

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



Caritas Communities, Inc.
150 Wood Road, Suite 300
Braintree, MA 02184
Tel:(781)843-1242 Fax:(781)356-1770

Caritas Communities is a non-profit, non-sectarian owner and manager of licensed rooming houses in the Boston-Metro area. Since 1985, we have provided affordable, furnished rooms to individuals. Most of our properties have shared kitchen and bath and our low weekly rents include utilities.

TENANT APPLICATION – Please note: You are applying for a Single Occupancy Room. All questions MUST be answered completely, if the question is not applicable – please write N/A. If accepted for tenancy, you will be required to recertify your income to Caritas Communities on an annual basis including 3rd party documentation of your income and assets on forms provided by the Landlord.

Please indicate which of our locations you are applying for: (check all that apply)

- | | | | |
|------------------------------------|-------------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Allston | <input type="checkbox"/> Brookline | <input type="checkbox"/> Quincy | <input type="checkbox"/> Bedford VA |
| <input type="checkbox"/> Arlington | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Roxbury | (for veterans) |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Everett | <input type="checkbox"/> Salem | |
| <input type="checkbox"/> Braintree | <input type="checkbox"/> Medford | <input type="checkbox"/> Wakefield | |

A. APPLICANT INFORMATION

Applicant Name:					Social Security No	
Address:						
Day Phone:		Eve Phone:		Date of Birth		Age

How did you hear about Caritas Communities? (Please be specific)

B. STUDENT STATUS

Will you be or have you been a full-time student during five calendar months of this year or plan to be in the next calendar year at an educational institution? ☐ Yes ☐ No

C. LANDLORD REFERENCES

Current Landlord	Name:	
	Address:	
	Home Phone:	
	How Long?	
Prior Landlord	Name:	
	Address:	
	Home Phone:	
	How Long?	

Personal Reference:

Address:

Relationship:

Phone #:

D. EMPLOYER REFERENCES

Current Employer:		Monthly Amount
Name:	Salary	\$
Address:	Overtime/Bonuses	
Supervisor:	Position Held:	
Phone:	Dates Employed:	
Former Employer: (If less than 3 year at current position)		Monthly Amount
Name:	Salary	\$
Address:	Overtime/Bonuses	
Supervisor:	Position Held:	
Phone:	Dates Employed:	

E. INCOME		
Source	Gross Monthly Income	Do you anticipate a change in income in the next 12 months? If so, explain.
Employment	\$	
SSI Benefits	\$	
Pension (list source)	\$	
Veteran's Benefits	\$	
Unemployment Compensation	\$	
Title IV/TANF	\$	
Interest Income (list source)	\$	
Interest Income (list source)	\$	
Other Source of Income (IRA, etc.)	\$	

F. ASSETS			
Checking Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bank Name:	Account #
Savings Accounts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bank Name:	Account #

Real Estate Property: <i>Do you own any property?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sold/disposed of any assets, including real estate property in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, explain (use other side if necessary)</i>	
Do you have any other assets not listed above (excluding personal property)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please list (use other side if necessary)</i>	

G. ADDITIONAL INFORMATION		
Do you have a history of illegal drug use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		
Have you ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe</i>		

In case of emergency notify:	
Address:	
Relationship:	Phone #:
Please describe your race/ethnicity in your own words: <i>(This is an optional question used for affirmative action purposes only)</i>	

CERTIFICATION

I understand I must pay a security deposit for this apartment prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management's selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

SIGNATURE:

(Signature of Applicant)

Date



Caritas Communities, Inc.

a non-profit housing agency

150 Wood Road, Suite 300, Braintree, MA 02184

Phone: (781) 843-1242 Fax: (781) 356-1770

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: LANDLORDS, SOCIAL SECURITY ADMINISTRATION, DEPARTMENT OF WELFARE, 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.



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

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

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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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