

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



THE CALEB FOUNDATION
491 HUMPHREY STREET, SWAMPSCOTT, MA 01907
781-595-4665 * 781-592-0770 (Fax)



PRE-APPLICATION FOR HOUSING

FOR OFFICE USE ONLY

Date Received: ___/___/___

Time: _____:

of BR's: 0 1 2 3 4 5

PLEASE INDICATE BEDROOM SIZE:

Studio _____ One Bedroom (HC) _____ *Four Bedroom _____
One Bedroom _____ Two Bedroom (HC) _____ *Five Bedroom _____
Two Bedroom _____ Three Bedroom _____ *Lowell Only

PLEASE INDICATE WHICH PROPERTY(IES) YOU ARE INTERESTED IN:

___ Village Heights, Willimantic, CT ___ Chestnut Square Apartments, Lowell, MA
___ Ledgewood North, Saco, ME ___ The Sirk Building, Lowell, MA
___ Ledgewood Terrace, Saco, ME ___ Mohawk Forest Apartments, N. Adams, MA
___ Pineledge Terrace, Saco, ME ___ Rush Square Apartments, Henniker, NH
___ Pinebrook, Old Orchard Beach, ME ___ Xavier House, Nashua, NH
___ Highland House, Whitefield, NH

NAME _____
STREET _____
CITY, STATE _____
ZIP _____
TEL # _____

MAILING ADDRESS, IF DIFFERENT:

SS# _____
DATE OF BIRTH ___/___/___

Members of Household: (Please list everyone who will live in household)

Name	SS #	Relation	Sex	Date of Birth
_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	___/___/___
_____	_____	_____	_____	___/___/___

Total Annual Income \$ _____ Total Value of Assets \$ _____

If you are in need of a handicap accessible unit due to a mobility impairment, please check here _____

How did you hear about The Caleb Foundation apartment complexes? _____

Has any member of your household been arrested or convicted of a crime or subject to a lifetime requirement to register as a sex offender? ___ Yes ___ No

The Caleb Foundation is a management company that provides low rent housing to eligible families, elderly households and single people. The Caleb Foundation is not permitted to discriminate against applicants on the basis of their race, color, religion, sex, national origin, disability handicap or familial status. In addition, The Caleb Foundation has a legal obligation to provide "reasonable accommodations" to applicants if they, or any household member, have a disability or handicap.

I understand that this application is not an offer of housing. I understand that it is my responsibility to notify The Caleb Foundation of any change of address, income or family composition. By signing this application I am giving permission to The Caleb Foundation staff to verify any information in this pre-application, perform a credit and criminal record check. Additional information will be provided if requested. I certify that the information I have given in this pre-application is true and correct. I understand that any false statements or misrepresentation may result in the cancellation of this pre-application. I understand that if I am contacted regarding this pre-application and I do not respond, my name will be removed from the waiting list.

APPLICANT'S SIGNATURE

DATE

By typing your name, it will act as your handwritten signature in an email application.

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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

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 3

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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