

**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**

**APPLICATION FOR HOUSING**  
**CRUZ MANAGEMENT COMPANY, INC.**  
434 Massachusetts Ave, Suite 300, Boston, MA 02118  
Phone # (617) 445-6901  
Fax # (617) 442-2496

This is an application for housing at: Name of Property(ies): (Choose 3 Properties)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Applications are placed in order of date and time received. An applicant may be interviewed only after the receipt of this tenant application.

**A. GENERAL INFORMATION**

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Applicant Name: \_\_\_\_\_

Co-Applicant's Name: \_\_\_\_\_

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

Street _____	Apt. # _____
City _____	Zip Code _____

Daytime Phone# \_\_\_\_\_ Evening Phone # \_\_\_\_\_

- No. of bedrooms in current unit. \_\_\_\_\_
- Do you rent? \_\_\_\_\_ or own? \_\_\_\_\_
- Amount of current monthly: rental payment \$ \_\_\_\_\_ mortgage payment \$ \_\_\_\_\_
- If owned, do you receive rental income from property? Yes \_\_\_\_\_ No \_\_\_\_\_

**Check utilities paid by you:**

Heat \_\_\_\_\_ Electricity \_\_\_\_\_ Gas \_\_\_\_\_ Other \_\_\_\_\_

Approximate monthly cost of utilities paid by you (excluding phone & cable TV) \$ \_\_\_\_\_

Bedroom size requested:      Studio \_\_\_\_\_      One Bedroom \_\_\_\_\_

   Two Bedrooms \_\_\_\_\_      Three Bedrooms \_\_\_\_\_

   Handicap BR \_\_\_\_\_



**B. HOUSEHOLD COMPOSITION**

List ALL persons who will live in the apartment. List head of household first.

	Name	Relationship to Head	M/F	Birth Date	SS #	Student Y/N
Head						
Co-ten						
3.						
4.						
5.						
6.						
7.						
8.						

Do you anticipate any additions to this household in the next twelve months?  
Explain

Yes \_\_\_\_\_ No \_\_\_\_\_

Is everyone in the household a full time student?  
If yes, answer the following questions.

Yes \_\_\_\_\_ No \_\_\_\_\_

a. Is the full time student married and filing a joint tax return?

Yes \_\_\_\_\_ No \_\_\_\_\_

b. Is the student a title IV recipient?

Yes \_\_\_\_\_ No \_\_\_\_\_

c. Is the student enrolled in a job training program receiving assistance under the Job Training Partnership act"

Yes \_\_\_\_\_ No \_\_\_\_\_

d. Is the full time student an AFDC recipient?

Yes \_\_\_\_\_ No \_\_\_\_\_

e. Is the full time student a single parent living with his/her minor child who is not a dependent on another's tax return?

Yes \_\_\_\_\_ No \_\_\_\_\_

**C. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:**

FAMILY MEMBER NAME	SOURCE OF INCOME (Fill in appropriate monthly amount)
_____ a. Social Security	Monthly Amount \$ _____
_____ a. Social Security	Monthly Amount \$ _____
_____ a. Social Security	Monthly Amount \$ _____
_____ a. Social Security	Monthly Amount \$ _____



FAMILY MEMBER NAME		SOURCE OF INCOME (Fill in appropriate monthly amount)	
_____	b. SSI Benefits	Monthly Amount \$ _____	
_____	b. SSI Benefits	Monthly Amount \$ _____	
_____	b. SSI Benefits	Monthly Amount \$ _____	
_____	b. SSI Benefits	Monthly Amount \$ _____	
_____	c. Pension (1)	Monthly Amount \$ _____	
_____	Pension (2)	Monthly Amount \$ _____	
_____	Pension (3)	Monthly Amount \$ _____	
Source of Pension(s)		(1) _____	
		(2) _____	
		(3) _____	
_____	d. Veterans Benefits	Monthly Amount \$ _____	Claim # _____
_____	Veterans Benefits	Monthly Amount \$ _____	Claim # _____
_____	e. Unemployment Comp.	Monthly Amount \$ _____	
_____	Unemployment Comp.	Monthly Amount \$ _____	
_____	f. AFDC	Monthly Amount \$ _____	
_____	AFDC	Monthly Amount \$ _____	
_____	AFDC	Monthly Amount \$ _____	
_____	g. Wages	Gross Monthly Amount \$ _____	
		Employer _____	
		Employer's Address _____	
		Position Held _____	
		How long employed _____	
_____	h. Wages	Gross Monthly Amount \$ _____	
		Employer _____	
		Employer's Address _____	
		Position Held _____	
		How long employed _____	
_____	i. Wages	Gross Monthly Amount \$ _____	
		Employer _____	
		Employer's Address _____	
		Position Held _____	
		How long employed _____	



