

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

Committee to End Elder Homelessness

1640 Washington Street, Boston, MA 02118

Phone: (617) 369-1550 / Fax: (617) 369-1566

TDD: (800) 439-2370

APPLICATION FOR HOUSING

Please check site(s) that you are interested in:

GENERAL INFORMATION:

Name: Current Address:

- ☐ Anna Bissonnette House40 apartments in the South End
- ☐ Bishop Street9 units congregate housing for women in Jamaica Plain
- ☐ ElderHouse14 apartments in Uphams Comer, Dorchester
- ☐ Ruggles Affordable Assisted Living43 apartments for frail elders in Roxbury
- ☐ Ruth Cowin House9 apartments in Brookline
- ☐ Bickford Street56 apartments in Jamaica Plain

Name: _____ Date of Birth: _____

Current Address: _____
Street Town State Zip

Telephone: Home _____ Work _____

Social Security # _____

Mailing Address, if different: _____

In case of an emergency, whom may we contact?

Name: _____ Relationship: _____

Address: _____ Telephone: _____

HOUSING INFORMATION:

Present Landlord Name: _____ How long? _____

Landlord Address: _____

Landlord Telephone: _____

Cost of Monthly Rent: _____ Utilities: _____

Previous Landlord Name: _____ How long? _____

Landlord Address: _____

Landlord Telephone: _____

Cost of Monthly Rent: _____ Utilities: _____

Have you ever been evicted from housing? Yes _____ No _____

If yes, please explain:

STUDENT STATUS:

Are you or any member of your household currently a full time student? Yes _____ No _____

Are you or any member of your household planning on being a full time student in the next 12 months? Yes _____ No _____

EMPLOYMENT INFORMATION:

Current Employer's Name: _____

Address: _____

Telephone: _____ Length of Employment: _____

INCOME & ASSETS:

Our housing program requires that you be income eligible as defined by published government guidelines. In order to determine your eligibility, it is necessary that you provide the following information, which will be verified. Be sure to include all sources of income.

Source of Income	Amount (monthly)
------------------	------------------

Employment	_____
------------	-------

Social Security	_____
-----------------	-------

(under which Soc. Sec. # _____)

Retirement _____ Disability _____ Widow(er) _____
Please check one.

Supplemental Security Income (SSI)	_____
------------------------------------	-------

Pension:

Source of pension _____	_____
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Veterans Benefits:

Claim # _____ Serial # _____	_____
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Public Assistance:

Type _____	_____
------------	-------

Unemployment	_____
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Workers Compensation:	_____
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Other: Specify _____	_____
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Assets:

Bank Account Information:

Name of Bank: _____ Address: _____

Account Type: Savings Account # _____ Amt. \$ _____

Checking Account # _____ Amt. \$ _____

Money Market Account # _____ Amt. \$ _____

Investments/Stocks/Bonds:

Name: _____ Account # _____ Amt. \$ _____

Real Estate Type: _____ Value: _____

IRAs, CDs: _____ Value: _____

REFERENCES:

1. Credit: Name: _____ Acct. # _____

2. Other (Clergy, Social Worker, Case Manager, etc.)

Name: _____

Address: _____ Tel. # _____

How does this person know you? _____

RACE/NATIONAL ORIGIN:

The Federal Government requires that we obtain the following information in order to monitor the owner's compliance with Equal Housing Opportunity and Fair Housing laws. The law provides that an applicant may not be discriminated against on the basis of the information supplied below or whether or not the information is furnished.

_____ White/Non Minority _____ American Indian/Alaskan Native

_____ Black, not of Hispanic origin _____ Hispanic

_____ Asian American/Pacific Islander _____ Other

_____ I do not wish to furnish the above information

ELIGIBILITY FOR GROUP ADULT FOSTER CARE:

Please check as many of the following that apply:

I require assistance with: Bathing _____ Grooming _____ Dressing _____ Walking _____

Medication Monitoring _____

Are you presently receiving medical assistance from Medicaid? Yes _____ No _____

ELIGIBILITY STATUS:

The U.S. Department of Housing and Urban Development requires that all applications be placed on a priority waiting list, if they meet one or more of the following conditions. These must be verified by a qualified third party prior to offering you an apartment. If your status changes at any time, you should notify the Committee to End Elder Homelessness immediately.

Please check all that apply to you:

Have you been displaced by a natural disaster such as a fire or flood within the past 2 years? _____

Have you been displaced by public action such as urban renewal or code enforcement within the past 2 years? _____

Do you currently face eviction/displacement due to termination of rent control? _____

Are you presently living in overcrowded conditions? _____

Number of persons? _____ Number of bedrooms? _____

Are you presently living in an unhealthful or dangerous place? _____

Are you presently paying more than 50% of your income for rent? _____

Other special circumstances, please specify: _____

APPLICANT'S CERTIFICATION:

1. I hereby certify that the information provided is correct to the best of my knowledge.
2. I understand that this is a preliminary application and the information does not guarantee housing. Additional information and verifications will be necessary to complete the application process.
3. I hereby give Committee to End Elder Homelessness authorization to verify the information in this application for housing.
4. **WARNING:** Section 1001 of Title 1 B of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction. It is a criminal offense to make a willfully false statement or misrepresentation on this rental application.

Applicant's Signature

Date

The Committee to End Elder Homelessness, Inc. does not discriminate or permit unlawful discrimination on the basis of race, religion, creed, color, age, sex, national origin, marital status, handicap, or sexual orientation in the rental, use and occupancy of any property that is managed by Committee to End Elder Homelessness Management Inc. Equal Opportunity Housing/Handicapped Accessible.

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

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

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Housing History, Page 3

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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

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