

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

THIS SECTION FOR APPLICANT:

Date Generated:

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

Dear

Fold on this line

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

THIS SECTION FOR WAITLIST ADMINISTRATORS ONLY:

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 Received. Application will be stamped to show when it was received:

TODAY'S DATE



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:

Does the HoH have a Social Security Number or ITIN? ☐ = **X** ☐ Yes ☐ No *If "Yes" you must provide the full number!*

HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER ###-##-####

HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy

GENDER M, F, T

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

REASONABLE ACCOMMODATION OR SPECIAL CIRCUMSTANCES at the moment (else, fill in any of the items below) **None needed**

- ☐ Fully Access Wheelchair Unit ☐ Bathroom Mobility Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter – language
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Live-In Aide or PCA

Would you like to further explain the Reasonable Accommodation request:

HEAD OF HOUSEHOLD'S CAREER STAGE: (below)

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

ANY VETERANS in HH? ☐ Yes ☐ No

PERMANENT MOBILE RENTAL ASSISTANCE, if any (you must select one of these)

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

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 Explain:

ANY PETS? ☐ Yes ☐ No Number of Pets: Describe

HOUSEHOLD SIZE AND COMPOSITION:

ANNUAL INCOME

DOCUMENTED DISABILITY?

- ← # Adults ← # Children ← Total # in Household \$ ☐ Yes ☐ No

CURRENT HOUSING STATUS ☐ 1. Homeless ☐ 2. Housing Loss in 14 days ☐ 3. Homeless under other federal status
☐ 4. Homeless because Fleeing domestic violence ☐ 5. At risk of homelessness ☐ 6. Stably Housed

HAVE YOU RECENTLY BEEN DISPLACED? ☐ No ☐ Accessibility or Personal Health Issues ☐ Addiction issues ☐ Cost of Living ☐ Pandemic
☐ Condemnation of Home, code violations ☐ Domestic Violence or Sexual Assault ☐ Fire, flood, earthquake ☐ Threat to Life or Safety ☐ Urban Development, eminent domain

BEST TELEPHONE NUMBER TO USE

SECOND TELEPHONE (if you have one)

EMAIL ADDRESS

WHERE YOU LIVE OR BACKUP ADDRESS

Check this box if backup address is the same as best mailing address below

Address Line 1

Apt # or "care of" name

City

State

Zip

BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

OTHER PRIORITIES AND PREFERENCES? It is important to *claim these if you can!*

UNIT SIZE

(# BEDROOMS NEEDED)

- ☐ 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: _____

QUINCY COMMUNITY ACTION PROGRAMS, INC.
1509 HANCOCK STREET
QUINCY, MA 02169

QCAP, Inc.

DO NOT WRITE IN BOX
OFFICE USE ONLY

Date of Receipt_____

Bedrooms 0 1 2

RENTAL APPLICATION FOR QCAP'S HOUSING

*Please fill out application completely!

1. Name of Applicant

Social Security #

Current Address

City/Town

State

Zip Code

Home Telephone

Work Telephone

2. Special Needs: Specify

3. Number of Bedrooms: (Circle One) 0 1 2

4. Members of Household to live in unit, **including head:**

First Name	Last Name	Gender M or F	*Race	Relation to Head	Social Security Number	Date of Birth	Disabled Y or N	Education Level Completed to Date
1.								
2.								
3.								
4.								
5.								
6.								

***RACE**

American Indian/Alaskan Native (A/A)

Asian (A)

Black/African American (B)

Hawaiian/Pacific Islander (H/P)

White (W)

Multi-race (M/R)

Other (specify)

5. Is a change in the household expected? (Circle One)

YES NO

If yes, what type of change? _____ When? _____

6. INCOME BEFORE DEDUCTIONS:

Estimate the gross income anticipated for all household members from all sources for the next 12 months.

Specify all sources:

Household Member	Income Source	Name and address of employer or source of income	Gross income for next 12 months
	Salaries, wages Including overtime/tips		
	V.A. Disability		
	Net income from Business or profession		
	Trust income, Interest and Dividends		
	Pensions and Annuities		
	Regular Unemployment or disability /workman's comp.		
	Regular Social Security and or/SSI		
	TAFDC or Public Assistance		
	Regular Alimony, Child support		
	Gifts and Other income		

7. EXPENSE:

Expense for care of children or sick, incapacitated person if necessary for employment

Unreimbursed medical expenses:

Health Insurance:

YES _____ Type _____

NO _____

If Yes – Cost per month \$

TOTAL EXPENSES _____

- 8. ASSETS:** List below the assets of all household members. Include all bank accounts, stocks and bonds, trust agreements, real estate, etc. Do not include clothing, furniture, or cars.

Household member	Description of Assets	Value of Applicants Equity

9. Does anyone in your household own a car? YES NO

Make of car _____ Year _____ Reg. No. _____

Make of car _____ Year _____ Reg. No. _____

10. REFERENCES: List two references. These should not be relatives or household members.

Name _____ Telephone _____

Address _____

City _____ State _____ Zip _____

Relationship (employer, colleague, friend); _____

Name _____ Telephone _____

Address _____

City _____ State _____ Zip _____

Relationship (employer, colleague, friend); _____

11. Tenancy History Reverse Order:

Present Address

Address _____ 20__ to present

Name of Landlord _____ Tel. _____

Address of Landlord _____

Previous Address

Address _____ Years _____

Name of Landlord _____ Tel. _____

Address of Landlord _____

Previous Address

Address _____ Years _____

Name of Landlord _____ Tel. _____

Address of Landlord _____

12. Have you, or any member of your household, ever received housing assistance from QCAP, Inc. or any housing agency or group? This includes Rental Assistance programs.

(Circle One) YES NO

If yes:

Name of head of household at that time _____

Relation to present applicant _____

Name of Housing Agency _____

Date moved out _____

Did you leave as a tenant in good standing? YES NO

If no, please explain _____

13. Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of QCAP, Inc.? (If so this will not necessarily disqualify your application)

YES NO

If yes, please specify: _____

14. Are you currently a client of Quincy Community Action Programs, Inc. ?

YES NO

15. Do you have any pets? YES NO

16. Emergency Reference: Name of a relative or friend not planning to live with you. We will contact this person if we are not able to reach you or in case of an emergency.

Name _____ Relationship _____

Address _____ Tel. _____

17. Criminal Record:

Have you or any member of your household who will live in the unit been convicted of a misdemeanor in the last five years? (Circle One) YES NO

Have you or any member of your household who will live in the unit been convicted of a felony in the last 10 years? (Circle One) YES NO

If yes, please explain _____

Applicants Certification:

I understand that this application is not an offer of housing. I understand that if I am offered a housing unit and I do not accept that offer, I will lose any priority or preference status on the Housing Program waitlist.

Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written offer from QCAP, Inc. I understand that it is my responsibility to inform QCAP, Inc. in writing of any change of address, income or household composition. I authorize QCAP to make inquiries to verify the information I have provided in this application, including a credit and CORI (Criminal Offenders Record Information) check. I certify that the information I have given in this application is true and correct. I understand that any false statement, misrepresentation, or lack of requested information, may result in the rejection of my application.

Applicants Signature _____ Date _____

QCAP, Inc. Interviewer /
Reviewer Signature _____ Date _____