

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

### Housing Authority or Management Office Only

**Is this waitlist closed? Any other questions or concerns?** *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

\_\_\_\_\_

☐ **This is not the correct application. The correct application is available by/from:**

\_\_\_\_\_

☐ **Any other info you wish to tell HousingWorks?**

\_\_\_\_\_

**Your position or title at this housing program:** \_\_\_\_\_

**Your signature:** \_\_\_\_\_

HousingWorks Fax: 617-536-8561



Head of Household's FIRST NAME

Head of Household's MIDDLE NAME

Head of Household's LAST NAME

YOUR MOTHER'S MAIDEN NAME

HoH's SOCIAL SECURITY NUMBER

HoH's DATE OF BIRTH

GENDER

ETHNICITY

Also provide your race at right!

RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial

Do **NOT** write Spanish, Hispanic, Latino here – and do **NOT** write your country!

REQUESTED ACCOMMODATIONS ○ = ● Do you need a:

☐ Fully Accessible Wheelchair Unit☐ Blind Accessible Unit☐ Need an Interpreter☐ No-Steps unit (elevator to any floor)☐ Deaf Accessible Unit☐ Domestic Violence Victim☐ First-Floor unit only☐ unit designed for Environmental Allergies

HoH's CAREER STAGE

☐ Employed☐ Unemployed☐ Retired☐ FT Student☐ PT Student

MOBILE RENTAL ASSISTANCE

☐ I do not have mobile rental assistance☐ Mobile Section 8 voucher☐ MRVP☐ AHVP☐ VASH or similar

Head of Household -Any Felony/Conviction?

☐ Yes ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ No

Other Members: Any Felony Convictions?

☐ Yes ☐ NoAny Misdemeanor Conviction? ☐ Yes ☐ NoIs anyone in HH subject to a lifetime sex offender registration in any state? ☐ Yes ☐ No

TOTAL HOUSEHOLD SIZE

How much money does your family receive in a year?☐

←# Adults

←# Children

←Total #

☐

.00

YOUR HOME TELEPHONE

SECOND TELEPHONE

YOUR EMAIL ADDRESS

BEST MAILING ADDRESS

This is:

SECOND MAILING ADDRESS

This is:

# BEDROOMS NEEDED?

SPECIAL CIRCUMSTANCES? - *some programs may assign you a priority status*☐ Disability☐ Elder☐ Veteran☐ Fleeing Domestic Violence☐ Displaced by: \_\_\_\_\_☐ Rent-burdened☐ Other



## **CARITAS COMMUNITIES** **APPLICATION FOR HOUSING**

You are applying for a Single Occupancy Room. These units are for one person only, no overnight guests. We are unable to rent to couples or families. Leases are year-long. We do not provide temporary housing. Applicants must make between \$17,000 and \$51,000 annually to qualify for our market rate rooms. Those making under that can apply to our subsidized housing in Salem, or if applicable our veterans housing in Bedford and New Bedford.

Please fill out the attached application. All questions must be answered – please send all parts together. Incomplete applications will not be accepted.

☐ **Application**

Please fill out completely. If the question is not applicable please write N/A. You may apply for your desired properties by checking off the areas at the top of the application. If you are interested in our subsidized housing waitlist please check Salem.

☐ **Waiver**

Please sign, date, and include your social security number.

☐ **Income Verification**

- Please have your employer fill out the attached employee verification form. This is needed for EACH job you are currently employed at
- Attach 2 months of most recent paystubs. This is needed for EACH job you are currently employed at
- If you are receiving benefits (SSI, SSDI, EAEDC, unemployment, pension, etc) you must attach a copy of your benefits letter dated within the last 3 months.

☐ **Bank Verification form** – to be filled out by your bank.

If you cannot obtain this, you may **instead** attach your most recent savings statement and last 6 months of checking statements

☐ **Under \$5,000 Asset Certification** form

Completed applications should be mailed to:

Emily Perkins  
Caritas Communities, Suite 206  
25 Braintree Hill Office Park  
Braintree, MA 02184

Or faxed to:

781-356-1770

If you have any questions please call the vacancy line at 781-843-1606 or email:

[eperkins@caritascommunities.org](mailto:eperkins@caritascommunities.org)




**Please indicate which of our locations you are applying for:**

- |                                    |                                     |                                  |  |
|------------------------------------|-------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Allston   | <input type="checkbox"/> Brookline  | <input type="checkbox"/> Medford | <input type="checkbox"/> Wakefield                   |
| <input type="checkbox"/> Arlington | <input type="checkbox"/> Chelsea    | <input type="checkbox"/> Melrose | <input type="checkbox"/> Sean Brook – Veterans only  |
| <input type="checkbox"/> Boston    | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Quincy  | <input type="checkbox"/> Cambridge – Men only        |
| <input type="checkbox"/> Braintree | <input type="checkbox"/> Everett    | <input type="checkbox"/> Roxbury | <input type="checkbox"/> Salem – Subsidized Waitlist |

**An income under \$1,400 a month (\$16,900 yearly) is only eligible for Salem or Sean Brook**

Name:	DOB:	Social Security No:	
Address:		City:	Zip:
Phone:	Email:		
Where did you hear about us?			

