

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

The information requested in this form is required by the gov't. agency regulating this project.

## Capernaum Place

30 Myrtle Court,  
Lawrence, MA 01841  
Phone 978-332-5445 fax 978-373-2830  
MA Relay: 800.439.2370

Email: capernaumplace@maloneyproperties.com

Please do not use whiteout. If you make a mistake, cross it out, write the correct answer and put initials next to the crossed out information.

### PRELIMINARY APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property and/or HUD Subsidized Property

Please Print Clearly

This is a preliminary application for housing at:	Capernaum Place
	30 Myrtle Court, Lawrence, MA 01841

Preliminary applications are used to pre-qualify prospective applicants for the waiting list as specified in the Tenant Selection Plan located at the management office. All applicants will be asked to complete a full application upon being selected from the waiting list and may be interviewed for housing only after the receipt of the full application

**Please complete all sections of this preliminary application. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the preliminary application will be returned to you for completion, and, as such, will not be placed on the waiting list. Everyone age 18 and over in the household as well as the Head, Co-head and Spouse must report all income and sign. Thank you for your assistance.**

Applicant Name(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. # City State ZIP

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

BR's in current unit: \_\_\_\_\_ Do you ☐ RENT or ☐ OWN (check one)

Amount of current monthly rental or mortgage payment: \$ \_\_\_\_\_

Do you own any property? ☐ Yes ☐ No

Bedroom size requested: ☐ One ☐ Two ☐ Three

Do you need an accessible unit? ☐ Yes ☐ No

(This question is asked for the sole purpose of providing an equal opportunity to enjoy your housing.)

Do you require any accessible features in your unit? ☐ Yes ☐ No



PLEASE LIST ALL PERSONS WHO WILL RESIDE IN THE APARTMENT

	Name	Relationship to Head of Household	Birth Date	Social Security Number	Full Time Student? Y/N
1.					
2.					
3.					
4.					
5.					
6.					

Will <b>all</b> of the persons in the household be or have been full time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to the above question please complete the following:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) married and filing a joint tax return?	
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you file income tax returns? (If yes, please provide a copy with this application.)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list all sources of income for all household members. **NOTE: "Income" refers to all money received as a result of employment, Social Security benefits, Pension, Veteran's Benefits, Unemployment Compensation, Public Assistance, and interest earned from assets.** Under "Annual Amount" please indicate the total annual income from the named source, PRIOR to deductions (taxes, etc.)

Household Member Name	Source of Income	Annual Amount



Please list all household members' assets. **NOTE: "Assets" refers to money held in checking accounts, savings accounts, trust accounts, certificates of deposit, credit unions, savings bonds, life insurance policies, mutual funds, stocks, bonds, annuities, 401(K), Keogh, investment properties.**

Household Member Name	Type of Asset	Amount	% Interest

[illegible]

**Race/National Origin - Race/National Origin information will be used for statistical purposes only, and will not affect the status or selection of applicants.**

**Answering this question is completely optional.**

☐ Asian    ☐ Black    ☐ Latino    ☐ Native American Indian    ☐ Caucasian    ☐ Other

I/We further certify that this will be my/our sole residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility and suitability for housing will be based on applicable income limits and by management's marketing plan. I/We certify that all above information is true to the best of my/our knowledge. I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this preliminary application or termination of tenancy after occupancy. I/We understand that this is a preliminary application to determine my eligibility for available waitlists, and that I/We will be required to complete a full application once an apartment becomes available for me/us. I/We understand all changes to this application, including but not limited to address change, family composition change, and annual household income change must be made to the Capernaum Place management office in writing, and that failure to do so may result in my application being cancelled. All household members aged 18 or older or who is an emancipated minor must sign below:

Signature (Head of Household):	_____	Date:	_____
Signature (Co Head / Spouse):	_____	Date:	_____
Signature:	_____	Date:	_____
Signature:	_____	Date:	_____
Signature:	_____	Date:	_____
Signature:	_____	Date:	_____

Capernaum Place does not discriminate on the basis of disability status, race, color, creed, religion, sex, sexual preference, national or ethnic origin, age, handicap, citizenship, ancestry, class or marital status, or any other basis prohibited by law in the admission of or access to, or treatment or employment in, its federally assisted programs and activities. Capernaum Place coordinates compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988). Any questions regarding 504 compliance, please call (781) 943-0200, x255, MA Relay (800) 439-2370 and ask for the 504 coordinator.

