

Full Name:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

← **APPLICANT COMPLETE THIS SECTION**

Use Adobe Acrobat Reader and print this application to
"Custom Scale - 100%".

Then, both addresses will appear in the windows of a #10
double-window envelope, saving you time.

← **Mail this application to the address at left.**
Do not fax!

Date Generated:

Fold on this line —

Dear

I am applying to the following waitlist, which I believe is open – please fax HousingWorks if the list is closed.

THIS SECTION IS FOR WAITLIST ADMINISTRATORS ONLY:

LANDLORD: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will forward it on to the applicant. [Include this page so we know who the application is from!](#)

We will also update our system, so the changed status of your waitlists will reach thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

support@housingworks.net

HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

☐ **This waitlist is closed. The only waitlists open at present are:**

☐ **This is not the right application. We have enclosed the correct application.**

☐ **You do not appear to qualify for this property, because:** _____

Name of Waitlist Administrator optional _____

Phone of Waitlist Administrator optional: _____ - _____ - _____ X _____

← *Date Time Stamp – for Office Use Only*

HEAD OF HOUSEHOLD'S (HoH) FIRST NAME ONLY, type or write in the row below:

HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME:

HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):

DOES THE HoH HAVE A SOCIAL SECURITY NUMBER or ITIN?

☐ Yes☐ No

Enter the last four digits of your SSN or ITIN

DATE OF BIRTH

Type birthyear first, using dashes YYYY-MM-DD

GENDER

F M T-MTF T-FTM

ETHNICITY: (Hispanic or Non-Hispanic, Client Refused)RACE: (Asian, Black, White, Native American, Pacific Islander, Multi-racial, Client Refused – do not write Spanish)

REQUESTED ACCOMMODATIONS: Do you need any of these? ☐ = X☐ I don't need any of the accommodations listed below

☐ Fully Accessible Wheelchair Unit☐ Bathroom modifications☐ Vision Impaired Unit☐ Need an Interpreter

☐ No-Steps unit (elevator to any floor)☐ Hearing Impaired Unit☐ Domestic Violence Victim

☐ First-Floor unit only☐ Unit designed for Environmental Allergies☐ Live-In Aide or PCA

HEAD OF HOUSEHOLD'S CAREER STAGE:

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

ANY VETERANS IN YOUR HOUSEHOLD:

☐ Yes☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any - you must select one of these answers

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

CRIMINAL RECORD AND SEX OFFENDER INFORMATION

Head of Household: Any Felony/Conviction? ☐ Yes☐ NoAny Misdemeanor Conviction? ☐ Yes☐ No

Other HH Members: Any Felony Convictions? ☐ Yes☐ NoAny Misdemeanor Conviction? ☐ Yes☐ No

Is anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes☐ No

ANY PETS: ☐ Yes☐ No Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

← # Adults

← # Children

← Total # in Household

ANNUAL INCOME

\$.00

DOCUMENTED DISABILITY?

☐ Yes☐ No

CURRENT HOUSING STATUS:

☐ Homeless☐ Housing Loss 14 days☐ Fleeing Dom. Violence☐ At risk of homelessness☐ Stably Housed

HAVE YOU BEEN DISPLACED: ☐ No☐ by Accessibility/health issues☐ by Addiction behaviors☐ by Cost of living☐ by Pandemic☐ by fire/flood/earthquake☐ by Domestic Violence or Sexual Assault☐ by Urban development, eminent domain☐ by Condemnation of home, code violations☐ by Threat to life or safety

PREFERRED TELEPHONE NUMBER:SECOND TELEPHONE

PREFERRED METHOD OF CONTACT FOR VACANCY OFFERS AND UPDATES:

☐ Email☐ Mail☐ Cellphone

BEST EMAIL ADDRESS:

BLUE MAILING ADDRESS (include apt #): ☐ where I currently live☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO:Apt # or c/or Name:

City, State, and Zip Code:

City:State:Zip:

BACKUP ADDRESS

☐ same as above☐ a shelter☐ a P.O. Box☐ a "care of" address☐ a co-applicant's address

Street or PO:Apt # or c/or Name:

City, State, and Zip Code:

City:State:Zip:



BEDROOMS NEEDED→ARE YOU WISHING TO CLAIM ANY OF THESE PRIORITIES and PREFERENCES?