FAMILY MEMBER NAME	SOURCE OF INCOME (Fill in appropriate monthly amount)
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_____	j.	Full Time Student Income ( <i>Only Full Time Students 18 and over</i> )	Monthly Amount \$ _____
_____		Full Time Student Income ( <i>Only Full Time Students 18 and over</i> )	Monthly Amount \$ _____
_____	k.	Are you entitled to receive Alimony? Yes _____ No _____	
_____		Alimony received Monthly Amount \$ _____	
_____		Source _____	
_____	l.	Are you entitled to receive Child Support? Yes _____ No _____	
_____		Child Support Monthly Amount \$ _____	
_____		Source _____	
_____		Child Support Monthly Amount \$ _____	
_____		Source _____	
_____	m.	Interest Income Monthly Amount \$ _____	
_____		Source _____	
_____		Interest Income Monthly Amount \$ _____	
_____		Source _____	
_____		Interest Income Monthly Amount \$ _____	
_____		Source _____	
_____	n.	Other Income (any income not noted above)	Monthly Amount \$ _____
_____		Source _____	
_____		Other Income (any income not noted above)	Monthly Amount \$ _____
_____		Source _____	

**TOTAL GROSS ANNUAL INCOME** (Base this on the monthly amounts listed above and multiply (x) 12

\$ \_\_\_\_\_

Do you anticipate any changes in this income in the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain. \_\_\_\_\_

#### D. ASSETS

Checking Account(s) # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Savings Account(s) # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Trust Account(s) # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Certificates # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

# \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Credit Union # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Mutual Fund Name \_\_\_\_\_ # Shares \_\_\_\_\_ Dividend paid \$ \_\_\_\_\_ Value \$ \_\_\_\_\_

Name \_\_\_\_\_ # Shares \_\_\_\_\_ Dividend paid \$ \_\_\_\_\_ Value \$ \_\_\_\_\_

Stocks # \_\_\_\_\_ Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Savings Bonds # \_\_\_\_\_ Maturity Date \_\_\_\_\_ Value \$ \_\_\_\_\_

Life Insurance Policy # \_\_\_\_\_ Face Value \$ \_\_\_\_\_

# \_\_\_\_\_ Face Value \$ \_\_\_\_\_

Personal Property Held As Investment Type \_\_\_\_\_ Appraised Value \$ \_\_\_\_\_

Real Property: Do you own any property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type of property \_\_\_\_\_

Location \_\_\_\_\_

Appraised market value \$ \_\_\_\_\_

Mortgage or outstanding loans balance due \$ \_\_\_\_\_

Amount of annual insurance premium \$ \_\_\_\_\_

Amount of most recent tax bill \$ \_\_\_\_\_

Have you sold/dispensed of any property in the last 2 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, type of property \_\_\_\_\_

Market value when sold/dispensed \$ \_\_\_\_\_

Amount sold/dispensed for \$ \_\_\_\_\_

Date of transaction \_\_\_\_\_

Have you disposed of any other assets in the last 2 years? (Example: Given away money to relatives, set up Irrevocable Trust Accounts)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe asset \_\_\_\_\_

Date of disposition \_\_\_\_\_

Amount disposed \$ \_\_\_\_\_

Do you have any other assets not listed above (excluding personal property)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## E. ADDITIONAL INFORMATION

- Are you or any member of your family currently using an illegal substance? Yes \_\_\_\_\_ No \_\_\_\_\_
- Have you or any member of your family ever been convicted of drug use or manufacture or any other felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe \_\_\_\_\_
- Have you or any member of your family ever been evicted from any housing? Yes \_\_\_\_\_ No \_\_\_\_\_:  
If yes, describe \_\_\_\_\_
- Have you ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, describe \_\_\_\_\_
- Will you take an apartment when one is available? Yes \_\_\_\_\_ No \_\_\_\_\_  
Briefly describe your reasons for applying.  
\_\_\_\_\_

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## F. REFERENCE INFORMATION

**Current Landlord:** Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_  
How long? \_\_\_\_\_

### Previous Rental Information:

Prior Landlord \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_  
How long? \_\_\_\_\_

Prior Landlord \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Business Phone \_\_\_\_\_  
How long? \_\_\_\_\_



**Three credit references:**

Name	_____	Acct. #	_____
Address	_____	Phone #	_____
Name	_____	Acct. #	_____
Address	_____	Phone #	_____
Name	_____	Acct. #	_____
Address	_____	Phone #	_____

**Three personal non-related references:**

Name	_____	Relationship	_____
Address	_____	Phone #	_____
Name	_____	Relationship	_____
Address	_____	Phone #	_____
Name	_____	Relationship	_____
Address	_____	Phone #	_____

**In Case of Emergency Notify:**

Name	_____	Relationship	_____
Address	_____		
Phone #	_____		

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**G. VEHICLE AND PET INFORMATION**

VEHICLES: List any cars, trucks or other vehicles owned. (Parking will be provided for one vehicle. Arrangements with management will be necessary for more than one vehicle.)

Type of Vehicle	_____	Year/Make	_____	Color	_____
License Plate #	_____				
Type of Vehicle	_____	Year/Make	_____	Color	_____
License Plate #	_____				

PETS: Do you own any pets? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe \_\_\_\_\_





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## CERTIFICATION

I/We hereby certify that I/We do/will not maintain a separate subsidized rental unit in another location. I/We further certify that this will be my/our permanent residence. I/We understand I/We must pay a security deposit for this apartment prior to occupancy. I/We understand that my eligibility for housing will be based on applicable income limits and by management selection criteria. I/We certify that all information in this application is true to the best of my/our knowledge and I/We 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(S):

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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## AUTHORIZATION

I/We Do Hereby Authorize \_\_\_\_\_ and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my/our application for housing in programs administered/managed by:

**CRUZ MANAGEMENT COMPANY INC.**

SIGNATURE(S):

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Co-applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## 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

### 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