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Cascap, Inc.
678 Massachusetts Avenue 10th Floor Cambridge, MA. 02139
Phone: (617) 492-5559 Fax: (617) 492-6928

Application for Housing at Harvard Place

GENERAL INFORMATION*

First name Last Name Middle Initial

Current Address (street, city, state, zip)

Phone (home) Phone (work) Social Security #

Number of people in your household _____

Has anyone in your household applied for CASCAP housing before?
___yes ___no. If yes, at which site? _____

Is anyone in your household related to an employee or board member of
Cascap, Inc.? ___yes ___no
If yes, please give relative's name _____

While all units at Harvard Place will accommodate the needs of people as they age in place, some units have been made accessible for the mobility impaired (e.g., widened doors, lowered kitchen cabinets, etc.) Does anyone in your household have the need for such a unit? ___yes ___no If yes, you will be asked to provide verification of need from your primary caregiver.

Why do you wish to move at this time? _____

Do you currently own a car? ___yes ___no

Do you currently have any pets? ___yes ___no

How did you hear about Cascap? _____

*** Assistance in completing this application can be arranged 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.**

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



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>

ELIGIBILITY

Harvard Place is intended for families whose head of household is over the age of 62. All household members must be U.S. Citizens or legal residents. Household income must not exceed \$30,050 for a household of one and \$34,300 for a household of two. The following questions will not be used for any purposes other than to determine eligibility for these units. Please answer the following questions:

1. What is your citizenship status? Household members *will be asked to provide proof of citizenship with either a Social Security card or Green card.*

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

2. Total monthly household income (from all sources) \$_____.
You will be asked to provide proof of income from all sources or sign documents allowing Cascap to obtain this information.

3. What is your date of birth? *You will be asked to provide proof of your age with a valid passport or birth certificate plus photo ID.*
 _____head of household _____other household member

HOUSING HISTORY

At least two addresses must be listed. Please list current address first. The last five years must be documented. Please give housing history for all household members if household members have not been co-residing during the time documented.

Address	Landlord's name, address & phone	Dates of tenancy	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____

Current rent (if you share a home with people who are not in your household (people who will not move with you), indicate your portion only)
 \$_____ per month.

Has anyone in your household ever had a subsidized rent? ___yes ___no

If yes, has the subsidy ever been terminated for fraud, nonpayment of rent, or failure to cooperate with recertification procedures?

___yes ___no

Does your rent include utilities? ___yes ___no

If yes, which ones? ___heat ___electricity ___phone ___gas

If no, please list the companies that provide your utilities

Are these accounts in good standing? ___yes ___no

If no, please explain _____

Has anyone in your household ever been evicted? ___yes ___no

SERVICE NEEDS

Your responses to these questions will help us to understand your service needs so that we could best assist you as a tenant. With which of the following might anyone in your household need assistance? (please check all that apply):

Bathing/ Hygiene ___

Dressing ___

Eating ___

Using the Bathroom ___

Walking (inside) ___

Transferring ___

Incontinence Management ___

Preparing Meals ___

Grocery Shopping ___

Other (please specify) _____

Housekeeping ___

Taking Medication ___

Laundry ___

Walking (outside) ___

Using the Telephone ___

Transportation ___

Money Management ___

Are you or is anyone in your household currently receiving the following services?

Somerville Cambridge Elder Services ___

Social Worker/ Counselor ___

Visiting Nurse Association ___

Other (please specify) _____

Meals on Wheels ___

Elder Service Plan ___

Money Management ___

Adult Day Health Care ___

Are there any services that you are not currently receiving but would like to receive?

___yes ___no

If yes, please specify: _____

Do you currently have medical insurance? ___yes ___no

If yes, please indicate which type:

Blue Cross/ Blue Shield ___

Elder Service Plan ___

Medicare HMO ____
 Medicare ____
 Medicaid ____
 Medex ____
 Other (please specify) _____

Applicants are welcome to submit letters from care providers such as doctors, social workers, case managers, etc. or provide any additional information. Submission of these materials is voluntary and not a requirement for a completed application.

FINANCIAL INFORMATION

Income

Our housing program 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, AFDC, pensions, EAEDC, alimony, child support, Unemployment Compensation, Worker’s Compensation, and interest from savings accounts, stocks, real estate, or any other source.

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

Employment

If you listed employment as a source of current income above, or if anyone in your household has worked in the past 12 months, please provide the following information about your most recent job. *Please write “not applicable” or “n/a” if you are not currently employed.*

Employer	Address	Phone

Dates of Employment	Title	Supervisor

Assets

Bank Accounts (list all). *Please write “not applicable” or “n/a” if you have no accounts.*

Bank	Address	Account #	Balance

Other Assets (i.e. real estate, trusts, bonds, etc.) *Please write "not applicable" or "n/a" if you have no other assets.*

Description	Dollar Value
_____	_____

Have you sold or given away a house or any other asset for less than its full value within the last 2 years? ___yes ___no

If yes, please describe asset, market value, and amount it was sold for _____

Special Expenses

Completion of this section is optional. However, if your household has any of the following expenses, letting us know about them may lower your rent if your application is accepted. Please indicate the total amount which you expect to pay this coming year for the following items. If your application is accepted, you will be asked to provide documentation of these expenses.

Medical costs (prescriptions, medical bills, etc.)	_____
Medical Insurance	_____
Tuition	_____
Child/Family Care (daycare expenses)	_____
Disability Assistance Expenses (attendant care, durable medical equipment or auxiliary apparatus)	_____

PERSONAL REFERENCES

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
_____	_____	_____	_____	_____

Personal References

Please give the names of three people who have known you for at least five years. References should not be relatives.

Name	Address	Phone	Relationship

Emergency Contact

In case of emergency, contact:

Name	Address	Phone	Relationship

Note

Cascap, Inc. currently has a pet policy that allows for certain animals in certain size units. For further information and restrictions, please ask for a copy of the pet policy from Cascap, Inc.

CERTIFICATION AND NOTICE

I understand that this application form is intended for use in evaluating my suitability 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, Inc. will be sharing the contents of this application with other agencies, including, but not limited to the Elder Service Plan of Cambridge, who may help determine the services I will be eligible to receive if I am accepted for residency at Harvard Place.

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

Signature (applicant)	Date
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Signature (other household member)*	Date
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**If there is more than one person in the applicant household, please remember to copy the "Landlord Reference", "CORI" and "Release and Authorization" forms. These three forms must be completed for all household members.*

If you are completing this form for someone else, please complete this section.

Your Name (please print) _____ Relationship _____

Check one: legal guardian power of attorney other

If you do not have legal guardianship or power of attorney for the applicant, you may still complete the application packet on their behalf (please do not sign for them, applicants can sign for themselves at a later date). The following forms **MUST** be signed by the applicant for us to review: *CORI Release, Landlord Reference, Release and Authorization*. If these forms are not returned to Cascap within five business days, the application will be date stamped for the date on which these forms are turned in, not the date on which the original application was made.

