

**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**

QUINCY COMMUNITY ACTION PROGRAMS, INC.  
1509 HANCOCK STREET  
QUINCY, MA 02169

QCAP, Inc.

DO NOT WRITE IN BOX  
OFFICE USE ONLY

Date of Receipt \_\_\_\_\_

Bedrooms      0      1      2

**RENTAL APPLICATION FOR QCAP'S HOUSING**

Please fill out application completely!

1. Name of Applicant \_\_\_\_\_

Social Security # \_\_\_\_\_

Current Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

2. **Special Needs:** Specify

3. **Racial/Ethnic Designation:** Responding to this question is optional. Your status with respect to tenant selection procedures may be affected by this information. If anyone in your household is a minority you may classify your household in that Minority category.

Select One:      Am.Indian      Asian      Black      Hispanic  
                         White      Other

4. **Number of Bedrooms:** (Select One)      0 (SRO)      1      2

*QCAP, Inc PROVIDES EQUAL HOUSING OPPORTUNITIES*



Page 1 of 7

5. Members of Household to live in unit, **including head:**

| First name, middle initial and last name of everyone to live in the household. | Relation to head  | Sex | Date of Birth | Occupation or Grade in School |
|--|-------------------|-----|---------------|-------------------------------|
| 1  | Head of Household |     |               |                               |
| 2  |                   |     |               |                               |
| 3  |                   |     |               |                               |
| 4  |                   |     |               |                               |

6. Is a change in the household expected? (Circle One) YES NO

If yes, what type of change? \_\_\_\_\_ When? \_\_\_\_\_

**7. INCOME BEFORE DEDUCTIONS:**

Estimate the gross income anticipated for all household members from all sources for the next 12 months. Specify all sources:

| Household Member | Income Source  | Name and address of employer or source of income | Gross income for next 12 months |
|------------------|--|--|---------------------------------|
|                  | Salaries, wages<br>Including overtime/tips             |  |                                 |
|                  | V.A. Disability  |  |                                 |
|                  | Net income from<br>Business or profession              |  |                                 |
|                  | Trust income,<br>Interest and Dividends                |  |                                 |
|                  | Pensions and Annuities                                 |  |                                 |
|                  | Regular Unemployment or<br>disability /workman's comp. |  |                                 |
|                  | Regular Social Security and<br>or/SSI                  |  |                                 |
|                  | TAFDC or Public Assistance                             |  |                                 |
|                  | Regular Alimony,<br>Child support                      |  |                                 |
|                  | Gifts and Other income                                 |  |                                 |

**8. EXPENSE:**

**Expense for care of children or sick, incapacitated person if necessary for employment**

**Unreimbursed medical expenses:**

**Health Insurance:**

YES            Type

NO

Other\_\_\_\_\_

**TOTAL EXPENSES**

9. **ASSETS:** List below the assets of all household members. Include all bank accounts, stocks and bonds, trust agreements, real estate, ect. Do not include clothing, furniture, or cars.

---

---

| Household member | Description of Assets | Value of Applicants Equity |
|------------------|-----------------------|----------------------------|
|                  |                       |                            |
|                  |                       |                            |
|                  |                       |                            |

10. Does anyone in your household own a car?      YES                              NO

Make of car                              Year                              Reg. No.

Make of car                              Year                              Reg. No.

11. **REFERENCES:** List two references. These should not be relatives or household members.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship (employer, colleague, friend); \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship (employer, colleague, friend); \_\_\_\_\_

12. **Tenancy History** *Reverse Order*:

**Present Address:**

(1) Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ to present

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Previous Address:**

(2) Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ Years \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Previous Address:**

(3) Address: \_\_\_\_\_ Apt. No. \_\_\_\_\_ Years \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_ Telephone: \_\_\_\_\_

13. Have you, or any member of your household, ever received housing assistance from QCAP, Inc. or any housing agency or group? This includes Rental Assistance programs.

If yes: YES NO

Name of head of household at that time

Relation to present applicant

Name of Housing Agency

Date moved out

Did you leave as a tenant in good standing? YES NO

If no, please explain

14. Are you a Board Member, employee, or a member of the immediate family of an employee or Board Member of QCAP, Inc.? (If so this will not necessarily disqualify your application)

YES NO If yes, please specify: \_\_\_\_\_

15. Do you have any pets? YES NO

16. Emergency Reference: Name of an relative or friend not planning to live with you. We will contact this person if we are not able to reach you or in case of an emergency.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Tel. \_\_\_\_\_

17. Criminal Record:

Have you or any member of your household who will live in the unit been convicted of a misdemeanor in the last five years? YES NO

Have you or any member of your household who will live in the unit been convicted of a felony in the last 10 years? YES NO

If yes, please explain

**Applicants Certification:**

I understand that this application is not an offer of housing. I understand that if I am offered a housing unit and I do not accept that offer, I will lose any priority or preference status on the Housing Program waitlist.

Based on this application I understand I should not make any plans to move or end my present tenancy until I have received a written offer from QCAP, Inc. I understand that it is my responsibility to inform QCAP, Inc. in writing of any change of address, income or household composition. I authorize QCAP to make inquiries to verify the information I have provided in this application, including a credit and CORI (Criminal Offenders Record Information) check. I certify that the information I have given in this application is true and correct. I understand that any false statement, misrepresentation, or lack of requested information, may result in the rejection of my application.

---

Applicants Signature

---

Date

---

QCAP, Inc. Interviewer/Reviewer Signature

---

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