

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 NOT write Spanish, Hispanic, Latino here – and do NOT 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 Felony/Conviction ? <input type="radio"/> Yes <input type="radio"/> No Any Misdemeanor Conviction ? <input type="radio"/> Yes <input type="radio"/> No Other Members: Any Felony Convictions ? <input type="radio"/> Yes <input type="radio"/> No Any Misdemeanor Conviction ? <input type="radio"/> Yes <input type="radio"/> No Is anyone 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
Yon vèsyon Kreyòl Ayisyen pou dokiman enpòtan sa-a disponib nan Biwo Administrasyon-a, nan Biwo Santral CHA, epi nan sit entènèt CHA: 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

INITIAL APPLICATION – SINGLE ROOM OCCUPANCY (SRO)

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
Cambridge, MA 02139

(CHA office use only)
F D E NE

If you need assistance completing this application or have questions about the application process, please contact CHA's Leased Housing Office at 617-497-4040.

IMPORTANT INFORMATION REGARDING ELIGIBILITY: In order to be eligible for assistance your income may not exceed \$31,550.

Please print neatly in ink. All fields are required.

1. HEAD OF HOUSEHOLD					
Last Name:	First Name:	Middle Initial:	Social Security Number (SSN):		
Address (include Apt. # (best place for CHA to reach you by mail):					
City:					Zip:
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 your age?	What is your date of birth?	What is your gender?	Are you disabled?	
Area Code	_____	MM/DD/YYYY		<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. REASONABLE ACCOMMODATIONS

Do you require an accessible unit (zero step entry, accommodates a wheelchair or other device)? ☐ Yes ☐ No

3. 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.

Name of Applicant: _____

4. INCOME INFORMATION

First Name	Last Name	Total Income and Frequency of Pay (Weekly, Bi-Weekly, Monthly, Annually)	Source of Income (Wages, SS, SSI, SSDI, TAFDC, EAEADC, Child Support, Alimony Pension, Other-Describe)
1.		\$ /per year	

5. OTHER REQUIRED INFORMATION

Answer each question below so that CHA may determine your eligibility for assistance under the SRO program.

Do you have a permanent place to live?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you homeless and living on the street?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you living in a shelter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you in a transitional program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Where did you hear about SRO Housing?	<input type="checkbox"/> Newspaper	<input type="checkbox"/> Radio/TV	<input type="checkbox"/> Family/Friends	<input type="checkbox"/> CHA Mailing

6. SELECTION PREFERENCE

Check ALL of the following situation(s) that apply (*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, including living in Congregate Housing and Single Room Occupancy (SRO)
- ☐ **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 Initial Application.
- ☐ **Veteran** – You have veteran status
- ☐ **None of the Above Apply**

7. 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: _____