☐ Disability☐ Elder☐ Local Resident☐ Local Employee☐ Local Student☐ Homeless Veteran

☐ Rent-burdened 40%☐ Rent-burdened 50%☐ Fleeing domestic violence☐ HUD VAWA Certificate

☐ Victim of Hate Crime☐ Community Based Housing

Displaced by: ☐ Urban Renewal☐ Sanitation Code☐ Natural Forces☐ Other:





1(A)

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

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.

APPLICATION FOR HOUSING

Low-Income Housing Tax Credit Property
And/or
HOME Unit

Please Print Clearly

Applications are placed in the order specified in the Tenant Selection Plan located at the management office.
An applicant may be interviewed only after the receipt of this tenant application.

Please complete all sections of this application and all applicable attachments and return to the address at the top of the page. If a question is not applicable to you, please write "N/A" in that section. If all sections are not completed, the application will be returned to you for completion, and, as such, will not be placed on the waiting list. Everyone age 62 and over in the household as well as the Head, Co-head and Spouse must report all income and sign all necessary forms. Please be aware that this property is Smoke-Free; smoking is not allowed anywhere on the premises. Thank you for your assistance.

A. GENERAL INFORMATION

Applicant Name(s): _____

Address: _____
Street Apt. # City State Zip

Daytime Phone: _____ Evening Phone: _____

No. of BR's in current unit: _____ Do you ☐ RENT or ☐ OWN (check one)

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

If owned, do you receive monthly rental income from property? ☐ Yes ☐ No

Check utilities paid by you: ☐ Heat ☐ Electricity ☐ Gas ☐ Other
(specify)

Approximate monthly cost of utilities paid by you (excluding phone and cable TV): \$ _____

Bedroom size requested: ☐ One BR ☐ Two BR ☐ Three BR

Application

The following four questions are asked for the sole purpose of providing an equal opportunity to enjoy your housing. Answering them is voluntary, but if you don't let us know what you need in order to have an equal opportunity to enjoy your housing, then we can't satisfy your needs.

1. Do you need a fully accessible unit for someone with a mobility impairment? ☐ Yes ☐ No

Note: If you only need a unit on the first floor and it doesn't need to be fully accessible please answer "no" here and respond to question 4 below with a "yes" and let us know your needs.

2. Do you need only certain accessible features of a unit? ☐ Yes ☐ No

If yes, please list the features that you need to be accessible:

3. Do you need a unit with special features for someone with a hearing and/or visual impairment?

☐ Yes ☐ No

4. Does any member of the household have any accessibility or reasonable accommodation requests or alternate ways we need to communicate with you? ☐ Yes ☐ No

If yes, please explain: _____

B. HOUSEHOLD COMPOSITION & STUDENT STATUS ELIGIBILITY

List ALL persons who will live in the apartment. List the head of household first.

1.	Name	Relationship to head of household	Birth Date	Age	Social Security#	Student Status (F1) (Must Circle as Applicable to EACH Member)
Head						Full-time / Part-time / Not Student
Co-T						Full-time / Part-time / Not Student
3.						Full-time / Part-time / Not Student
4.						Full-time / Part-time / Not Student
5.						Full-time / Part-time / Not Student
6.						Full-time / Part-time / Not Student
7.						Full-time / Part-time / Not Student
8.						Full-time / Part-time / Not Student

2. Do you anticipate any additions to the household in the next twelve months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:
3. Will all 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 or is pursuing a full-time course of institutional on-farm training under the supervision of an accredited agent of an educational organization or of a state or political subdivision of a state? F1 <input type="checkbox"/> Yes <input type="checkbox"/> No

IF YES, ANSWER THE FOLLOWING QUESTIONS “a” THROUGH “e”:

a. Is any full-time student(s) a TANF or a title IV recipient?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Is any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act or other similar federal, state or local law?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are all full-time student(s) married (not necessarily to one another) and filing a joint tax return?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are all of the full-time student(s) a single parent living with his/her minor child/children and not a Dependent on another individual’s tax return and the child/children aren’t a dependent of another person other than a parent of the child/children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e. Has any full-time student previously been under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

C. INCOME

List ALL sources of gross income anticipated to be received by any/all household members in the next 12 months as requested below. If an income source doesn’t apply, cross out or write N/A over that source name.

