

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

<input type="radio"/>	Head of Household's FIRST NAME
<input type="radio"/>	Head of Household's MIDDLE NAME
<input type="radio"/>	Head of Household's LAST NAME

<input type="radio"/>	YOUR MOTHER'S MAIDEN NAME
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<input type="radio"/>	HoH's SOCIAL SECURITY NUMBER	<input type="radio"/>	HoH's DATE OF BIRTH	<input type="radio"/>	GENDER
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<input type="radio"/>	ETHNICITY Also provide your race at right!	<input type="radio"/>	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <b>NOT</b> write Spanish, Hispanic, Latino here – and do <b>NOT</b> write your country!
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<input type="radio"/>	REQUESTED ACCOMMODATIONS <input type="radio"/> = <input checked="" type="radio"/> Do you need a:
<input type="radio"/>	<input type="radio"/> Fully Accessible Wheelchair Unit <input type="radio"/> Blind Accessible Unit <input type="radio"/> Need an Interpreter <input type="radio"/> No-Steps unit (elevator to any floor) <input type="radio"/> Deaf Accessible Unit <input type="radio"/> Domestic Violence Victim <input type="radio"/> First-Floor unit only <input type="radio"/> unit designed for Environmental Allergies

<input type="radio"/>	HoH's CAREER STAGE
<input type="radio"/>	<input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> Retired <input type="radio"/> FT Student <input type="radio"/> PT Student
<input type="radio"/>	MOBILE RENTAL ASSISTANCE
<input type="radio"/>	<input type="radio"/> I do not have mobile rental assistance <input type="radio"/> Mobile Section 8 voucher <input type="radio"/> MRVP <input type="radio"/> AHVP <input type="radio"/> VASH or similar
<input type="radio"/>	Head of Household: Any <b>Felony/Conviction</b> ? <input type="radio"/> Yes <input type="radio"/> No      Any <b>Misdemeanor Conviction</b> ? <input type="radio"/> Yes <input type="radio"/> No <b>Other</b> Members: Any <b>Felony Convictions</b> ? <input type="radio"/> Yes <input type="radio"/> No      Any <b>Misdemeanor Conviction</b> ? <input type="radio"/> Yes <input type="radio"/> No Is <b>anyone</b> in HH subject to a lifetime sex offender registration in any state? <input type="radio"/> Yes <input type="radio"/> No

<input type="radio"/>	TOTAL HOUSEHOLD SIZE	DESCRIBE PETS	YEARLY INCOME
<input type="radio"/>	← # Adults      ← # Children      ← Total #	<input type="radio"/>	

<input type="radio"/>	YOUR HOME TELEPHONE	SECOND TELEPHONE
<input type="radio"/>	YOUR EMAIL ADDRESS	

<input type="radio"/>	BEST MAILING ADDRESS
<input type="radio"/>	This is:
<input type="radio"/>	
<input type="radio"/>	SECOND MAILING ADDRESS
<input type="radio"/>	This is:
<input type="radio"/>	
<input type="radio"/>	

# BEDROOMS NEEDED?	SPECIAL CIRCUMSTANCES? - some programs may assign you a priority status.
	<input type="radio"/> Disability <input type="radio"/> Elder <input type="radio"/> Veteran <input type="radio"/> Fleeing Domestic Violence <input type="radio"/> Displaced by: _____ <input type="radio"/> Rent-burdened <input type="radio"/> Other

- Una versión en Español de este documento está disponible en su Oficina de Gestión, en la Oficina Central del CHA o en la página web de CHA: [www.cambridge-housing.org](http://www.cambridge-housing.org)
- Yon vèsyon Kreyòl Ayisyen pou dokiman enpòtasa-a disponib nan Biwo Administrasyon-a, nan Biwo San- tral CHA, epi nan sit intènèt CHA: [www.cambridge-housing.org](http://www.cambridge-housing.org).
- A versão em Português deste documento está a sua disposição no seu Escritório de Gerencia, no Local Central de Gerencia do CHA, e no Website do CHA: [www.cambridge-housing.org](http://www.cambridge-housing.org)

Rec.:

Proc.

## INITIAL APPLICATION—PUBLIC HOUSING—FAMILY

Applicants are responsible for notifying CHA, in writing, if any information changes related to household composition, contact information, income and/or selection preferences. Application forms may be submitted in person or mailed to:

**Cambridge Housing Authority**  
**Attn: Admissions**  
**675 Massachusetts Avenue, 2<sup>nd</sup> Floor**  
**Cambridge, MA 02139**

If you have questions regarding this application or about the application process, please contact  
CHA's Public Housing Admissions Office at 617-864-3020.

