \_\_\_\_\_

Year: \_\_\_\_\_ Plate #: \_\_\_\_\_ State: \_\_\_\_\_ Color/Make/Model: \_\_\_\_\_

*Commercial/recreational vehicles are not permitted on the premises without written permission from the management agent.*

**LANDLORD HISTORY:** Provide the full name, address and contact information for current Landlord and any other residences you have lived in the last five years or past two residences whichever is more inclusive (include shelters).

**PRESENT LANDLORD**

Name of Landlord: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you lived at present address? \_\_\_\_\_ to Present

Is apartment rented to you? YES ☐ NO ☐ If no, explain \_\_\_\_\_

Are you presently under a lease? YES ☐ NO ☐ If yes, when does lease expire? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_ Number of occupants: \_\_\_\_\_

Amount of rent per month: \$ \_\_\_\_\_ If applicable, amount of subsidy per month: \$ \_\_\_\_\_

Including utilities? YES ☐ NO ☐ Is your rent paid in a timely manner? \_\_\_\_\_



## PREVIOUS LANDLORD(S)

Name of Landlord: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of tenancy: from \_\_\_\_\_ to \_\_\_\_\_ Amount of rent per month: \$ \_\_\_\_\_

Was apartment rented to you? YES ☐ NO ☐ If NO, explain \_\_\_\_\_

Were you under a lease? YES ☐ NO ☐ If YES, did you remain for its term? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_ Number of occupants: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Landlord Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Length of tenancy: from \_\_\_\_\_ to \_\_\_\_\_ Amount of rent per month: \$ \_\_\_\_\_

Was apartment rented to you? YES ☐ NO ☐ If NO, explain \_\_\_\_\_

Were you under a lease? YES ☐ NO ☐ If YES, did you remain for its term? \_\_\_\_\_

Reason for leaving: \_\_\_\_\_ Number of bedrooms: \_\_\_\_\_ Number of occupants: \_\_\_\_\_

Are you or any member of your household currently receiving Federal (HUD) or State housing assistance?  
 YES ☐ NO ☐ If YES, please list the household member(s) and type of assistance being received:

HOUSEHOLD MEMBER	TYPE OF HOUSING ASSISTANCE	LOCATION



**PERSONAL REFERENCES:** (Please list three non-related references)

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NUMBER
1.			
2.			
3.			

**EMPLOYMENT:** (for each household member age 18 and older)

Name of Family Member Employed: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Contact Person/Supervisor: \_\_\_\_\_ TEL #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_ Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Gross Wages/Salary \$ \_\_\_\_\_ [ ] weekly [ ] bi-weekly [ ] monthly

Name of Family Member Employed: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

Contact Person/Supervisor: \_\_\_\_\_ TEL #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_ Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Gross Wages/Salary \$ \_\_\_\_\_ [ ] weekly [ ] bi-weekly [ ] monthly

**OTHER SOURCES OF INCOME:**

	AMOUNT RECEIVED PER MONTH	HOUSEHOLD MEMBER
Social Security/SSI	\$	
Pension/Annuity/Trust	\$	
Public assistance	\$	
Unemployment compensation	\$	
Disability compensation	\$	
Child support/Alimony	\$	
Income from rental property	\$	
Other Income ( <i>please specify</i> )	\$	
	\$	

**INCOME FROM ASSETS:** List the assets *now owned or disposed of within the last two years* of anyone living in your household (*Include* Checking, Savings, IRA, Money Market Account, Term Certificates, Real Estate holdings, Stocks, Bonds and Cash value of a life insurance policy)

ASSET DESCRIPTION	SOURCE/BANK NAME	AMOUNT OR VALUE	ACCOUNT NUMBER
		\$	
		\$	
		\$	
		\$	
		\$	

Do you pay child support? YES ☐ NO ☐ If yes, \$ \_\_\_\_\_ per month.  
 Do you pay alimony? YES ☐ NO ☐ If yes, \$ \_\_\_\_\_ per month.  
 Do you pay child care? YES ☐ NO ☐ If yes, \$ \_\_\_\_\_ per month.