Do you have a mobile section 8 voucher?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you previously a resident of Caritas Communities? <input type="checkbox"/> Yes <input type="checkbox"/> No If so where?			
Are you a convicted sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Circle Level/Status:	1 2 3 Pending
Do you have a history of illegal drug use?	<i>If yes attach description</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been convicted of a felony?	<i>If yes attach description</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been evicted from any housing?	<i>If yes attach description</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you be in the next year / have you been in the last 5 months a full-time student?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you currently homeless or have you been homeless in the past (6) months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Source of Income	Gross Monthly Income	Do you expect a change in the next 12 months? Why?
Employment	\$	
SSI/SSDI Benefits	\$	
Pension or Retirement	\$	
Veteran's Benefits	\$	
Unemployment	\$	
Other - explain	\$	

Do you have checking accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have savings accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own any property?	<i>If yes attach description</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you sold/disposed of any assets, including real estate in the last 2 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**REFERENCES**

<b>Current Landlord:</b>	<b>Previous Landlord:</b>
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Length of Stay:	Length of Stay:

<b>Current Employer:</b>	<b>Former Employer:</b>
Position:	Position:
Supervisor:	Supervisor:
Phone:	Phone:
Dates Employed:	Dates Employed:

<b>Personal Reference:</b>	Relationship:	Phone:
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<b>In case of emergency notify:</b>	Relationship:
Address:	Phone:

<b>Checking Acct #:</b>	Bank:
<b>Saving Acct #:</b>	Bank:

I understand I must pay a security deposit for this room prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understands that providing false statements or information constitutes an act of fraud. False, misleading or incomplete information will lead to cancellation of this application or termination of a lease agreement after occupancy. I agree to comply with income recertification requirements, including the annual submission of information regarding all sources of income from employers and government programs, including income from assets such as bank accounts, CD's, & 401K's.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### **Information Release Waiver**

Explanation: your signature on this information release waiver is necessary for the processing of your certification/recertification. You should be aware that a credit report will be ordered initially and may be repeated if necessary. This release authorizes verification of information regarding you from sources such as, but not limited to: banking institutions, landlords, social security administration, department of welfare, department of employment & training, your employer, etc.

I authorize you to release to Caritas Communities, Inc., managing agent, all information specifically requested by same from you to verify my income as well as credit, landlord and other references as may be necessary. It is understood that all information released will be kept as confidential as possible. However, you should be aware, the information reported may be reviewed by someone other than a Caritas Communities, Inc. Staff person (i.e. attorney, auditor, etc.).

Conditions: I agree that a photocopy of this authorization may be used for the purposes stated above. The original of this authorization is on file with the management office and will stay in effect for a year and a month from the date signed.

As a condition of continued occupancy I further understand that I will be required to sign this information release waiver each year at recertification time.

\_\_\_\_\_  
Signature Date Social Security Number

**NOTE: This general consent may not be used to request a copy of a tax return. If a copy of a tax return is needed, IRS Form 4506, "Request for Copy of Tax Form" must be prepared and signed separately.**



## **BANK ACCOUNT VERIFICATION**

### **Section 1 – To Be Filled Out By Applicant**

**RESIDENT:** \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No: \_\_\_\_\_

*I authorize you to release to Caritas Communities, Inc., managing agent, all information specifically requested below. It is understood that all information released will be kept as confidential as possible. However, you should be aware, the information reported may be reviewed by someone other than a Caritas Communities, Inc. Staff person (i.e. attorney, auditor, etc.).*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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### **Section 2 - To Be Filled Out By Your Bank**

To Whom It May Concern:

The person named above has applied to a Caritas Communities housing project. Caritas is a non-profit housing company and it is necessary that they have documentation of asset accounts with your institution.