**Please print neatly in ink or type into form. All fields are required.**

### 1. HEAD OF HOUSEHOLD

Last Name:	First Name:	Middle Initial:	Social Security Number (SSN):
Street Address, including apartment number. This should be the best place for CHA to reach you by mail:			<input type="checkbox"/> Check this box if you do not have a Social Security Number.
City:			
Primary Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Portuguese <input type="checkbox"/> Other: _____			
Preferred Language for Communication from CHA: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Haitian Creole <input type="checkbox"/> Portuguese <input type="checkbox"/> Other: _____			
Race:			Ethnicity:
Best Phone Number to Contact You:	What is the age of the Head of Household?	Is the Head of Household, Co-Head or Spouse disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	

### 2. HOUSEHOLD INFORMATION (Include Yourself)


First Name	Middle Initial	Last Name	SSN ###-##-####	Relationship to Head of Household	Date of Birth mm/dd/yyyy	Gender (M or F)
1.				<b>HEAD</b>		
2.						
3.						
4.						
5.						
6.						
7.						

Name of Head of Household: \_\_\_\_\_

### 3. INCOME INFORMATION

Complete the section below for each household member who has income

Full Name	Income	Frequency	Source of Income
	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually	<input type="radio"/> Wages <input type="radio"/> Pension <input type="radio"/> S.S. <input type="radio"/> SSI <input type="radio"/> SSDI <input type="radio"/> TAFDC <input type="radio"/> EAEDC <input type="radio"/> Child Support <input type="radio"/> Unemployment <input type="radio"/> Other: _____
	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually	<input type="radio"/> Wages <input type="radio"/> Pension <input type="radio"/> S.S. <input type="radio"/> SSI <input type="radio"/> SSDI <input type="radio"/> TAFDC <input type="radio"/> EAEDC <input type="radio"/> Child Support <input type="radio"/> Unemployment <input type="radio"/> Other: _____
	\$	<input type="radio"/> Weekly <input type="radio"/> Bi-weekly <input type="radio"/> Monthly <input type="radio"/> Annually	<input type="radio"/> Wages <input type="radio"/> Pension <input type="radio"/> S.S. <input type="radio"/> SSI <input type="radio"/> SSDI <input type="radio"/> TAFDC <input type="radio"/> EAEDC <input type="radio"/> Child Support <input type="radio"/> Unemployment <input type="radio"/> Other: _____

Check this box if you do not have any income: ☐ 

The following table shows the maximum allowable income that your household can have in order to be eligible—at the time of screening and lease-up—for the specified developments. Please use this information to help you select three development choices for which you will be eligible (section 5 on the following page):

Development (s) ▼	FY2013 Income Limits by Program	Number of people in your household ▼							
		1	2	3	4	5	6	7	8
Roosevelt Mid-Rise	New Construction: 50% of AMI	\$33,050	\$37,800	\$42,500	\$47,200	\$51,000	\$54,800	\$58,550	\$62,350
Jackson Gardens And Lincoln Way	Tax Credit: 60% of AMI	\$41,100	\$46,980	\$52,860	\$58,680	\$63,420	\$68,100	\$72,780	\$77,460
All other Family Public Housing Developments	Federal and State: 80% of AMI	\$47,150	\$53,900	\$60,650	\$67,350	\$72,750	\$78,150	\$83,550	\$88,950

### 4. SELECTION PREFERENCE

Check ALL of the following situation(s) that apply to your household (*Please note that when your name reaches the top of any waiting list, you will be required to provide verification of the preference(s) selected*):

- ☐ **Cambridge Resident** – You are permanently living in Cambridge on the date that you submit this Initial Application and at the time of screening and lease-up. This includes Congregate Housing and Single Room Occupancy [SRO] Cambridge resident(s)

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

- ☐ **Cambridge Shelter or Transitional Facility** – You are living in a Cambridge shelter or transitional facility or you were living in a Cambridge shelter or transitional facility and were relocated by the Department of Transitional Assistance (DTA) or other service provider to a facility outside of Cambridge.

\_\_\_\_\_  
 Name of Shelter or Facility

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

- ☐ **Employment in Cambridge** – You are not a resident of Cambridge; however, you are employed or about to be employed in Cambridge on the date that you submit this application and at the time of screening and lease-up.

\_\_\_\_\_  
 Name of Employer

\_\_\_\_\_  
 Employer's Address

\_\_\_\_\_  
 City

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip Code

- ☐ **Veteran's Status:** Someone in your household is a veteran or the surviving spouse, parent or other dependent of a veteran with a service-connected death

- ☐ **None of the Above Apply**



Name of Head of Household: \_\_\_\_\_

## 5. DEVELOPMENT CHOICE - FAMILY

### You may select up to three (3) developments.

- Place a "✓" in the box next to the developments for which you wish to have your name entered onto the Waiting List.
- Select up to **three (3)** developments only.
- You should **NOT** select a development that does not have the number of bedrooms required for your household.
- An asterisk (\*) after the development name indicates there are handicapped accessible units at this development.
- Please note that the waiting lists for one bedroom apartments are closed.
- Households on the **Jefferson Park** wait list will be considered for the Massachusetts Rental Voucher Program when program funds are available.
- Income limits vary per development, based upon the design of the program. Please see the chart in section 3 for more information.
- For further information about CHA developments, please see our development directory at: [www.cambridge-housing.org](http://www.cambridge-housing.org).