**PLEASE RESPOND TO THESE QUESTIONS IF YOU WISH TO BE CONSIDERED FOR PRIORITIES OR SPECIAL DEDUCTIONS/CONSIDERATIONS:**

- Have you been displaced from your home due to Natural Forces? YES ☐ NO ☐ If YES, *please explain:* \_\_\_\_\_
- Have you been displaced from your home due to Public Action (Urban Renewal)? YES ☐ NO ☐ If YES, *please describe:* \_\_\_\_\_
- Have you been displaced from your home due to Public Action (Sanitary Code Violations)? YES ☐ NO ☐ If YES, *please explain* \_\_\_\_\_
- Have you been involuntarily displaced from your home due to Domestic Violence? YES ☐ NO ☐ If YES, *please provide Details* \_\_\_\_\_

**ADDITIONAL INFORMATION:** (Failure to respond fully to these questions may result in rejection or denial of this application)

- Are you or any member of your household required to register as a sex offender under Massachusetts or any other state law? YES ☐ NO ☐ If YES, please list the name of person(s) and the registration requirements (i.e. place where registration needs to be filed, length of time for which registration is required): \_\_\_\_\_
- Have you or any member of your household resided outside of Massachusetts: YES ☐ NO ☐ If yes, please list all other states of residence for each household member: \_\_\_\_\_

**EQUAL OPPORTUNITY / FAIR HOUSING INFORMATION:**

Newton Community Development Foundation, Inc. does not and will not discriminate on the basis of age, gender, pregnancy, disability, perceived disability, sexual orientation, race, national origin, citizenship, religion, color, marital status, veteran's status, genetic background, familial status, gender identity and any other class of individuals protected from discrimination under state or federal law.

The following information will be required by the Federal Government to monitor owner/management agent's compliance with Equal Housing Opportunity and Fair Housing Laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below whether or not the information is furnished.

**RACE CATEGORIES** *(Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws):*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> White (not of Hispanic origin) |
| <input type="checkbox"/> Asian or Pacific Islander     | <input type="checkbox"/> Hispanic                       |   |

Note: Upon request to the Agent, you have the right to receive a Tenant Selection Plan Summary (with program description insert) which summarizes the tenant application process, including eligibility and screening requirements, for occupancy at Casselman House.

**RIGHT TO A REASONABLE ACCOMMODATION**

Newton Community Development Foundation, Inc. will consider a reasonable accommodation, upon request for qualified applicants with disabilities when an accommodation is necessary, not just desirable, to ensure equal access to the development, its amenities, services and programs. Reasonable accommodations may include changes to the building, grounds, or an individual unit and changes to policies, practices, and procedures.

If you require a reasonable accommodation in completing this application, please contact NCDF's ADA Coordinator at 617-467-6069 or email [residentservices@ncdfinc.org](mailto:residentservices@ncdfinc.org) or via TDD at 800-439-2370

I/We hereby certify that the information furnished in this application is true and complete to the best of my/our knowledge and belief and hereby acknowledge the understanding that this application constitutes my/our request for consideration as a tenant(s) at Casselman House. It does not constitute a lease or a promise by the owner or management agent that an apartment will be made available. I/We understand that additional information may be requested to complete processing of this application.

I/We understand and grant permission for all of the above information to be verified by the owner/management agent. All information will be regarded as confidential in nature and I/we further understand and grant permission to authorize a credit bureau service to make any consumer report, investigative consumer report and criminal and lifetime sex offender screening, whereby information is obtained through public records, personal or telephone interviews with supplied references. This inquiry may include information as to my/our character, credit worthiness, credit standing, and credit capacity. I/We understand that I/we have the right to make a written request within a reasonable period of time to receive information about the nature and scope of any such report that is made.

I/We understand that a false statement or misrepresentation of any information on this application is punishable under applicable State or Federal Law and will affect approval for residency. In the event that I/we take occupancy, it shall be considered material non-compliance with the lease and a basis for termination of tenancy.

Finally, I/we understand and grant permission that information regarding my/our tenancy can and will be made available to a consumer credit agency, criminal checks, and /or other inquiring about my tenancy with the owner/management agent during and after my/our tenancy period.

**Signed under the pains and penalty of perjury:**

Signature: \_\_\_\_\_  
(Head of household)

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

Signature: \_\_\_\_\_  
(Co-applicant)

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





**APPLICANT  
DECLARATION FORMAT**

**Instructions:** Complete this format for each member of the household listed on the Family Summary Sheet

**Last Name** \_\_\_\_\_

**First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_

**Relationship to**  
**Head of Household** \_\_\_\_\_ **Sex** M F **Date of Birth** \_\_\_\_\_

**Social**  
**Security No.** \_\_\_\_\_ **Alien Registration No.** \_\_\_\_\_

**Admission Number** \_\_\_\_\_ If applicable, (this is an 11-digit number found on INS Form I-94, Departure Record)

**Nationality** \_\_\_\_\_ (Enter the foreign nation or country to which you owe legal allegiance. This is normally, but not always the country of birth.)

