

Name: First MI Last:

Address1:

Address2:

City State Zip:

Email:

Case Manager Email:

THIS SECTION FOR APPLICANT:

Date completed:

← Applicant: Mail application to the address at left.

Applying for:

Fold on this line

THIS SECTION FOR WAITLIST ADMINISTRATOR:

Landlords: IF REJECTING THIS APPLICATION, please email, mail, or fax the form below to HousingWorks. We will pass it on to the applicant. Include this page so we know who the application is for!

We will also update our system, so the changed status of your waitlists will reach many thousands of applicants and their housing advocates. Also, you will boost your Fair Housing and ADA compliance exponentially!

For Landlords Only!
support@housingworks.net
HousingWorks
P.O. Box 231104
Boston, MA 02123
617-536-8561 fax

- ☐ This waitlist is closed. The only waitlists open at present are:

- ☐ This is not the right application. We have enclosed the correct application.
- ☐ You do not appear to qualify for this property, because: _____
Name of Waitlist Administrator *optional* _____
Phone of Waitlist Administrator *optional*: _____ - _____ - _____ X _____

Date Time Received. Application will be stamped to show when it was received:

DO NOT LEAVE ANY QUESTION UNANSWERED!

- ☐ HEAD OF HOUSEHOLD'S FIRST NAME
- ☐ HEAD OF HOUSEHOLD'S COMPLETE MIDDLE NAME
- ☐ HEAD OF HOUSEHOLD'S LAST NAME (EX: BAEZ GONZALEZ) ☐ SUFFIX
- ☐ YOUR MOTHER'S LAST NAME WHEN SHE WAS A CHILD

ANSWER THIS: ☐ Yes ☐ No Does the HoH have a Social Security Number? ***If "Yes" you must provide the full SSN!***

- ☐ HEAD OF HOUSEHOLD'S SOCIAL SECURITY NUMBER (###-##-####) ☐ HEAD OF HOUSEHOLD'S DATE OF BIRTH mm/dd/yyyy ☐ GENDER M, F, T, etc.

- ☐ ETHNICITY: Hispanic/Latino, Non-Hispanic/Non-Latino, **Client Refused** ☐ RACE: Asian, Black or African American, White, American Indian or Alaskan Native, Pacific Islander or Native Hawaiian, Other or Multi-Racial, **Client Refused**

- ☐ I am not claiming any R.A. or Special Circumstances at the moment (else fill in any of the items below)

- ☐ Fully Accessible Wheelchair Unit ☐ Vision-Impaired Unit ☐ Need an Interpreter - Explain:
☐ No-Steps unit (elevator to any floor) ☐ Hearing-Impaired Unit ☐ Domestic Violence Victim
☐ First-Floor unit only ☐ Unit for Environmental Allergies ☐ Personal Care Attendant

- ☐ HoH's CAREER STAGE ☐ ANY VETERANS in HH? ☐ Yes ☐ No
☐ Employed ☐ Unemployed ☐ Retired ☐ FT Student ☐ PT Student

- ☐ PERMANENT MOBILE RENTAL ASSISTANCE, if any
☐ I do not have mobile rental assistance ☐ Mobile Section 8 voucher ☐ MRVP ☐ AHVP ☐ VASH or similar

If yes, name the agency providing the voucher:

- ☐ CRIMINAL RECORD AND SEX OFFENDER

Head of Household: Any **Felony/Conviction?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Other Members: Any **Felony Convictions?** ☐ Yes ☐ No Any **Misdemeanor Conviction?** ☐ Yes ☐ No
Is anyone in HH subject to a **lifetime sex offender registration** in any state? ☐ Yes ☐ No Details

- ☐ ANY PETS? ☐ Yes ☐ No Number of Pets: Describe:

- ☐ HOUSEHOLD SIZE AND COMPOSITION ☐ ANNUAL INCOME ☐ DOCUMENTED DISABILITY?
← # Adults ← # Children ← Total # in Household ☐ Yes ☐ No

- ☐ CURRENT HOUSING STATUS ☐ Homeless ☐ Housing Loss in 14 days ☐ Homeless under other federal status
☐ Homeless because Fleeing domestic violence ☐ At risk of homelessness ☐ Stably Housed

- ☐ BEST TELEPHONE NUMBER TO USE ☐ SECOND TELEPHONE

- ☐ EMAIL ADDRESS

- ☐ WHERE YOU LIVE OR BACKUP ADDRESS check this box if backup address is the same as best mailing address below.

AddressLine 1

Apt # or "care of" name

City

State

Zip

- ☐ BEST MAILING ADDRESS

Address Line 1

Apt # or "care of" name

City

State

Zip

- ☐ PREFERRED # OF BEDROOMS? SPECIAL CIRCUMSTANCES? (some programs may grant you a priority status)

- ☐ Disability ☐ Elder ☐ Local Resident ☐ Local Employee ☐ Local Student ☐ Homeless Vet. ☐ Fleeing Dom. Viol.
☐ Rent-burdened 40% ☐ Rent-burdened 50% ☐ HUD VAWA Certification ☐ Victim of Hate Crime.
Displaced by: ☐ Urban Renewal ☐ Sanitary Code ☐ Natural Forces ☐ Other _____

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

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/disposed of any property in the last 2 years? Yes _____ No _____

If yes, type of property _____

Market value when sold/disposed \$ _____

Amount sold/disposed 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.

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 #	_____		

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 _____



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

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