✓	Development Name	Location	# of Units	Available BR sizes	Average Wait Time (in months)
<input type="checkbox"/>	Jefferson Park	Rindge Ave. & Jackson Place	310	1, 2, 3, 4	24 months or more
<input type="checkbox"/>	Putnam Gardens*	Magee St. & Putnam Ave.	258	1, 2, 3, 4	24 months or more
<input type="checkbox"/>	Newtowne Court*	Main & Windsor Streets	268	1, 2, 3, 4, 6	24 months or more
<input type="checkbox"/>	Washington Elms*	Windsor & Washington Streets	175	1, 2, 3, 4, 5	24 months or more
<input type="checkbox"/>	Jackson Gardens*	Harvard and Prospect Streets	45	1,2,3	24 months or more
<input type="checkbox"/>	Lincoln Way*	Walden St., bordered by Raymond, Sheridan, and Wood	53	1,2,3	24 months or more
<input type="checkbox"/>	Roosevelt Towers Low-Rise	Windsor & Cambridge Streets	146	2, 3, 4	24 months or more
<input type="checkbox"/>	Roosevelt Towers Mid-Rise (New Construction)*	Windsor & Cambridge Streets	75	1, 2	24 months or more
<input type="checkbox"/>	Corcoran Park*	100 Thingvalia Ave. (Fresh Pond)	153	1, 2, 3, 4, 5	24 months or more

Some waiting lists may also include other smaller developments or buildings within the same geographic region. Please see the following page for details. Further information about all CHA developments can be found in the development directory, available at the front desk of the main office or at [www.cambridge-housing.org](http://www.cambridge-housing.org).

## 6. REASONABLE ACCOMMODATION

Does any member of your household require a barrier-free unit (a barrier free unit is built to accommodate a wheelchair or other mobility device)? ☐ Yes ☐ No

## 7. NOTICE OF NONDISCRIMINATION

The Cambridge Housing Authority does not discriminate on the basis of race, religion, sex, color, national origin, age, disability or familial status. We provide equal access to persons with disabilities to our programs, services and activities.

## 8. APPLICATION CERTIFICATION

**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 Housing Authority of any change of address, income, reasonable accommodation, development selection and/or family composition or my application will be withdrawn. I certify that the information I have given on this document is true and correct. I understand that any false statement or misrepresentations are criminal offenses punishable under state and federal laws. I also understand that providing false statements or information are grounds for rejection of my application or termination of tenancy or program participation.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



## Family Waiting Lists and Included Developments

### Jackson Gardens

Jackson Gardens

### Jefferson Park

Jefferson Park

Jefferson Park Extension

121 Jackson Street

125-127 Whittemore Avenue

13 Seagrave Rd.

175 Richdale Ave.

41 Concord Ave.

8-10 Columbus Avenue

Garfield Street

### John Corcoran Park

John Corcoran Park

### Lincoln Way

Lincoln Way

### Newtowne Court

Newtowne Court

### Washington Elms

Washington Elms

### Putnam Gardens

Putnam Gardens

12-18 Hingham Street

15 Inman Street

19 Valentine Street

2 & 20 Chestnut St.

4 Centre St.

6-8 Fairmont Street

River Howard Homes

Woodrow Wilson Court

### Roosevelt Towers (Low-Rise)

Roosevelt Towers (Low-Rise)

118 Trowbridge St.

15-C Roberts Rd.

226 Norfolk Street

244 Hampshire St.

87 Amory St.

88 Hancock St.

Willow Street Homes

### Roosevelt Towers (Mid-Rise)

Roosevelt Towers (Mid-Rise)

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact: (Check all that apply)</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Emergency  <input type="checkbox"/> Unable to contact you  <input type="checkbox"/> Termination of rental assistance  <input type="checkbox"/> Eviction from unit  <input type="checkbox"/> Late payment of rent </div> <div style="width: 45%;"> <input type="checkbox"/> Assist with Recertification Process  <input type="checkbox"/> Change in lease terms  <input type="checkbox"/> Change in house rules  <input type="checkbox"/> Other: _____ </div> </div>	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	
<input type="checkbox"/> Check this box if you choose not to provide the contact information.	

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

Form HUD- 92006 (05/09)

