

Full Name: \_\_\_\_\_  
Address1: \_\_\_\_\_  
Address2: \_\_\_\_\_  
City State Zip: \_\_\_\_\_  
Email: \_\_\_\_\_  
Case Manager Email: \_\_\_\_\_



← **APPLICANTS: MAIL TO THIS ADDRESS.**  
**DO NOT FAX THIS APPLICATION!**

Fold on this line \_\_\_\_\_

**Dear**  
I am applying to the following waitlist, which I believe is open:

Date Generated:

**FOR WAITLIST ADMINISTRATORS ONLY**  
**LANDLORD: Are any of your waitlists CLOSED or NEWLY OPEN?**  
**If so, tear off this top page. Fill out below and fax this one page to us at 617-536-8561.**  
**(Alternately, email it to support@housingworks.net)**

The changed status of your waitlists will reach thousands of housing advocates and applicants.  
You also boost your Fair Housing and ADA compliance exponentially because our site works for applicants with disabilities and limited English proficiency.

- ☐ **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 \_\_\_\_\_






Pine Street Inn Congregate Housing - Permanent Supportive Housing

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

WAITLIST COVERSHEET





Most of the units within the PSI Congregate Housing Portfolio are filled through waitlists managed by Boston Housing Authority, MetroHousingBoston, or referrals from Boston CAS. **The remainder of the units are filled by applicants on PSI waitlist for each specific property.** As of August 1, 2023, this coversheet is to be included with all applications sent to the PSI Property Management Department, and your name will be added to property specific waitlists.

From the list on the following page, check the box next to the properties where you would like to live. Please do not choose a location unless you think you would really live there. Applying to every property slows down the screening process for everyone.

- **Single Room Occupancy (SRO) and Enhanced Single Room Occupancy (ESRO)** units are only for one person. SRO units typically have shared bathrooms and may be using a shared common kitchen with others.
- **Elderly** apartments are for persons at least 62 years of age.
- Properties that have wheelchair accessible units are marked with the  logo – contact us for more information

The housing agencies (Boston Housing Authority, MetroHousingBoston, Brookline Housing Authority, and HUD) calculate the tenant rent share at 30% of Adjusted Gross Income.

Applicant Name
Date

V	Property Address	Subsidized unit/total units in bldg.	Unit Size	Max # occupants		Homeless required	Disability or elderly only	Elderly only	Housing Agency	Subsidy Type	Documented eligible Immigration Status	Responsible for Electricity	Elevator
<input type="checkbox"/>	1017 Beacon Street, Brookline	15/16	SRO	1		No	Yes		Brookline	S8 PBV	Yes	No	No elevator
<input type="checkbox"/>	1754 Beacon Street, Brookline	12/14	SRO & Studio	1		No	Yes		Brookline	S8 PBV	Yes	Yes	No elevator
<input type="checkbox"/>	Geneva Avenue, Dorchester	11/11	1 bedroom	2		No	No	Yes	HUD	PRAC 202	Yes	Yes	Elevator
<input type="checkbox"/>	258 Main Street, Charlestown	14/14	ESRO	1		Yes	Yes		Boston	MOD REHAB	Yes	No	Elevator
<input type="checkbox"/>	35 Tuttle Street, Dorchester	26/27	SRO	1		Yes	Yes		Boston	MOD REHAB	Yes	No	Elevator
<input type="checkbox"/>	459 Park Drive, Boston	21/22	SRO	1		Yes – Chronic	Yes		MHB	MRVP	No	No	No elevator
<input type="checkbox"/>	300 Shawmut Avenue, South End	15/16	SRO	1		Yes	No		Boston	MRVP	No	No	No elevator
<input type="checkbox"/>	1740 Washington St. South End	6/34	SRO	1		No	Yes		MHB	PBV	Yes	No	No elevator
<input type="checkbox"/>	82 Green Street, Jamaica Plain	10/50	SRO	1		No	Yes		MHB	PBV	Yes	No	No elevator
<input type="checkbox"/>	18-20 Parker Hill, Mission Hill	5/20	SRO	1		No	Yes		MHB	PBV	Yes	No	Elevator
<input type="checkbox"/>	33 Bradlee Street, Dorchester	10/10	SRO	1		No	No		Boston	MRVP	No	No	No elevator
<input type="checkbox"/>	9 Half Moon, Dorchester	11/11	SRO	1		No	No		Boston	MRVP	No	No	No elevator



**Pine Street Inn**  
Ending Homelessness

**PINE STREET INN HOUSING**  
**Tenant Management Office**

**Congregate Housing**  
82 Green Street  
Jamaica Plain, MA 02130  
PHONE: (617) 892-8708  
FAX: (617) 524-7821

**Scattered Site Housing**  
3368 Washington Street  
Jamaica Plain, MA 02130  
PHONE: (617) 892-7832  
FAX: (617) 522-0348

