

Mail this application to:

The name of the waitlist I'm applying for is: _____

Some waitlists are closed: Before sending this application, check <http://www.housingworks.net/> to see what is open

You **must** answer every question on this application: respond to questions that are not applicable by writing "N/A".
Incomplete applications may be returned or discarded.

Name of HoH: _____

Long-Term Mailing Address _____

City/State/Zip: _____
(this address should ideally work for the next 3-5 years):

Phone(s): _____ - _____ - _____ _____ - _____ - _____

Email: _____

The **SSN** for the head of household is: _____

Does the HoH have a **Social Security Number (SSN)**? ☐ Yes ☐ No *If "Yes" you must provide it above).*

What is your **date of birth**? _____ What is your **gender**? _____

Race (white, black, asian, etc)? _____

What was your **mother's last name** when she was born? *Protects your privacy*) _____

How many people will be living in the unit? _____ people. What **unit size** are you seeking? _____ BR

Describe your **Income Sources** (Job, Food Stamps, SSI, TAFDC, etc.) _____

What is your family's **ANNUAL** income? \$ _____ (do NOT write an hourly, weekly, or monthly amount!)

☐ YES ☐ NO Do you have a **rental voucher** or **some other form of regular rental assistance**?

Specify: ☐ Section 8 ☐ MRVP ☐ AHVP ☐ Homebase ☐ _____

☐ YES ☐ NO Do you need a **wheelchair accessible unit** (or a "no-steps" unit)?

☐ YES ☐ NO Do you need **reasonable accommodations** due to a disability, either during the application period or tenancy? _____

☐ YES ☐ NO Are you or any member of your household subject to a lifetime registration requirement under a **State Sex Offender Registration** program?

☐ YES ☐ NO **Priority/Preference Status:** If there is a section in this application that asks about priorities and preferences, did you claim any?

Office Only: Date/Time Stamp

C A S C A P
I N C

678 Massachusetts Avenue 10th Floor Cambridge, MA. 02139
Phone: (617) 492-5559 Fax: (617) 492-6928 TTY: (617) 234-2992

Landlord Reference Request

Please photocopy this form as needed. A separate form will need to be completed for all addresses within the past five years for all household members.

I, _____ (please print clearly) hereby authorize the release of information from previous landlords to CASCAP, Inc. for the purposes of evaluating my suitability for tenancy. I unconditionally release any informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and a photocopied or faxed copy of the original shall be as valid as the original.

Resident Signature / Date

Guardian/ Payee Signature / Date

Address during Tenancy

Dates of Tenancy

Landlord's Name, Address, Phone Number

Landlord,

The applicant listed above has applied for housing with CASCAP, Inc. Please answer all questions below and on the other side of this page. If you need additional space, please use the space provided on the back of this page. Please complete this reference and return in the envelope given as soon as possible. Your prompt assistance with this reference will enable us to provide housing more promptly to applicants in need. Thank you.

1. Dates of tenancy: from _____ to _____.
2. Are you a relative or friend of this applicant? _____yes _____no
3. Did the applicant have a lease? _____yes _____no
4. Was this applicant listed on the lease for the unit? _____yes _____no
5. Amount of monthly rent payment _____
6. Did this applicant ever pay rent late? _____yes _____no
7. If this tenant was late with rent payments, how often?
How late? Please comment in section below.

Continued on reverse

8. Did this applicant leave this address owing rent? ☐yes ☐no
9. Were this applicant's utilities ever disconnected? ☐yes ☐no
10. Did this applicant, other household members, or guests damage or deface the property in any way? If so, please give details in section below and specify if the tenant paid for the damages. ☐yes ☐no
11. Were the applicant's housekeeping standards reasonable? ☐yes ☐no
12. Did the applicant have problems with pest infestation (roaches/mice)? ☐yes ☐no
13. Did the applicant let people live in the unit with him or her on a regular basis? ☐yes ☐no
14. Did this applicant, other household members, or guests respect the rights of his or her neighbors? ☐yes ☐no
15. Did the applicant ever act in a violent or verbally abusive manner toward neighbors, landlord, or staff? ☐yes ☐no
16. Did the applicant engage in any criminal activity on the premises, including drug trafficking? ☐yes ☐no
17. Did the applicant give you any false information? ☐yes ☐no
18. Did you ever start or complete an eviction action against this applicant? If yes, please explain why in the comment section below. ☐yes ☐no
19. Would you rent to this applicant again? ☐yes ☐no

Please feel free to give additional comments in this space.

Name and title of person filling out form _____

Name of owner or management company _____

Signature

Date



Equal Housing Opportunity

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CORI Release

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CASCAP, Inc. has been certified by the Criminal History Systems Board for access to convictions and pending criminal data. As an applicant for housing with CASCAP, I understand that a criminal record check will be conducted for conviction information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

Signature

Date

Signature (guardian if applicable)

Date

APPLICANT INFORMATION (PLEASE PRINT)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE)

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ADDRESS

REQUESTED BY
SIGNATURE OF CORI AUTHORIZED EMPLOYEE

CHSB USE ONLY

RECORD ATTACHED

NO RECORD



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Release and Authorization

Please photocopy this form as needed. A separate form will need to be completed for all household members. CASCAP will be obtaining information about your credit, criminal, and landlord history. Upon written request, you will be provided with information regarding the nature and scope of the information we request, how CASCAP obtains this information, and how this information is considered according to CASCAP's Tenant Selection Plan.

I voluntarily and knowingly authorize any law enforcement agency, state or federal agency, credit bureau, criminal records bureau, private business, landlord, personal reference, or other persons, to give records or information they may have concerning my housing history, criminal history, credit history, general reputation, character, or any other information requested to CASCAP, Inc. and/or its agents or representatives. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and a photocopied or faxed copy of the original shall be as valid as the original.

Signature

Date

Signature of Guardian (if applicable)

Date

Full Legal Name (type or print clearly)

Any Previous/Maiden Name

Current Address

City, State, Zip

Mailing Address (if different)

Social Security Number

Date of Birth



Equal Housing Opportunity

Housing History, Page 1

Note: you can often locate landlord information by using the Tax Assessor's website in each town (or by calling the Tax Assessor's phone number in most towns): To determine if there is an online Tax Assessor page for a town search the web like this: "Tax Assessor, Boston MA" or "Property Assessment, Dallas TX".

CURRENT RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to: _____ or present

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

PRIOR RESIDENCE

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 2

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

Name on the lease _____ to _____

Address you lived at: _____
Street and Apt# City State Zip

Landlord's Name and Address _____

Landlord Tel: _____

Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

RESIDENCE BEFORE THAT

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Name on the lease _____ to _____

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Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

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Did this landlord bring any court action against the leaseholder or you? ☐ Yes ☐ No

Did this landlord return your security deposit? (check one) ☐ Yes ☐ No ☐ N/A

Housing History, Page 3

RESIDENCE BEFORE THAT

DATES YOU LIVED THERE:

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Address you lived at: _____
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