

Control # _____

Reviewed by _____

Date _____

Preferences _____

Cascap Application for Housing*

678 Massachusetts Avenue 10th Floor Cambridge, MA 02139

Phone: (617) 492-5559

Fax: (617) 492-6928

TTY number is (617) 234-2992

The information you provide in this application will need to be verified. Once you have been initially screened for eligibility, suitability and ranking, you will then be asked to provide us with required documentation of all the items requested in this application. If you are a family member or service provider helping with this application, please give us your contact information so we know how to reach you with questions. **NOTE: If you run out of space, use the margins or the back of this form. Incomplete information will delay the processing of your application.**

GENERAL INFORMATION

First name

Last Name

Middle Initial

Current Address (street, city, state, zip)

Phone (home)

Phone (other)

For what type of subsidy/housing are you applying? Applicants who are 62 and over can complete separate applications for elder housing.

Referral from Cambridge Housing Authority (CHA) Section 8 list

Referral from CHA Section 8 Disabled list

Moderate Income (must be able to afford rent of \$850)

Tenant based voucher (please attach copy to application)

What size unit are you requesting? Studio 1BR 2BR

If offered a smaller unit, will you consider one? Yes No

Does anyone in your household have the need for a unit that is wheelchair accessible?

(e.g., widened doors, lowered kitchen cabinets, etc.) yes no

If yes, you will be asked to provide verification of need.

Has anyone in your household had a rent subsidy? Yes No

If yes, has the subsidy ever been terminated for fraud, nonpayment of rent, or failure to cooperate with recertification procedures? Yes No

Has anyone in your household ever been evicted? Yes No



Equal Housing Opportunity

HOUSEHOLD INFORMATION

Please complete the table below, starting with yourself on the first line, listing all other people who will live with you in the apartment.

Name	Date of birth	Social Security #	Sex	Relation to head
				<i>head of household</i>

Criminal Record

We will obtain your criminal record. Has anyone in your household been convicted of any crime? ___yes ___ no

Please provide the following information for each conviction.

Date City Court Offense Sentence

What is the race and ethnicity of the head of household? (Note: this question is intended only to assess our Affirmative Fair Housing Marketing Plan). Please check one in each column.

- Black / African-American Hispanic
- Asian-American Non-Hispanic
- White / European-American
- Native-American
- Other (please specify) _____

How did you hear about CASCAP? _____

ELIGIBILITY & RANKING

Different buildings have different eligibility requirements and preference rankings. Please complete the information below so that we can consider you for all units for which you might be available. Please be advised that you will be required to provide documentation or sign releases allowing Cascap to obtain this information from other sources.

What is your citizenship status?

- Applicant ___ US Citizen ___ Legal Resident ___ Other
- Other Household Member ___ US Citizen ___ Legal Resident ___ Other

Do you have a documented disability? ___Yes ___No

Do you have a history of homelessness? ___Yes ___No
 If yes, are you currently homeless? ___Yes ___No

Do you live or work in Cambridge? ___Yes ___No

HOUSING HISTORY

List current address first and document your housing history for the last five years. This is to be completed by each household member applying. The attached landlord reference request forms will also need to be signed by you so we can verify your residency at each location provided.

Address	Landlord’s name, address and phone number	Dates of Tenancy	Reason for leaving

FINANCIAL INFORMATION

Income

Cascap’s housing programs requires that you be income-eligible as defined by published guidelines. In order to determine your eligibility, you must provide the following information, which will be verified when your name comes to the top of the waiting list. Be sure to include all sources of income for all family members. Sources of income may include, but may not be limited to: wages, Social Security, SSI, SSDI, Veteran’s benefits, pensions, EAEDC, Unemployment Compensation, Worker’s Compensation, and interest from savings accounts, stocks, and real estate.

Name	Source of income	Gross amount	Period (weekly, monthly, annually)

Assets

List all bank accounts, trusts, real estate and any other assets. *Please write “not applicable” or “n/a” if you have no assets.*

Bank	Account #	Balance	Interest Earned

CASCAP CERTIFICATION AND RELEASE

I understand that this application form is intended for use in evaluating my eligibility for housing. It is not a contract. I understand that this is a preliminary application and the information provided does not guarantee housing. Additional information and verifications may be necessary to complete the application process.

I understand that Cascap will be sharing the contents of this application with other agencies, including, but not limited to the service providers who Cascap may contract with for services.

I certify that the information I have provided on this application is complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts may result in rejection of my application or termination of tenancy.

I authorize Cascap or its representatives to check all statements contained in this application in order to determine my eligibility and suitability for housing. This includes, but is not limited to landlord, credit, and criminal background checks.

I authorize the release of income and asset information to Cascap for the purposes of determining eligibility for housing and rental calculations.

I voluntarily and knowingly authorize any law enforcement agency, state or federal agency, credit bureau, criminal records bureau, private business, landlord, personal reference, or other persons, to give records or information they may have concerning my housing history, criminal history, credit history, general reputation, character, or any other information requested to Cascap, Inc. and/or its agents or representatives. I voluntarily and knowingly unconditionally release any named or unnamed informant from any and all liability resulting from the furnishing of this information. This authorization shall be valid one year from the date signed and a photocopied or faxed copy of the original shall be as valid as the original.

Signature (applicant)

Date

Signature (other household member)

Date

**Assistance in completing this application can be arranged all applicants including for non-English speaking applicants and applicants with disabilities. Anyone with a question or needing assistance is encouraged to call Cascap's Property Management Department at (617) 492-5559.*

Cascap & Affiliates do not discriminate on the basis of handicapped status in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

