

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 <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

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
○



Inclusionary Housing Rental Program Preliminary Application & Guidelines for Rental Applicant Pool

PLEASE READ CAREFULLY BEFORE COMPLETING THIS APPLICATION

The Community Development Department is pleased to announce that preliminary applications are now being accepted for affordable rental units. The Rental Applicant Pool will be used to identify eligible tenants for affordable rental units available through the City's Inclusionary Housing Program. Affordable units of all sizes are located throughout the city. To be considered for an affordable rental unit you must be in this Pool. This preliminary application is for placement in the pool. **Placement in the pool does not signify that you are eligible for an affordable rental unit.** Not all applicants will be eligible for all units. **This is not a waiting list.**

Applicants will be placed in pools based on unit size eligibility and ranking according to the City's priority point system. Preference will be given to Cambridge residents and families with children. When units become available CDD will identify, in order of placement in the pool, the next applicant(s) based on unit size eligibility and priority points. The applicants will be asked to submit a final application with documentation to determine their eligibility.

Please be sure to fill out the application accurately. Applicants will be placed in pools based on their priority points, household size and emergency need status. If you do not fill out the information correctly and submit the required documentation, you may not be placed in the appropriate pool.

Applications should be submitted to the City of Cambridge, Community Development Department 344 Broadway, 3rd floor, Cambridge, MA 02139. **Applicants must complete and sign the attached application with documentation for Cambridge residency, household size and emergency need. Applications without proper documentation of Cambridge residency, household size and emergency need may not be placed in the appropriate pool.** If you have any questions, please call CDD at 617-349-4622.

Please note that the Community Development Department will maintain applications in the Rental Applicant Pool. CDD will accept updates and/or changes to an applicant's preliminary application in writing only. Applicants should notify the CDD in writing of changes to household size and income, voucher status, residency, employment or emergency need.

CDD reserves the right to request that applicants submit updated and/or supporting documentation. Applicants who fail to respond to requests from CDD promptly may be removed from the Rental Applicant Pool.

**INCLUSIONARY HOUSING RENTAL PROGRAM
RENTAL PRELIMINARY APPLICATION**

EMERGENCY NEED

Does your household have an emergency need for housing? Required documentation as described in the guidelines must be included to be considered for an emergency need.

Check boxes that apply to your household:

- ☐ Applicant is currently facing a no-fault eviction (Provide a copy of court order).
- ☐ Applicant is living in a property that has been cited by the City for outstanding code violations (Provide report from Inspectional Services Department).
- ☐ Applicant is paying more than 50% of their monthly gross income on rent (Submit documentation of current rent receipt and lease agreement).
- ☐ Applicant is living in an overcrowded situation defined as having more than two individuals per bedroom (Provide a lease or landlord documentation notarized).
- ☐ Applicant is homeless (provide a letter from shelter).

EMPLOYMENT INFORMATION FOR ALL HOUSEHOLD MEMBERS

Last Name, First Name	Total Income and Frequency of Pay (Weekly, Bi-weekly, Monthly, Annually)	Source of Income
	\$ /per _____	
	\$ /per _____	
	\$ /per _____	
	\$ /per _____	

ADDITIONAL INCOME SOURCES OTHER THAN EMPLOYMENT**a) RETIREMENT INCOME OR DISABILITY AWARD:**

Name of Recipient: _____

Name of Company: _____ Amount of Monthly Income: \$ _____

b) SOCIAL SECURITY INCOME:

Name of Recipient: _____ Gross Monthly Amount: \$ _____

c) VETERAN'S ASSISTANCE:

Name of Recipient: _____ Gross Monthly Amount: \$ _____

d) PUBLIC ASSISTANCE:

Name of Recipient: _____ Gross Monthly Amount: \$ _____

e) UNEMPLOYMENT:

Name of Recipient: _____

Weekly Amount: \$ _____ When did benefits start? _____ When do they expire?: _____

f) INTEREST/DIVIDEND: (In excess of \$100.00)

Name of Recipient: _____ Source of Interest: _____ Annual Interest: \$ _____

g) CHILD SUPPORT/ALIMONY

Amount Received: \$ _____ Payment(s): Monthly: _____ Weekly: _____ Bi-weekly: _____

ASSETS**List all savings accounts and investments of applicants:** *(includes financial institutions, 401K, Money Market)*

Institution: _____ Current Balance: \$ _____

Institution: _____ Current Balance: \$ _____

List all checking accounts of applicants:

Institution: _____ Current Balance: \$ _____

Institution: _____ Current Balance: \$ _____

REASONABLE ACCOMMODATIONS

If you or a family member are disabled and require accessibility features or another reasonable accommodation, please complete section. If you do not require an accommodation, skip this section.

✓ If yes, please check the appropriate boxes.

- ☐ **Wheel-chair accessible**
- ☐ **Hearing impaired**
- ☐ **Vision impaired**
- ☐ **Bathroom mobility Equipment**

The City of Cambridge Community Development Department does not discriminate based on disability. The Department will provide auxiliary aids and services, written materials in alternative formats, and reasonable modifications in policies and procedures to persons with disabilities upon request.

CERTIFICATIONS

I understand that this form is not an offer of housing. Based on this form, I understand that I should not make any plans to move or end my present tenancy. I understand that it is my responsibility to inform the Cambridge Community Development Department, Housing Division of any change of address, income, reasonable accommodation and family composition or my application will be withdrawn. I/We certify, under penalty of perjury, all information on this application to the best of my/our knowledge is true. I/We understand that false information given is sufficient grounds for rejection of this application. Furthermore, verification may be obtained from any source herein.

Penalty for False or Fraudulent Statement, U.S.C.

"Title 18, Section 1001, provides: "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies.... Or makes any false fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statements or entry, shall be fined not more than \$10,000 or imprisoned not more than five (5) years or both."

All persons whose names will appear on the lease and are 18 years old or older must sign here:

Signature: _____ Date: _____

Signature: _____ Date: _____





DOCUMENTATION REQUIRED WITH APPLICATION:

HOUSEHOLD SIZE:

Please provide evidence of your current household size from two of the following options (additional documentation may be requested):

- A rental lease signed and dated within the last year in your name and members of your household
- A copy of your signed current federal tax return with W's 2 which indicate your current household size
- A copy of birth certificates for **all** household members

CAMBRIDGE RESIDENT:

If you are currently living in Cambridge, please provide evidence of residency from two of the following options (additional documentation may be requested):

- A copy of your City's voting record
- A rental lease signed and dated within the last year in your name
- A utility bill in your name: original gas, electric, Verizon, cable. We will need to see the entire bill before payment and it must be dated within thirty days
- A car registration or driver's license or Massachusetts I.D. with your current address that is listed on your application
- A current school registration record for your child with current address

EMERGENCY NEED:

Households with one or more of the following Emergency Needs: If you are claiming an emergency you MUST attach a copy of the evidence supporting your emergency situation):

- Applicant is currently facing a no-fault eviction **(Provide a copy of court order).**
- Applicant is living in a property that has been cited by the City for outstanding code violations **(Provide report from Inspectional Services Department).**
- Applicant is paying more than 50% of their monthly gross income on rent **(Submit documentation of current rent receipt and lease agreement).**
- Applicant is living in an overcrowded situation defined as having more than two individuals per bedroom **(Provide a signed lease or landlord documentation notarized).**
- Applicant is homeless **(provide a letter from shelter).**