

Control # _____
 Reviewed by _____
 Date _____
 Preferences:
 A: D 50% SS SN
 B: N T SN NV

Nonantum Village Place
 678 Massachusetts Avenue 10th Floor Cambridge, MA 02139
 Phone: (617) 492-5559 Fax: (617) 492-6928
 TTY number is (617) 234-2992

Pre- Application for Housing*

The information you provide in this pre-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 pre-application.

GENERAL INFORMATION

First name	Last Name	Middle Initial
Current Address (street, city, state, zip)		
Phone (home)		Phone (work)

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>

****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.***



Equal Housing Opportunity

ELIGIBILITY & RANKING

Nonantum Village 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. At lease up, 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?
Applicant ___ US Citizen ___ Legal Resident ___ Other

Other Household
Member ___ US Citizen ___ Legal Resident ___ Other
2. Total monthly household income (from all sources) \$_____.
3. Current rent (If you share a home with people who will not move with you, indicate your portion only).
\$_____ per month.
Does your rent include utilities? ___Yes ___No
If yes, which ones? ___heat ___electricity
4. Number of people in your household _____
5. Have you recently been or are you currently being displaced or evicted? _____Yes _____No
6. Do you live in sub-standard housing? _____Yes _____No
7. Do you live or work (or will you soon be working soon) in Newton?
_____Yes _____No
8. Are you a Veteran? _____Yes _____No
9. Are you currently living in a site owned by the Newton Housing Authority? ___Yes ___No

If Yes, at which site? _____

11. How did you hear about us? _____

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.

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Black / African-American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Asian-American | <input type="checkbox"/> Non-Hispanic |
| <input type="checkbox"/> White / European-American | |
| <input type="checkbox"/> Native-American | |
| <input type="checkbox"/> Other (please specify) _____ | |

SERVICE NEEDS

With which of the following might anyone in your household need assistance? (Please check all that apply):

- | | |
|-------------------------------|---------------------------|
| Bathing/ Hygiene _____ | Housekeeping _____ |
| Dressing _____ | Taking Medication _____ |
| Eating _____ | Laundry _____ |
| Using the Bathroom _____ | Walking (outside) _____ |
| Walking (inside) _____ | Using the Telephone _____ |
| Transferring _____ | Transportation _____ |
| Incontinence Management _____ | Money Management _____ |
| Preparing Meals _____ | |
| Grocery Shopping _____ | |
| Other (please specify) _____ | |

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 CASCAP will be sharing the contents of this application with other agencies, including, but not limited to the Newton Housing Authority and Springwell, who may help determine the services I will be eligible to receive if I am accepted for residency at Nonantum Village 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 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).

