

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: 617-536-8516



○	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.
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 (for veterans) |
| <input type="checkbox"/> Arlington | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Roxbury | <input type="checkbox"/> Wakefield |
| <input type="checkbox"/> Boston | <input type="checkbox"/> Everett | <input type="checkbox"/> Salem | |
| <input type="checkbox"/> Braintree | <input type="checkbox"/> Medford | | |

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.

