

Full Name:
Address1:
Address2:
City State Zip:
Email:
Case Manager Email:

THIS SECTION FOR APPLICANT:

Date Generated:

← Mail this form to the address at left.

Dear

Fold on this line

I am applying to the following waitlist, which I believe is open:

THIS SECTION FOR WAITLIST ADMINISTRATOR:

IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many 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 Received. Application will be stamped to show when it was received:

DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? *If "Yes" you must provide the full SSN!*

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH ☐ GENDER
Male, Female, etc.

- ☐ ETHNICITY: Hispanic/Latino Non-Hispanic/Non-Latino ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, Client Refused

- ☐ REQUESTED ACCOMMODATIONS Fill in the circle for anything you need:
- | | | |
|---|--|--|
| <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 for Environmental Allergies | <input type="radio"/> Personal Care Attendant |

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
- ☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
- ☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

- ☐ CRIMINAL RECORD AND SEX OFFENDER
- Head of Household:** Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Other Members:** Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
- Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No

- ☐ ANY PETS? ☐ Yes ☐ No Describe: _____

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
- _____ ← # Adults _____ ← # Children _____ ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
- ☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ # BEDROOMS NEEDED? ☐ SPECIAL CIRCUMSTANCES? (*some programs may grant you priority status*)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
- ☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
- Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

Cabot Street Homes • 325 & 321 Cabot Street • Beverly, MA 01915

The YMCA of the North Shore is currently accepting applications for our Single Room Occupancy (SRO) units. These affordable units are for income qualifying applicants only. Please send your completed application to 325 Cabot Street #100, Beverly, MA 01915 or drop it off at the Cabot Street YMCA located at 245 Cabot Street. If you have any questions, please contact the housing office at 978-564-3460 – TTY/Relay #711.

Each unit has a private bathroom and a small kitchen area which includes a mini-fridge and microwave. Units are supplied with a twin bed and a dresser. Upon approval residents will be required to sign a one year lease.

Included Amenities:

- Heat and hot water (studios also include electricity)
- Free YMCA of the North Shore individual membership
- First come first serve off-street parking with sticker
- Shared community room with full size kitchen and cable TV
- On site management and maintenance team
- Coin operated laundry machines

Resident Rules:

- No overnight guests
- No pets
- No smoking

Rent:

- SRO single room occupancy \$690.00
- SRO Studio apartment \$780.00

Application Process:

- Please fill out an application completely and return to get on our waitlist
- The waitlist for an SRO unit is open. Please call the housing office for a current estimated wait time.
- We run a criminal background check, verify income and assets, and ask for personal as well as landlord references
- If a reasonable accommodation is needed please make the request at time of application

Income Limit	er Household
1 Person	\$45,300



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**



Application
Cabot Street Homes Limited Partnership
319-325 Cabot Street
Beverly, MA 01915
978-922-0990

Please complete this application and return to Cabot Street Homes Limited Partnership at the address listed at the top of this page. Complete applications are placed in order of date and time received. An applicant may be interviewed only after a completed application is received.

A. GENERAL INFORMATION

Applicants name _____ S.S # _____

Address _____

Street _____ Apt # _____ City _____ State _____ Zip _____

Telephone # _____ Date of Birth _____

Do you own _____ or Rent _____

If rental, amount of current monthly rental payment: \$ _____

Check utilities paid by you:

_____ Heat _____ Gas _____ Approximately monthly cost of utilities paid by you
_____ Electricity _____ Other (excluding phone and cable TV) \$ _____

Cabot Street Homes Limited Partnership is an Equal Housing Opportunity company, with projects in compliance with 504 Fair Housing Regulations. The Cabot Street Homes Limited partnership accommodates any applicants who need assistance in filling out this application.

B. INCOME: **LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:**

- | | | |
|------------------------------|-------------------|-------------------------|
| a. Social Security | Monthly Income \$ | _____ |
| b. Pension | Monthly Income \$ | _____ |
| c. Veterans Benefits | Monthly Income \$ | _____ |
| d. SSI Benefits | Monthly Income \$ | _____ |
| e. Unemployment Compensation | Monthly Income \$ | _____ |
| f. EAEDC | Monthly Income \$ | _____ |
| g. Wages (Gross) | Monthly Income \$ | _____ |
| Employer _____ | | |
| Position Held | _____ | How Long Employed _____ |
| Employer _____ | | |
| Position Held | _____ | How Long Employed _____ |
| Employer _____ | | |
| Position Held | _____ | How Long Employed _____ |
| h. Full Time Student | Monthly Income \$ | _____ |
| i. Alimony | Monthly Income \$ | _____ Source _____ |
| j. Child Support | Monthly Income \$ | _____ Source _____ |
| k. Interest Income | Monthly Income \$ | _____ Source _____ |
| l. Other Income | Monthly Income \$ | _____ Source _____ |

TOTAL GROSS ANNUAL INCOME (Base this on the monthly amounts listed above and multiply x 12) \$ _____

Do you anticipate any changes in this income in the next 12 months? Yes _____ No _____
If Yes, Explain: _____

C. ASSETS:

Checking Account (s)	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Savings Account (s)	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Trust Accounts	# _____	Bank _____	Balance \$ _____
Certificates	# _____	Bank _____	Balance \$ _____
	# _____	Bank _____	Balance \$ _____
Credit Union	# _____	Name _____	Balance \$ _____
	# _____	Name _____	Balance \$ _____
Savings Bonds	# _____	Maturity Date _____	Balance \$ _____
	# _____	Maturity Date _____	Balance \$ _____

Whole Life Insurance Policy # _____ Face Value \$ _____
Cash Value of life insurance policy \$ _____

