

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 ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ NoOther Members: Any Felony Convictions?☐ Yes ☐ No

Any 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

Worcester Common Ground, Inc.
5 Piedmont Street
Worcester, MA 01610
508.754.0908
Fax 508.754.8771
Jeshenia Luyando

APPLICATION INSTRUCTIONS

1. *Please fill out the application and all attached forms **completely** – a 2nd application will be necessary for all non-related applicants over the age of 18
*****Worcester Common Ground will not consider incomplete applications******
2. ***Property Management Policy** – read **thoroughly**, sign, date & return with application*
3. ***Employment Verification** – complete top portion **ONLY** (print clearly), sign, date & return with application – **we will contact your employer***
4. ***Other Income Verification** – (if applicable) a printout is needed from the agency providing income*
5. ***Landlord Verification** – we require current & previous landlord references
Complete top portion **ONLY** (print clearly), sign, date & return with application
– **we will contact the landlords***
6. ***Personal References** - two required – complete top portion (print clearly) & return with application – **we will contact references***
7. ***Housing Subsidy** – proof of subsidy needed, along with agency name & case worker*

If you need assistance or have any questions, feel free to contact Jeshenia Luyando at Worcester Common Ground. The office hours are 9am – 5pm, Monday – Friday.

Documento Importante Favor Haga Traducirlo Inmediatamente

***Please Note:**

An applicant may be rejected for any of the following reasons:

1. Substantial risk that the applicant may be unable or unwilling to pay rent.
2. Substantial risk that the applicant or members of the applicant's household will interfere with the health, safety and/or security of the property.
3. Substantial risk that the applicant or members of the applicant's household will interfere with the right other resident have to the peaceful enjoyment of the leased premises.
4. Substantial risk of intentional damage or destruction of the unit and/or surrounding premises by the applicant or members of the applicant's household.
5. Substantial risk of committing criminal acts on the property (including, but not limited to, acts related to drug abuse).
6. Substantial risk of interference with the management of the property.
7. Submitting an incomplete or falsified application.

In making determinations relative to rejecting an applicant, the following considerations will be made:

1. The possible biases, attitudes and motives of all references and sources of information will be considered.
2. ALL information used in consideration of an applicant will be current. The possibility of mitigating factors will be considered in every case.
3. Consideration will be given to the applicant's present income to rent ratio and whether the rent level for the unit for which the applicant is applying would help eliminate a present financial hardship when judging an applicant's payment record or credit report.

All completed, qualified, rental applications not selected will be placed on file for six months from the date of application completion.

I have read and understand Worcester Common Grounds application procedures:

Applicant's Name

Date

**Worcester Common Ground
5 Piedmont Street
Worcester MA 01610
508.754.0908/508.754.8771**

RENTAL APPLICATION

GENERAL INFORMATION: *Please provide all information requested.*

Name _____ SS# _____ DOB _____

Spouse _____ SS# _____ DOB _____

Address _____ City _____ State _____ Zip _____

Telephone (h) _____ (w) _____ Housing Subsidy? Y ___ N ___

of Bedrooms _____ Section 8? Y ___ N ___

Emergency Contact:

Name _____ Phone number _____

Name _____ Phone number _____

***Please list **ALL** persons who will be living in apartment.

<u>Name</u>	<u>Relationship</u>	<u>SS#</u>	<u>DOB</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RENTAL HISTORY:

Current Landlord _____ **Telephone** _____

Landlord Address _____

Current Rent _____ **Heat Included?** Y ___ N ___ **Move-In Date** _____

Reason for Leaving _____

Applicant's Previous Address #1 _____

Applicant's Previous Landlord _____ **Telephone** _____

Previous Landlord's Address _____

Previous Rent _____ **Heat Included?** Y ___ N ___ **Length of Stay** _____

Reason for Leaving _____

Applicant's Previous Address #2 _____

Applicant's Previous Landlord _____ *Telephone* _____

Previous Landlord's Address _____

Previous Rent _____ *Heat Included? Y* _____ *N* _____ *Length of Stay* _____

Reason for Leaving _____

EMPLOYMENT INCOME: ALL sources of employment income must be listed for ALL household members over the age of 18. (Verification is required.)

Head of Household: (Name) _____

Current Employer _____ *Telephone* _____

Address _____

Supervisor _____ *Hrly Rate* _____ *Years at Job* _____

Position _____ *Hours Per Week* _____ *Weekly Pay* _____

Previous Employer _____ *Telephone* _____

Address _____

Supervisor _____ *Hrly Rate* _____ *Years at Job* _____

Position _____ *Hours per Week* _____ *Weekly Pay* _____

Household Member # 2 (Name) _____

Current Employer _____ *Telephone* _____

Address _____

Supervisor _____ *Hrly Rate* _____ *Years at Job* _____

Position _____ *Hours Per Week* _____ *Weekly Pay* _____

Household Member #3 (Name) _____

Current Employer _____ *Telephone* _____

Address _____

Supervisor _____ *Hrly Rate* _____ *Years at Job* _____

Position _____ *Hours Per Week* _____ *Weekly Pay* _____

OTHER INCOME: Please list **ALL** sources of income received other than employment. (For example, child support, SSI, unemployment, disability, AFDC, etc. (Verification is required)

Source of Income_____	Monthly Amount_____
Contact Person_____	Telephone_____
Source of Income_____	Monthly Amount_____
Contact Person_____	Telephone_____
Case Worker_____	

VEHICLE

Make_____	Model_____	Year_____
Color_____	Registration / Plate #_____	

BANK REFERENCES

Bank Name_____	Checking Account #_____
Bank Name_____	Savings Account #_____
Bank Name_____	Loan Account #_____

GENERAL

Please answer the following questions for yourself and any proposed applicants.