Household Member Name	Source of Income	Gross Monthly Amount
1.	Social Security F12	\$
	Social Security F12	\$
2.	SSI Benefits F12	\$
	SSI Benefits F12	\$
3.	SSP (State Supplement Program) Payments F9a&b	
4.	Pension F13 List source:	\$
5.	Veteran’s Benefits F8 List claim #:	\$
		\$
6.	Unemployment Compensation F11	\$
	Unemployment Compensation F11	\$
7.	Worker’s Compensation F11	\$

8.	Title IV/TANF/TAFCDC/Public Assistance F9	\$
9.	Interest Income F19 List source:	\$
10.	Other Income (including recurring gifts, lottery winnings, rental property, net income from a business, etc.)? Verify as applicable List source:	\$
11.	*Student Financial Assistance in excess of tuition and any other required fees and charges (scholarships, grants, private sources, work study, etc.) F1 Addendum & F2 List source:	

*Student Financial Assistance in excess of tuition and any other required fees and charges (scholarships, grants, private sources, work study, etc): Only counted for Sec. 8 and/or LJHTC members with Section 8 assistance if the individual is applying separate from his/her parent(s) and he/she isn't 24+ with a dependent child.

Household Member Name	Source of Income	Monthly Amount
12.	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
13.	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
14.	Employment Income F5	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
15.	Alimony F15, F16	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, list the amount you are <i>entitled</i> to receive.	\$
	b. Do you receive alimony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list amount you receive.	\$
16.	Child Support F15, F16	
	a. Are you <i>entitled</i> by a court order or other legal agreement to receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes list the amount you are <i>entitled</i> to receive.	\$

		b. Do you receive child support?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		If yes, list the amount you receive.	\$	
17. Are any adult members 18 or older and not employed but are receiving unearned income such as Social Security, SSI, Public Assistance, Unemployment, etc.? F4: Section B Only			<input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Are any adult members 18 or older, not employed and not receiving any unearned income from any source? F4: Section A Only			<input type="checkbox"/> Yes <input type="checkbox"/> No	
19. TOTAL GROSS ANNUAL INCOME (Based on the monthly amounts listed above x 12)			\$	
20. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Based on last tax year)			\$	
21. Do you anticipate any changes in this income in the next 12 months?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:				
22. Do you file income tax returns? <input type="checkbox"/> Yes <input type="checkbox"/> No				
D. ASSETS				
If your assets are too many to list here, please request an additional form. If a section doesn't apply, cross out or write N/A.				
Household Member Name:				
1. Checking Accts		Bank:	Acct:	Balance \$
F19		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
2. Savings Accts		Bank:	Acct:	Balance \$
F19		Bank:	Acct:	Balance \$
		Bank:	Acct:	Balance \$
3. Direct Express Debit Card (SSA)	Member: _____			Balance: \$
Current Statement	Member: _____			Balance: \$
	Member: _____			Balance: \$
4. Trust Account		Bank:	Acct:	Balance \$
F22				
5. Cash on Hand				Amount \$
F30				
6. Certificates of Deposit		Bank:	Acct:	Balance \$
F19		Bank:	Acct:	Balance \$
7. Credit Union		Bank:	Acct:	Balance \$
F19		Bank:	Acct:	Balance \$
8. Savings Bonds		Maturity Date		Value \$
F19		Maturity Date		Value \$

9. Life Insurance Policy F20		Ins. Co:	Acct:	Cash Value \$
10. Life Insurance Policy F20		Ins. Co:	Acct:	Cash Value \$
11. Mutual Funds F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
12. Stocks F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
13. Bonds F19	Name: Bank Name:	#Shares:	Annual Interest or Dividend \$	Value \$
14. Annuities, 401(k), IRA, Keogh F21	Name: Source:	Value \$		
15. Investment Property F23	Name: Source:	Appraised Value \$		
16. Real Estate Property: <i>Does any household member own any property?</i> F24, F25				<input type="checkbox"/> Yes <input type="checkbox"/> No
a. <i>If yes</i> , Name of Household Member:		b. Type of property:		
c. Location of property:				
d. Appraised Market Value:				\$
e. Mortgage or outstanding loans balance due:				\$
f. Amount of annual insurance premium:				\$
g. Amount of most recent tax bill:				\$

17. <i>Has any household member sold/disposed of any property in the last 2 years?</i> F17	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes</i> , Name of Household Member:	Type of property:
Market value when sold/disposed	\$
Amount sold/disposed for	\$
Date of transaction	

