

Control # _____ Reviewed by _____ Date _____
Preferences _____

Marshall Place Apts

678 Massachusetts Ave., Cambridge, MA 02139

Phone: (617) 492-5559

Fax: (617) 492-6928

TTY number is (617) 234-2992

Application for Housing at Marshall Place*

The information you provide in this application will need to be verified. Once you have been initially screened for eligibility and ranking, you will then be asked to provide us with required documentation of all the items requested in this application. **NOTE: Any misinformation provided, intentional or not, may be grounds for rejection or eviction.**

GENERAL INFORMATION

First name

Last Name

Middle Initial

Current Address (street, city, state, zip)

Phone (home)

Phone (other)

Is anyone in your household related to an employee or board member of Watertown Community Housing or Cascap, Inc.? ___ Yes ___ No

If Yes, please give relative's name _____.

How did you hear about Marshall Place Apartments? _____

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) _____

***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 Watertown Community Housing at (617) 923-3505.**

Marshall Place, Cascap, Watertown Community Housing & 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.



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 |
|------|------|-------|---------|----------|
|------|------|-------|---------|----------|

Emergency Contact

In case of emergency, contact:

| Name | Address | Phone | Relationship |
|------|---------|-------|--------------|
|------|---------|-------|--------------|

ELIGIBILITY & RANKING

1. What is your citizenship status?

Applicant ___ US Citizen ___ Legal Resident ___ Other

Other

Household ___ US Citizen ___ Legal Resident ___ Other

Member

2. 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.

3. Do you live or work in Watertown? ___Yes ___No

4. What is your total monthly income from all sources? _____

5. When would you be able to move into a unit if offered one? _____

HOUSING HISTORY

List current address first and document the last five years of your housing history (even if you were not on a signed lease). This is to be completed by each household member applying. The attached landlord reference request forms will also require your signature so we can verify your residency at each location.

| Address | Landlord's name, address and phone number | Dates of Tenancy | Reason for leaving |
|---------|---|------------------|--------------------|
| | | | |
| | | | |
| | | | |

1. 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

2. Has anyone in your household ever been evicted? ___Yes ___No

FINANCIAL INFORMATION

Income

You must 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, 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 |
|------|-----------|---------|-----------------|
| | | | |
| | | | |
| | | | |

Have you sold or given away a house or any other asset for less than its full value within the last two years? ___Yes ___No

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

CERTIFICATION AND NOTICE

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 different agencies will be sharing the contents of this application, including, but not limited to Watertown Community Housing, Cascap, and Springwell, who may help determine the services I will be eligible to receive if I am accepted for residency.

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 for housing. This includes, but is not limited to landlord, credit, and criminal background checks.

Signature (applicant)

Date

Signature (other household member)

Date

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).

