

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

HoH's SOCIAL SECURITY NUMBER	GENDER	HoH's DATE OF BIRTH
○	○	○

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○



Caritas Communities, Inc.

A non-profit housing agency

25 Braintree Hill Office Park, Suite 206, Braintree, MA 02184

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

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.

Please fill out the attached application for Caritas Communities housing. You must include all four sections (application, waiver, income verification, asset verification).

☐

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
- If you are receiving benefits (SSI, SSDI, EAEDC, unemployment, pension, etc) you must attach a copy of your benefits letter. The dated within the last 3 months.

☐

Bank Verification form – to be filled out by your bank. You **may also** include your most recent savings statement and last 6 months of checking statements

OR (on opposite side)

☐

Affidavit of No Assets form – to be filled out only if you have no bank accounts.

Completed applications should be mailed to:

Hope Lanphear

Caritas Communities, Suite 206

25 Braintree Hill Office Park

Braintree, MA 02184

Or faxed to:

781-356-1770

Attention: Hope Lanphear

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

hlanphear@caritascommunities.org





CARITAS COMMUNITIES, INC.
25 Braintree Hill Office Park, Suite 206
Braintree, MA 02184
Tel: (781) 843-1242
Fax: (781) 356-1770

Revised: November 2014
For Office Use Only
S/O Status Check:

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"/> 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 |

A. APPLICANT INFORMATION

Applicant Name:				Social Security No:	
Full Address: <i>No PO box</i>				State:	Zip:
Day Phone:		Cell Phone:		DOB:	Age:
Email:				Where did you hear about Caritas Communities?	

B. STUDENT STATUS

Will you be in the next year or have you been in the last 5 months a full-time student? ☐ 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:

Annual salary:	Position Held:
Address:	Supervisor:
Phone:	Dates Employed:

Former Employer:

Annual Salary	Position Held:
Address:	Supervisor:
Phone:	Dates Employed:



E. INCOME

- Please note: a monthly income lower than \$1,300 a month (\$16,000 yearly) is ineligible for our rooms as rent would be more than 40% of your income
- If accepted for tenancy you will be required to recertify your income to Caritas Communities on an annual basis including documentation of your income and your assets (bank account information)

Source	Gross Monthly Income	Do you anticipate a change in income in the next 12 months? Why?
Employment	\$	
SSI/SSDI Benefits	\$	
Pension (List Source)	\$	
DET (Unemployment) Benefits	\$	
Veteran's Benefits	\$	
Unemployment Compensation	\$	
Title IV/TANF	\$	
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 #
Do you own any property?	<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

Are you a convicted Sex Offender? <input type="checkbox"/> Yes <input type="checkbox"/> No	Circle Level/Status: 1 2 3	Pending Classification
<i>If yes, describe (use other side if necessary)</i>		
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 (use other side if necessary)</i>		
Have you ever been evicted from any housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, describe (use other side if necessary)</i>		
Are you currently homeless or have you been homeless in the past (6) months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a Veteran?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

In case of emergency notify:

Address:	
Relationship:	Phone #:

CERTIFICATION

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:** _____



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

Name

Address

City, State, Zip

INFORMATION RELEASE WAIVER (Caritas Acquisition)

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.





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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** _____

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** _____ **Rate of Int.:** _____

Savings Acct# _____ **Current Balance** _____ **Rate of Int.:** _____

Signature: _____ **Date:** _____

Position: _____



Caritas Communities
Affordable housing for working individuals

AFFIDAVIT OF NO ASSETS

I, _____, ATTEST THAT I DO NOT
HAVE ANY ASSETS. SHOULD I OBTAIN ANY BANK
ACCOUNTS, CD's, ETC., I WILL IMMEDIATELY NOTIFY
MANAGEMENT AND PROVIDE THEM WITH
DOCUMENTATION.

Signature of Resident/Applicant

Date

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false statements to any department of the United States Government.

1 nonsectarian, nonprofit developer and manager of lodging houses.

5 Braintree Hill Office Park, Suite 206 • Braintree, MA 02184

Ph: 781.843.1242 • Fx: 781.356.1770 • Web: www.caritascommunities.org



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VERIFICATION OF EMPLOYMENT

TO BE COMPLETED BY EMPLOYER

Company Name: _____ EMPLOYEE NAME: _____

Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Contact Telephone

For person completing form: _____ Telephone #: _____

(Please answer all questions, if not applicable, please indicate N/A.)

1. Date of employment _____ Position/Occupation _____

2. Date of termination (if applicable) _____

3. Current rate of regular pay _____ per _____ (hour, week, month, etc.)

4. Current rate of overtime pay _____ per _____ (hour, week, month, etc.)

5. Number of hours/week employee normally works _____

6. Anticipated average amount of overtime/week _____

7. Gross ***annual*** earnings you anticipate for this employee for the next twelve months. \$ _____
(Gross amount including all tips, bonuses, overtime, commissions).

8. Anticipated tips, commissions, bonuses \$ _____

9. Do you anticipate any change in the employee's rate of pay in the near future? YES _____ NO _____
If Yes: Revised rate \$ _____. Effective date for revised rate _____

10. Do you anticipate any change in the number of hours the employee works? YES _____ NO _____
If yes, explain under question #17 below.

11. Does this employee receive vacation with pay? YES _____ NO _____

12. Does this employee receive sick leave with pay? YES _____ NO _____

13. Amount deducted for medical coverage: \$ _____

14. Amount deducted for savings plan: \$ _____

15. If the employee's work is seasonal or sporadic, indicate lay-off periods: _____

16. Does this employee receive an earned income tax credit? YES _____ NO _____

Signature: _____ Title: _____ Date: _____