**HOUSING APPLICATION**

Please indicate which Pine Street Inn Housing program you are applying for:

--Select--

**1. GENERAL INFORMATION – (please print clearly)**

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

Current Address: \_\_\_\_\_  
(Street) (Apt) (Town) (State) (Zip Code)

Phone Number: \_\_\_\_\_

**2. OTHER CONTACT INFORMATION - Optional – (please print clearly)**

Are you currently receiving services from a homeless service provider? ☐ Yes ☐ No

Sponsoring Agency/Shelter: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**3. APPLICANT INFORMATION**

Race of Head of Household: *(Optional: Information will be used for fair housing programs only, as required by State and Federal laws).*

☐ American Indian or Alaskan Native

☐ Asian or Pacific Islander

☐ Black

☐ White

☐ Do not wish to answer

Ethnicity of Head of Household: (Optional: Information will be used for fair housing programs only, as required by State and Federal laws).

☐ Hispanic    ☐ Non-Hispanic    ☐ Do not wish to answer

Veteran: ☐ No    ☐ Yes

If Veteran please indicate proof of service document: \_\_\_\_\_

Discharge Status: \_\_\_\_\_

4. **FAMILY COMPOSITION**

<u>Full Name of Each Person in Household</u>	<u>Relationship to Head of Household</u>	<u>Date of Birth</u>	<u>Sex</u>	<u>Social Security Number</u>
_____	Head of Household	_____	_____	_____
_____	_____	_____	_____	_____

5. **INCOME: LIST ALL SOURCES OF INCOME**

List ALL sources of income for all household members All income information will be verified with third parties.

Source of Income			Gross Monthly Amount
Employment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
SSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
SSP	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
TANF/Public Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Do you receive Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Are you entitled to receive Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____
Do you receive Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$ _____

Are you entitled to receive Alimony	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Unemployment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Worker's Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Pension/Annuity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Veterans Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Military Pay	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Net Income from Business	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Contributions from Friends/Relatives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Income from Assets	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
** Grants or Scholarships	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$

**Do you have any of the following assets?**

Checking Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Savings Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Stocks or Bonds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mutual Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Certificates of Deposit	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IRA	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Retirement Funds	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Current Assets (Cash, etc.?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Trust Accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Whole Life Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Real Estate	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Information provided above only serves to determine which units an applicant may qualify for. When you come in for a screening interview, income verification will be done.**

**6. HOUSING HISTORY (Congregate) Please complete this section for the past five (5) years of housing history or the past three (3) landlords, shelters or other types of housing (please include shelter stays).**

**HOUSING HISTORY (Scattered Site) Please follow HUD guidelines for Chronic Homelessness by demonstrating either one year of continuous homelessness or 4 demarked homeless episodes in 3 years.**

From (Mo/Year)	TO (Mo/Year)	Address (street, city, state, zip)	Rent	Landlord Contact Info
	to Present Time		\$ <input type="checkbox"/> (check if utilities included)	Name: Phone: Address:  Reason for Leaving:
			\$ <input type="checkbox"/> (check if utilities included)	Name: Phone: Address:  Reason for Leaving:





If, yes, describe the offense (s): \_\_\_\_\_

10. Have you, or any adult listed on the application, ever been convicted of a sexual offense? ☐ Yes ☐ No

If, yes, describe the offense (s): \_\_\_\_\_

11. **ACCESSIBLE UNIT/REASONABLE ACCOMMODATIONS** – Answering the following questions is **optional**:

Do you need or require a unit accessible to individuals with mobility impairments? ☐ Yes

☐ No

Do you need or require a unit accessible to individuals with visual or hearing impairments? ☐ Yes

☐ No

Do you require a special mode of communication because of a disability? (i.e. TDD, Braille, etc.) ☐ Yes

☐ No

If yes, what type: \_\_\_\_\_

If you are requesting a reasonable accommodation, what is the nature of the accommodation requested?

*Under the federal fair housing act, it is illegal on the basis of race, color, national origin, religion, sex, handicap, or familial status to deny an applicant rental housing. If you believe you have been discriminated against, you should send a complaint to: The Department of Housing and Urban Development, c/o Assistant Secretary for Fair Housing and Equal Opportunity, Washington, DC 20410; or Massachusetts Commission Against Discrimination, 1 Ashburton Place, Boston, MA 02108; or Boston Fair Housing Commission, One Town Hall Plaza, room 966, Boston, MA 02201.*

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. Inquiries may be made to verify the statements herein. All information is regarded as confidential in nature, and a consumer credit report, a housing history report, and a Criminal Offenders Record Information (CORI) report may also be requested. I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

Applicant

Signature: \_\_\_\_\_

Date

Co-Applicant

Signature: \_\_\_\_\_

Date