**Save Verification No.** \_\_\_\_\_  
(to be entered by owner if and when received)

**Instructions:** Complete the Declaration below by printing or typing the person's first name, middle initial, and last name in the space provided. Then review the blocks shown below and complete either block number 1, 2 or 3:

**Declaration**

I, \_\_\_\_\_ hereby  
(print or type first name, middle initial, last name)

declare, under penalty of perjury, that I am:

\_\_\_\_\_ **1. a citizen or national of the United States**

If you checked this block, no further information is required. Sign and date below and forward this form to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Check here if adult signed for a child: \_\_\_\_\_

**2. a noncitizen with eligible immigration status in the category check below:**

- \_\_\_\_\_ (i) A noncitizen lawfully admitted for permanent residence, as defined by section 101 (a) (20) of the Immigration and Nationality Act (INA) as an immigrant, as defined by section 101 (a) (15) of the INA (8 U.S.C. 1001 (a) (20) and 1101 (a) (15), respectively. [immigrants] (This category includes a noncitizen admitted under section 210 or 210A of the INA (8 U.S.C. 1160 or 1161), [special Agricultural worker]. Who has been granted lawful resident status);
- \_\_\_\_\_ (ii) A noncitizen who entered the United States before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the United States since then, and who is not eligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under section 249 of the INA (8 U.S.C. 1259);
- \_\_\_\_\_ (iii) A noncitizen who is lawfully present in the United States pursuant to an admission under section 207 of the INA (8 U.S.C. 1157) [refugee status]; pursuant to the granting of asylum (which has not been terminated) under section 208 of the INA (8 U.S.C. 1158) [asylum status]; or as a result of being granted conditional entry under section 203 (a) (7) of the INA (8 U.S.C. 1153 (a) (7)) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity;
- \_\_\_\_\_ (iv) A noncitizen who is lawfully present in the United States as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under section 212 (d) (5) of the INA (8 U.S.C. 1182 (d) (5)) [parole status];
- \_\_\_\_\_ (v) A noncitizen who is lawfully present in the United States as a result of the Attorney General's withholding deportation under section 243 (h) of the INA (8 U.S.C. 1253 (h)) [threat to life or freedom]; or
- \_\_\_\_\_ (vi) A noncitizen lawfully admitted for temporary or permanent residence under section 245A of the INA (8 U.S.C. 1255a) [amnesty granted under INA 245A].

If you checked this block, you should submit the following documents:

- a. Verification Consent Format (Attachment 9)

AND

- b. one of the following documents:

- (1) Form I-551, Alien Registration Receipt Card (for permanent resident aliens);

(2) Form I-94, Arrival-Departure Record, with one of the following annotations:

- (i) "Admitted as Refugee pursuant to section 207";
- (ii) "Section 208" or "Asylum"
- (iii) "Section 243 (h) or "Deportation stayed by Attorney General";
- (iv) "Paroled Pursuant to Sec. 212 (d) (5) of the INA";

(3) If Form I-94, Arrival-Departure Record, is not annotated, then accompanied by one of the following documents:

- (i) A final court decision granting asylum (but only if no appeal is taken);
- (ii) A letter from an INS asylum officer granting asylum (if application is filed on or after October 1, 1990) or from an INS district director granting asylum (if application filed before October 1, 1990).
- (iii) A court decision granting withholding of deportation; or
- (iv) A letter from an INS asylum officer granting withholding of deportation (if application filed on or after October 1, 1990).

(4) Form I-688, Temporary Resident Card, which must be annotated "section 245A" or section "210";

(5) Form I-688B, Employment Authorization Card, which must be annotated "Provision of Law 274a.12 (11)" or "Provision of Law 274a.12";

(6) A receipt issued by an INS indicating that an application for issuance of a replacement document in one of the above-listed categories has been made and the applicant's entitlement to the document has been verified.

If this block is checked, sign and date below and submit the documentation required above with this format to the name and address specified in the attached notification. If this block is checked on behalf of a child, the adult who will reside in the assisted unit and who is responsible for the child should sign and date below.

If for any reason, the documents shown in paragraph b. above are not currently available, complete the request for extension block below.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check here if adult signed for a child: \_\_\_\_\_