2:	← APPLICANT COMPLETE THIS SECTION
e Zip:	Use Adobe Acrobat Reader and print this application to
	"Custom Scale - 100%". Then, both addresses will appear in the windows of a #1
anager Email:	double-window envelope, saving you time.
	Mail this application to the address at left.
	Do not fax!
Date Generated:	Fold on th
THE CECTION IC FOR MAITH	T A DRAINICTD A TODG ONLY
THIS SECTION IS FOR WAITLIS	ST ADMINISTRATORS ONLY:
LANDLORD: IF REJECTING THIS APPLICATION, please email,	support@bousingworks not
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	support@housingworks.net
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!	support@housingworks.net HousingWorks P.O. Box 231104
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	support@housingworks.net HousingWorks P.O. Box 231104
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	support@housingworks.net HousingWorks P.O. Box 231104
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	support@housingworks.net HousingWorks P.O. Box 231104 Boston, MA 02123 617-536-8561 fax
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 open at present are:
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Full Name: Address1:

HEAD OF HOUSEHOLD'S (HoH) FIRST	NAME ONLY, type or write	in the row below:				
HEAD OF HOUSEHOLD'S COMPLETE N	MIDDLE NAME:					
HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ):						
HEAD OF HOUSEHOLD S LAST NAIME	(LA. BALZ GONZALLZ).					
DOES THE HOH HAVE A SOCIAL SECURITY NUMBER	BER or ITIN? Yes No	DATE OF B	BIRTH	GENDER		
Enter the last four digits of your SSN or ITI	N	Type birthyear first, using dashes	YYYY-MM-DD	F M T-MTF	T-FTM	
ETHALCITY (History and Albert History and Co	PACE (Asia	Diad. Milita Nation America	. Daviša Islamba Mariki	unnial Client Deferred	de net mite Ceeniele)	
ETHNICITY: (Hispanic or Non-Hispanic, Cl	lient Refused) RACE: (Asia)	n, Black, White, Native Americar	n, Pacific Islander, Multi-l	raciai, Client Refused -	– do not write Spanish)	
REQUESTED ACCOMMODATIONS: Do	o you need any of these?	□ = X □ I don't ne	ed any of the accomm	nodations listed be	low	
☐ Fully Accessible Wheelchair Unit	☐ Bathroom modificati	ons Uision Impa	aired Unit	☐ Need an Inte	erpreter	
\square No-Steps unit (elevator to any floo	or) Hearing I	mpaired Unit		☐ Domestic Vi	olence Victim	
☐ First-Floor unit only	Unit desi	gned for Environmental Alle	rgies	Live-In Aide	or PCA	
HEAD OF HOUSEHOLD'S CAREER STAG	GE: Employed	Unemployed	Retired F	T Student	PT Student	
ANY VETERANS IN YOUR HOUSEHOLD	Yes I	No				
PERMANENT MOBILE RENTAL ASSIST	ANCE, if any - you <u>must</u> sel	ect one of these answers				
I do not have mobile rental assistance	☐ Mobile Section 8 vo	oucher MRVP	AHVP VAS	GH or similar		
CRIMINAL RECORD AND SEX OFFEND	ER INFORMATION					
Head of Household: Any Felony,	/Conviction?	No	Any Misdemeanor Conv	viction? Yes	☐ No	
Other HH Members: Any Felony	Convictions?	No	Any Misdemeanor Conv	viction? Yes	☐ No	
Is anyone in HH subject to a lifetime sex	offender registration in any sta	ate? 🗌 Yes 🔲 No				
ANY PETS: Yes No	Breed, Size, Weight,					
ANY PETS: Yes No HOUSEHOLD SIZE AND COMPOSITION			<u>ANNUAL</u> INC	OME DOCUI	MENTED DISABILITY?	
	N:	tal # in Household	ANNUAL INC	OME DOCUI	MENTED DISABILITY? Yes No	
HOUSEHOLD SIZE AND COMPOSITION ← # Adults ← # Child	N:	_	\$			
HOUSEHOLD SIZE AND COMPOSITION ← # Adults ← # Child	N: ren ←To Homeless Housing Los □ by Accessibility/health issue	s 14 days Fleeing Dom.	\$ Violence At risk o	.00 In the following state of the state of t	Yes No	
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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 Tele	phone	
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	Income Source	Name and address of employer or	Gross income
Member		source of 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	The state of the s	
	/workman's comp.		
	Regular Social		
	Security and or/SSI		
	TAFDC or Public		
	Assistance		