**BANK:** \_\_\_\_\_

Address: \_\_\_\_\_

Checking Acct#: \_\_\_\_\_ 6 Month Avg. Bal \_\_\_\_\_ Interest Rate: \_\_\_\_\_%

Savings Acct#: \_\_\_\_\_ Current Balance \_\_\_\_\_ Interest Rate: \_\_\_\_\_%

Other Acct#: \_\_\_\_\_ Current Balance \_\_\_\_\_ Interest Rate: \_\_\_\_\_%  
(CD, Money Market, Debit, etc)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_



**VERIFICATION OF EMPLOYMENT  
TO BE COMPLETED BY EMPLOYER**

*All questions must be answered, if not applicable, please indicate N/A*

Applicant/Employee: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Employer Contact**

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is the applicant currently employed? ☐ Yes ☐ No Are they in a probationary period? ☐ Yes ☐ No  
Date of employment \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of termination (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_

Pay Frequency ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Yearly  
Pay Method ☐ Cash ☐ Check ☐ Direct Deposit ☐ Other \_\_\_\_\_

Gross Year to Date Pay \$\_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Number of Included Pay Periods \_\_\_\_\_ Gross Pay from Prior Year: \$\_\_\_\_\_

Current wages ☐ Hourly \$\_\_\_\_\_/hour **OR** ☐ Salary \$\_\_\_\_\_/year  
Regularly scheduled hours per week: \_\_\_\_\_ hours  
Average amount of overtime/week: \_\_\_\_\_ hours Overtime Rate \$\_\_\_\_\_/hour  
Average amount of shift differential/wk \_\_\_\_\_ hours Shift Differential Rate \$\_\_\_\_\_/hour  
Commission/Bonus/Tips/Other \$\_\_\_\_\_ Frequency: ☐ Weekly ☐ Biweekly ☐ Monthly ☐ Yearly

If the work is seasonal or sporadic, please indicate layoff period(s): \_\_\_\_\_

Is the employee eligible for unemployment during the layoff? ☐ Yes ☐ No

Does the employee participate in a retirement plan? ☐ Yes ☐ No

Most recent change in employee's rate of pay:

☐ Increase ☐ Decrease \$\_\_\_\_\_ per \_\_\_\_\_ Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Any anticipates change in the employee's rate of pay in the next 12 months? ☐ Yes ☐ No

☐ Increase ☐ Decrease \$\_\_\_\_\_ per \_\_\_\_\_ Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

*Note: Section 1001 of Title 18 of the US Code makes it a criminal offence to make willful false statement or misrepresentations to and Department or Agency of the United States as to any matter within its jurisdiction.*

**YOU MUST ALSO ATTACH 2 MONTHS OF YOUR MOST RECENT PAYSTUBS**





## UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets are less than \$5,000.00

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

Complete 1 or 2:

1. ☐ I/we do not have any assets at this time (skip to #5)
2. ☐ I/we do have assets as follows:

Cash on hand	\$ _____	Interest/Dividend Income: _____
Balance on prepaid debit card	\$ _____	Interest/Dividend Income: _____
Avg 6 mo checking acct balance	\$ _____	Interest/Dividend Income: _____
Current savings acct balance	\$ _____	Interest/Dividend Income: _____
401k/IRA/CD/Money Market	\$ _____	Interest/Dividend Income: _____
Stocks/Bonds/Retirement	\$ _____	Interest/Dividend Income: _____
Life Insurance (except Term)	\$ _____	Interest/Dividend Income: _____
Safe Deposit Box	\$ _____	Interest/Dividend Income: _____
Equity in Real Estate	\$ _____	Rental Income: _____
Lump Sum Amounts received	\$ _____	<i>i.e. lottery/inheritance/insurance/lawsuit</i>
Other:	\$ _____	Interest/Dividend Income: _____
Other:	\$ _____	Interest/Dividend Income: _____
Other:	\$ _____	Interest/Dividend Income: _____

- For all assets list the cash value which is the market value minus the cost of converting the asset to cash such as broker fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- List only amounts accessible to the household members. For instance, do not list pension or retirement account balances that cannot be accessed without terminating employment
- Do not list necessary personal property such as clothing, furniture, televisions, etc.
- Include any personal property held as an investment such as artwork, antique cars, coin collections, gems, etc.

3. The net household assets above are less than \$5,000.0 ☐ YES ☐ NO
4. Total annual income from all assets is: \_\_\_\_\_
5. In the past 2 years I/we have sold or given away assets (such as cash, real estate, etc.) for less than fair market value: ☐ YES ☐ NO  
If YES list asset disposed: \_\_\_\_\_ Date of disposal: \_\_\_\_\_  
Fair market value: \_\_\_\_\_ Amount received: \_\_\_\_\_

*Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.*

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)