18. <i>Has any household member disposed of any other assets in the last 2 years?</i> (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? F17, F22		<input type="checkbox"/> Yes <input type="checkbox"/> No
a. <i>If yes</i> , Name of Household Member:	b. Describe Asset:	
c. Date of disposition:		
d. Amount disposed	\$	
e. Does any member have any other assets not listed above (excluding personal property)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list:</i>	Household Member Name:	Type of Asset:
<i>If yes, please list:</i>	Household Member Name:	Type of Asset:
<i>If yes, please list:</i>	Household Member Name:	Type of Asset:

E. ADDITIONAL INFORMATION

1. How were you referred to this property?

Notice for the following two questions: We do not discriminate based on Section 8 Voucher/Certificate holder status. These questions are asked for the sole purpose to: (1) determine an applicant household's ability to pay rent for a unit that does not have Project Based Section 8; or (2) to advise applicant households who are applying for a unit with Project-based Section 8 that if they move into such a unit that already has Section 8 with the unit, they will be required by their voucher agency to give up their mobile voucher.

2. Do you currently have a mobile Section 8 Voucher/Certificate?

☐ Yes

☐ No

3. Do you anticipate receiving a mobile Section 8 Voucher/Certificate?

☐ Yes

☐ No

4. Are you or any member of your family currently illegally using a controlled substance?

☐ Yes

☐ No

5. Have you or any member of your family ever been: (A) convicted of a felony; and/or (B) subject to any State Sex Offender Lifetime Registration requirement? Failure to respond to this question may jeopardize the approval of your application.

☐ Yes

☐ No

If yes, specify whether (A) and/or (B) with member name(s) as applicable and describe. Attach separate sheet if necessary:

6. Provide a complete list of ALL States in which any applicant household member has ever resided:

7. Are you an owner, developer or sponsor of this project (or officer, employee, agent or consultant of the owner, developer or sponsor)?

☐ Yes

☐ No

8. Has any landlord ever had to take legal action against you or another family member listed in Section B above for non-payment of rent and/or any other material non-compliance with your lease that resulted in your appearance in court?

☐ Yes

☐ No

If yes, please describe:

9. Have you ever filed for bankruptcy?

☐ Yes

☐ No

If yes, describe:

10. Will you take an apartment when one is available?

☐ Yes

☐ No

Briefly describe your reasons for applying:

F. REFERENCE INFORMATION

You must provide all full addresses resided at in the past five years and the names, addresses and phone numbers of all landlords, if applicable. (Please attach a separate sheet if necessary to include all landlords in the last 5 years.)

1. Current Landlord

Name:

Address:

Application

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1. Current Landlord (continued)	Home Phone:		
	Bus. Phone:		
	Address You Resided At:		
	How Long?	From: _____	To: _____
2. Prior Landlord	Name:		
	Address:		
	Home Phone:		
	Bus. Phone:		
	Address You Resided At:		
	How Long?	From: _____	To: _____
3. In case of emergency notify:			
Address:			
Relationship:		Phone #:	
4. In case of emergency notify:			
Address:			
Relationship:		Phone #:	

NEXT PAGE FOR CERTIFICATION AND SIGNATURES

I. CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I/We certify that all information in this application is accurate and complete to the best of my/our knowledge and I/We understand that intentional false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. I/We hereby authorize the release of information regarding a criminal background and credit check, and landlord authorization. All adult household members, 62 or older, must sign the application.

SIGNATURE(S):

(Signature of Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

(Signature of Co-Tenant)

Date

Chelsea Jewish Community, Inc. does not discriminate on the basis of any protected status, including disability, in the admission of or access to, or treatment or employment in its programs and activities. Chelsea Jewish Community, Inc. provides persons with disabilities the opportunity to request a Reasonable Accommodation in order to apply to and participate in such programs and activities. Chelsea Jewish Community, Inc. also provides people whose primary language isn't English, and as a result have limited English proficiency, the opportunity to request free language assistance in order to apply to or participate in its programs and activities. Please contact the Chelsea Jewish Community, Inc. with any questions or concerns relating to nondiscrimination requirements, reasonable accommodations and language assistance: Telephone (617) 409-8233 or at Chelsea Jewish Community, Inc. 165 Captains Row, Chelsea, MA 02150.