W-95-1-W-1-3-1-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Regular Alimony,		
	Child support		
	Gifts and Other	d control of the cont	

	income		

Jnreimbursed medical expo	enses:	
Iealth Insurance:		
TES Type	1007107801100790011111111111111111111111	
NO		
If Yes – Cost per month \$		
	assets of all household members.	
ASSETS: List below the		nclude all bank accounts, stocks
ASSETS: List below the	assets of all household members.	nclude all bank accounts, stocks
ASSETS: List below the bonds, trust agreements, re	assets of all household members. It is all estate, etc. Do not include clother description of Assets	include all bank accounts, stocks aing, furniture, or cars.
ASSETS: List below the bonds, trust agreements, re	assets of all household members. It is all estate, etc. Do not include clother description of Assets	include all bank accounts, stocks aing, furniture, or cars.
ASSETS: List below the	assets of all household members.	nclude all bank accounts, stoo

Name	Telephone	***************************************
Address —		
City State_	Zip	makana alaman
Relationship (employer, colleague, fri	end);	
Name	Telephone	
Address		
City State_	Zip	
Relationship (employer, colleague, fri	end);	
1. Tenancy History <u>Reverse Order</u> :		
Present Address		
Address		to preser
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	

Member of QCAP, Inc.? If yes, please specify: 14. Are you currently a client 15. Do you have any pets? 16. Emergency Reference: Noterson if we are not able to response to the person if we are not able to response to the person if we are not able to response to the person if we are not able to response to the person if we are not able to response to the person if we are not able to response to the person if we are not able to response to the person if we are not able to response to the person if we are not able to response to the person if we are not able to response to the person if we are not able to response to the person if we are not able to response to the person if we are not able to response to the person in t	YES t of Quincy Comm YES YES ame of a relative of each you or in case	NO unity Action NO NO or friend no	on Programs, Inc. ? t planning to live w	vith you. We will contact
Member of QCAP, Inc.? If yes, please specify: 14. Are you currently a client 15. Do you have any pets? 16. Emergency Reference: N	YES t of Quincy Comm YES YES ame of a relative o	NO unity Action NO NO or friend no	on Programs, Inc. ?	•
Member of QCAP, Inc.? If yes, please specify: 14. Are you currently a client	t of Quincy Comm	NO unity Actio		
Member of QCAP, Inc.? If yes, please specify:	YES t of Quincy Comm	NO unity Actio		
Member of QCAP, Inc.?	YES	NO		•
-	•	_	-	opiication)
13. Are you a Board Member				- 1
If no, please explain				
Did you leave as a tenant			NO	
Date moved out				
Name of Housing Agency	У			
Relation to present applic	ant			
Name of head of househo	old at that time			United States and the Control of the States
If yes:				
(Circle One) YES If yes:	NO			

17.	Criminal Record:	
	Have you or any member of your household who will liv misdemeanor in the last five years? (Circle One) YES	re in the unit been convicted of a NO
	Have you or any member of your household who will live the last 10 years? (Circle One) YES NO	e in the unit been convicted of a felony in
	If yes, please explain	
,		
	Applicants Certification:	
	I understand that this application is not an offer of housing unit and I do not accept that offer, I will lose any Program waitlist.	•
	Based on this application I understand I should not make tenancy until I have received a written offer from QCAP to inform QCAP, Inc. in writing of any change of address authorize QCAP to make inquiries to verify the informatincluding a credit and CORI (Criminal Offenders Record information I have given in this application is true and comisrepresentation, or lack of requested information, may	, Inc. I understand that it is my responsibility s, income or household composition. I ion I have provided in this application, I Information) check. I certify that the prrect. I understand that any false statement,
	Applicants Signature	Date
	QCAP, Inc. Interviewer /	
	Reviewer Signature	Date