

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](mailto: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*

Did you know? You can update some waitlists using your CELLPHONE! <https://form.jotform.com/waitlistupdate/hws-wl-update-form>

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

DATE OF BIRTH

GENDER

Enter the last four digits of your SSN or ITIN

Type birthyear first, using dashes YYYY-MM-DD

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 ☐ No

Any Misdemeanor Conviction?

☐ Yes ☐ No
- Other HH 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 Breed, Size, Weight,

HOUSEHOLD SIZE AND COMPOSITION:

ANNUAL INCOME

DOCUMENTED DISABILITY?

← # Adults

← # Children

← Total # in Household

\$ .00

☐ 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:

BEST 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: \_\_\_\_\_



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

**Cruz Management Company**  
**434 Massachusetts Ave., Suite 300**  
**Boston, MA 02118**  
**Phone: 617-247-2389 Fax: 617-247-4270**  
**US Relay: 711**

*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.*

## **MAPLE COMMONS**

### **APPLICATION FOR HOUSING**

***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 18 and over in the household as well as the Head, Co-head and Spouse must report all income and sign all necessary forms. 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 (check one) ☐ Rent or ☐ Own

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

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**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 to have an equal opportunity to enjoy your housing then we can't accommodate your requirements.**

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

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

5. *If “yes”, please explain:* \_\_\_\_\_

\_\_\_\_\_

### **Social Security Number (SSN) Disclosure Requirements**

Applicants do not need to disclose or provide verification of a SSN for all non-exempt household members at the time of application and for placement on the waiting list. However, applications must disclose and provide verification of a SSN for all non-exempt household members before they can be housed.

Applicants who are exempt from SSN Disclosure (supporting documentation must be provided):

- Household Members who do not contend eligible immigrations status. NOTE: Subsidy assistance for the household will be prorated based on eligible household members.

Household Members who do not have an SSN, but, were age 62 or over AND were receiving HUD assistance at another location on January 31, 2010, he/she may be exempt.

### **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 (Must Circle as Applicable for EACH Member)
Head		HOH				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

Do you anticipate any changes to the household in the next twelve months? ☐ Yes ☐ 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	\$
	Social Security	\$
2.	SSI Benefits	\$
	SSI Benefits	\$
3.	SSP (State Supplement Program) Payments	\$
4.	Pension; List source:	\$
5.	Veteran's Benefits; List claim #:	\$
6.	Unemployment Compensation	\$
	Unemployment Compensation	\$
7.	Worker's Compensation	\$
8.	Title IV/TANF/TAFDC/Public Assistance	\$
9.	Interest Income; List source:	\$
10.	Other Income (including recurring gifts, lottery winnings, rental property, net income from a business, etc.)? <b>Verify as applicable</b> List source:	\$
11.	*Student Financial Assistance in excess of tuition and any other required fees and charges (scholarships, grants, private sources, work study, etc.) List source:	

*If "yes", please explain:*

\* Only counted for Sec. 8 and/or LIHTC 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.	<b>Employment Income</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:

13.	<b>Employment Income</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
14.	<b>Employment Income</b>	\$
	Employer:	
	Employer Address:	
	Employer Phone:	
	Position Held:	How long employed:
15.	<b>Alimony</b>	
	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.	<b>Child Support</b>	
	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.?		<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?		<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
<b>If yes, explain:</b>		
22. Do you file income tax returns? (If yes, please provide a copy with this application.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b><u>D. ASSETS</u></b>		
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.		
1. Checking Accts		Bank: Acct: Balance \$
		Bank: Acct: Balance \$
		Bank: Acct: Balance \$
2. Savings Accts		Bank: Acct: Balance \$
		Bank: Acct: Balance \$
		Bank: Acct: Balance \$

3. Direct Express Debit Card (SSA only) Current Stmt/ATM receipt		Member: _____ Member: _____ Member: _____		Balance: \$ Balance: \$ Balance: \$	
4. Other Debit Acct Cards Current Stmt/ATM receipt		Member: _____ Member: _____ Member: _____		Balance: \$ Balance: \$ Balance: \$	
5. Cash on Hand				Amount \$	
6. Trust Account		Bank: _____	Acct: _____	Balance \$	
		Bank: _____	Acct: _____	Balance \$	
7. Certificates of Deposit		Bank: _____	Acct: _____	Balance \$	
		Bank: _____	Acct: _____	Balance \$	
8. Savings Bonds		Maturity Date _____		Value \$	
		Maturity Date _____		Value \$	
9. Life Insurance Policy		Ins. Co: _____ Acct: _____		Cash Value \$	
10. Life Insurance Policy		Ins. Co: _____ Acct: _____		Cash Value \$	
11. Mutual Funds		Name: _____ Bank Name: _____	#Shares: _____ Annual Interest or Dividend \$ _____	Value \$ _____	
12. Stocks		Name: _____ Bank Name: _____	#Shares: _____ Annual Interest or Dividend \$ _____	Value \$ _____	
13. Bonds		Name: _____ Bank Name: _____	#Shares: _____ Annual Interest or Dividend \$ _____	Value \$ _____	
14. Annuities, 401(k), IRA, Keogh		Name: _____ Source: _____		Value \$ _____	
15. Investment Property		Name: _____ Source: _____		Appraised Value \$ _____	
16. Real Estate Property: <b><i>Does any household member own any property?</i></b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. <b><i>If yes</i></b> , 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. <b><i>Has any household member sold/disposed of any property in the last 2 years?</i></b>				<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b><i>If yes</i></b> , Name of Household Member:		Type of property:			
Market value when sold/disposed				\$ _____	
Amount sold/disposed for				\$ _____	
Date of transaction					

18. ***Has any household member disposed of any other assets in the last 2 years?*** (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? ☐ Yes ☐ 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:	

### **E. ADDITIONAL INFORMATION**

1. How were you referred to this property?		
<b><u>Notice for the following question:</u></b> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are you or any member of your family currently illegally using a controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, specify whether (A) and/or (B) with member name(s) as applicable and describe. Attach separate sheet if necessary:</i>		
5. Provide a <u>complete list of ALL States</u> in which any applicant household member has ever resided:		
6. Are you an owner, developer or sponsor of this project (or officer, employee, agent or consultant of the owner, developer or sponsor)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please describe:</i>		
8. Have you ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe:</i>		
9. Will you take an apartment when one is available?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:	
	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. Personal Reference #1:		
Address:		
Relationship:		Phone #:
4. Personal Reference #2:		
Address:		
Relationship:		Phone #:
5. Personal Reference #3:		
Address:		
Relationship:		Phone #:
6. In case of emergency notify:		
Address:		
Relationship:		Phone #:

**G. CERTIFICATION**

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. 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, 18 or older, must sign the application. Further, any head, co-head or spouse, who is an emancipated minor, must also sign below.

**SIGNATURE(S):**

_____	_____
(Signature of Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date
_____	_____
(Signature of Co-Tenant)	Date