Real Estate Property: Do you own any property? Yes _____ No _____
If yes, type of property _____
Locations _____
Appraised market value \$ _____
Mortgage or outstanding loan balance due \$ _____
Amount of Annual Insurance Premium \$ _____
Amount of Most Recent Tax Bill \$ _____

Have you sold/dispensed of any property in the last 2 years? Yes _____ No _____
If yes, type of property _____
Market value when sold./disposed \$ _____
Amount sold/dispensed \$ _____
Date of transaction _____

1. Have you disposed of any other assets in the last 2 years (Example: Given any money to relatives, set up irrevocable Trust Accounts)? Yes _____ No _____
If yes, describe assets _____
Date of disposition _____ Amount disposed \$ _____
2. Do you have any other assets not listed above (Excluding personal property)?
Yes _____ No _____
If yes, list _____

D. MEDICAL / CHILD CARE / HANDICAP ASSISTANCE EXPENSES:

Medical Cost: Complete this part **ONLY** if 62 or older, disabled or handicapped:

1. Medicare premiums Monthly Amount \$ _____
2. Medical insurance coverage
Name of insurance company _____
Address _____
Street _____ City _____ State _____ Zip _____
Monthly Amount \$ _____

3. Anticipated medical / drug / prescription / non prescription cost **NOT** covered by insurance **OR** reimbursed Monthly Amount \$ _____
 4. Medical bills or outstanding cost you are making monthly payments for:
Balance Due \$ _____ Monthly Amount \$ _____ Payable To _____
 5. Medical related travel costs \$ _____
 6. Are you seeing a physician regularly? Yes _____ No _____
Name _____
Address _____
Street _____ City _____ State _____ Zip _____
- Projected costs **NOT** covered by insurance **OR** Reimbursed for the next 12 months \$ _____
7. Any other medical expenses: List type and amount: _____ \$ _____
_____ \$ _____

Childcare Costs: Complete **ONLY** for children 12 and younger:

8. Name (s) of children cared for _____ Age _____
_____ Age _____
_____ Age _____
9. Name and address of person or agency caring for children
Name _____
Address _____
Street _____ City _____ State _____ Zip _____
10. Weekly cost for childcare due to employment \$ _____
11. Weekly cost for childcare due to education \$ _____

Handicapped Assistance Expenses: Attendant care and / or apparatus expenses that enables handicapped applicants to work. Complete **ONLY** if handicap expenses allow you to work.

12. List type of expenses, weekly amount, paid to whom:

E. PROGRAM INFORMATION:

1. Are you displaced? Yes _____ No _____
If **YES**, displacement agency _____
2. Is your current unit condemned / substandard? Yes _____ No _____
If **YES**, describe _____
3. Are you paying more than 50% of your gross income for rent and utilities?
Yes _____ No _____
4. Are you paying for status as an "Elderly Household", where the tenant or where you are 62 or older, handicapped, or disabled as defined by FmHA? Yes _____ No _____
5. Would you benefit from a wheelchair or other handicapped accessible unit?
Yes _____ No _____
6. If so, would you like to request an adapted unit? Yes _____ No _____
7. Are you currently living in subsidized housing? Yes _____ No _____
8. Have you ever resided in a project financed and / or subsidized by the government?
Yes _____ No _____ If Yes, Name and address _____

9. Have you ever been evicted from public housing or any other Federal Housing Program?
 Yes _____ No _____ If Yes, where _____
 When _____ Describe reason _____
10. Have you ever been evicted from other housing? Yes _____ No _____
11. Have you ever been convicted of a felony? Yes _____ No _____
12. Are you currently using illegal drugs? Yes _____ No _____
13. Have you ever been convicted of sale, distribution, or possession of illegal drugs?
 Yes _____ No _____
14. Are you now or will you become a part time or full time student prior to move-in?
 Yes _____ No _____
15. How did you hear about this housing? _____
16. Will you take a unit when one is available? Yes _____ No _____
17. Briefly describe your reasons for applying _____

F. REFERENCE INFORMATION:

Current Landlord: Name _____
 Address _____
 Home Phone (____) _____ Business _____

Previous Landlord: Name _____
 Address _____
 Home Phone (____) _____ Business _____

Previous Landlord: Name _____
 Address _____
 Home Phone (____) _____ Business _____

List any other states where you lived in the past 7 year's _____
 (continue on back of application as needed)

G. CREDIT REFERENCES:

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

3. Name _____ Address _____ Phone _____

H. PERSONAL NON-RELATED REFERENCES:

1. Name _____ Address _____

2. Name _____ Address _____

3. Name _____ Address _____

I. OTHER REQUIRED INFORMATION:

List any car, truck, or other vehicle owned:
 Type of vehicle _____ Year/Make _____ Color _____
 License Plate # _____ Drivers License _____

J. CERTIFICATION / AUTHORIZATION

CERTIFICATION

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residences. I understand I must pay a security deposit for this unit. I understand that my eligibility for housing will be based on Federal guidelines and Cabot Street Homes Limited Partnership selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements of information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signature: _____

Applicant

Date

AUTHORIZATION

I do hereby authorize Cabot Street Homes Limited Partnership and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my applications for housing. I further authorize Cabot Street Homes Limited Partnership to verify all information listed on this application.

Signature: _____

Applicant

Date

FAMILY HOUSEHOLD COMPOSTION

The information solicited on this application is requested by Cabot Street Homes Limited Partnership in order to assure the Federal Government, acting through the Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national; origin, religion, sex, martial status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way,. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex on the individual applicants on the basis of visual observation or surname.

Race _____ Ethnic Group _____ Sex _____