1. Have you ever been evicted or asked to leave your apartment? Y_____N_____

Please Explain_____

2. Have you ever been convicted of a drug offense? Y_____N_____

The applicant certifies that all information provided is correct and to the best of his/her knowledge and understands that credit, housing court and CORI checks will be run to determine eligibility for rental of a unit managed by. The applicant hereby authorizes references to release appropriate information to the owner for this purpose. Landlord and employment forms are to be signed separately.

APPLICANT_____Date_____

WCG Rep_____Date_____

Worcester Common Ground, Inc.
5 Piedmont Street
Worcester, MA 01610
508.754.0908
FAX 508.754.8771
Contact: Jeshenia Luyando

PERSONAL REFERENCE

Name of Applicant _____

Name of Reference _____

Street / Road _____

City / State / Zip _____

Telephone _____

The above named applicant has given your name as a personal reference and is aware we are contacting you. They have applied for housing through Worcester Common Ground. We would appreciate your answering the following questions to the best of your ability.

THE INFORMATION YOU PROVIDE WILL REMAIN CONFIDENTIAL.

APPLICANT: DO NOT WRITE BEYOND THIS POINT

.....

1. *How long and in what capacity have you known the applicant?*

2. *To your knowledge, has the applicant volunteered to work with any organizations, such as schools, church, or local community?*

3. *In your opinion, how well does the applicant get along with others (i.e. people of different cultures / races, religions, sexual orientation)?*

4. *In your opinion, how does the applicant resolve conflicts with others?*

5. *In your opinion, do you think the applicant would be a participating resident by attending meetings if requested and show an interest in other residents?*

6. *Do you know other members of the applicant's family?*

If so, would recommend the family for a unit?

Why / or why not?

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Contact: Jeshenia Luyando

LANDLORD REFERENCE FORM

Name & Address of Landlord

Date of Request _____

Telephone _____

Tenant Name _____

Dates of Tenancy / From _____

To _____

AUTHORIZATION: My signature authorizes release of the requested information.

Signature _____ Date _____

APPLICANT: DO NOT WRITE BYOND THIS POINT

Dear Landlord:

We are required to obtain a landlord reference for the above named tenant to assess their eligibility to rent a unit from Worcester Common Ground. Please provide the requested information and return the form as soon as possible.

1. What was the address of the above named tenant? _____
 - a. Did you also live at that location? _____
2. What was the amount of rent paid? _____ Heat included? Y _____ N _____
3. Was the rent paid on time? Y _____ N _____
 - a. If no, how often was the rent late? _____ How late? _____
4. Was the apartment kept in good condition? Y _____ N _____
5. Were you told of maintenance problems before they became major problems? _____
6. Did the family's lifestyle disturb neighbors? Y _____ N _____
7. Did the tenant get along reasonably well with others? Y _____ N _____
8. If there were differences with neighbors, was the tenant able to resolve them in a constructive manner?
Y _____ N _____
9. Did the tenant take any initiative to maintain common areas? Y _____ N _____
10. Did the tenant own pets? Y _____ N _____ Were they responsible pet owners?
Y _____ N _____ Explain _____
11. Did the tenant give written notice to vacate before moving? Y _____ N _____
How much notice? _____
12. Would you recommend this person for a unit? Y _____ N _____

Landlord Signature: _____

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Worcester, MA 01610
Voice: 508.754.0908
Fax: 508.754.8771
Email: info@wcg-cdc.com

Employment Verification

Authorization: Federal Regulations require us to verify Employment Income of all member of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household. Your prompt return of the requested information will be appreciated. A self-addressed return envelope is enclosed.

Release: I hereby authorize the release of the requested information

Signature: _____ **Date:** _____ or a copy of the executed "Home Program Eligibility Release Form," Which authorizes the release of the information requested, is attached.

Employer Name: _____

Address: _____

Telephone: _____

APPLICANT: DO NOT WRITE BYOND THIS POINT

Employed Since: _____ Occupation: _____

Salary: _____ Effective date of last increase: _____

Base pay rate: \$ _____ Hour/or\$ _____ Week/or \$ _____ Month

Average hours/week at base pay rate: _____ hours

No. weeks _____ or No. Weeks worked per year _____

Overtime pay rate: \$ _____/Hour _____ Expected average number of hours overtime worked per week during next 12 months _____

Any other compensation not included above (specify for commissions, bonuses, tips, etc.): For: _____
\$ _____ per _____

Is pay received for vacation? ____ if Yes, No. of days/yr. _____

Total base pay earnings for past 12 months \$ _____

Total overtime earnings for the past 12 months \$ _____

Probability and expected date of any pay increase: _____

Does the employee have access to a retirement account? Yes ____ No ____

If Yes, what amount can they get access to: \$ _____

Signature of/or Authorized Representative _____

Title: _____ Date: _____

Telephone: _____

WARNING: Title 18, section 1001 of the U.S. Code States that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United State Government.