



Name of Head of Household: \_\_\_\_\_

### 3. INCOME INFORMATION

First Name	Last Name	Total Income and Frequency of Pay (Weekly, Bi-Weekly, Monthly, Annually)	Source of Income (Wages, SS, SSI, SSDI, TAFDC, EAEADC, Child Support, Alimony Pension, Other- Describe)
1.		\$ _____ /per _____	
2.		\$ _____ /per _____	
3.		\$ _____ /per _____	
4.		\$ _____ /per _____	
5.		\$ _____ /per _____	
6.		\$ _____ /per _____	
7.		\$ _____ /per _____	
8.		\$ _____ /per _____	

### 4. REASONABLE ACCOMMODATIONS

If you or a family member are disabled and require accessibility features or another reasonable accommodation, please complete this section. If you do not require an accommodation, skip this section.

**Accessible (504) Unit Type**

- Accessible Unit (zero step entry, accommodates a wheelchair or other device)
- Limited Steps Unit
- Bathroom Mobility Equipment
- Hearing Impaired Unit
- Vision Impaired Unit

Please describe in detail any other accommodations that you require.

### 5. SELECTION PREFERENCE

Check **ALL** of the following situation(s) that apply (*Please note that when your name reaches the top of any waiting list, you will be required to provide verification of the preference(s) selected*):

- Cambridge Resident** – You are **permanently** living in Cambridge on the date that you submit this Initial Application (this includes Congregate Housing and Single Room Occupancy [SRO] Cambridge residents).
- Cambridge Shelter or Transitional Facility** – You are living in a Cambridge shelter or transitional facility or you were living in a Cambridge shelter or transitional facility and were relocated by the Department of Transitional Assistance (DTA) or other service provider to a facility outside of Cambridge.
- Employment in Cambridge** – You are **not** a resident of Cambridge; however, you are employed or about to be employed in Cambridge on the date that you submit this Initial Application. \_\_\_\_\_  
Name & Address of Employer
- Veteran's Status:**  
 Is someone in your household a veteran or the surviving spouse, parent or other dependent of a veteran with a service connected death?     Yes     No
- None of the Above Apply**



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**6. DEVELOPMENT CHOICE – FAMILY**

**You may select up to three (3) developments**

- Place an "X" in the box next to the developments for which you wish to have your name entered onto the Waiting List.
- Select up to three developments only.
- You should **NOT** select a development that does not have the number of bedrooms required for your household.
- Please note that the waiting lists for one bedroom apartments are closed.
- An asterisk (\*) after the development name indicates there are handicapped accessible units at this development.
- Households on the **Jefferson Park** wait list will be considered for the Massachusetts Rental Voucher Program when program funds are available.

	<b>Development Name</b>	<b>Location</b>	<b># of Units</b>	<b>Available BR sizes</b>	<b>Average Wait Time (in months)</b>
<input type="checkbox"/>	Corcoran Park*	100 Thingvalia Ave. (Fresh Pond)	153	1,2,3,4,5	24 months or more
<input type="checkbox"/>	Jackson Gardens	Prospect & Harvard Streets	46	2,3	24 months or more
<input type="checkbox"/>	Jefferson Park	Rindge Ave. & Jackson Place	284	1,2,3,4	24 months or more
<input type="checkbox"/>	Lincoln Way	Walden & Raymond Streets	60	2,3	24 months or more
<input type="checkbox"/>	Newtowne Court*	Main & Windsor Streets	268	1,2,3,4,6	24 months or more
<input type="checkbox"/>	Putnam Gardens*	Magee St. & Putman Ave.	122	1,2,3,4	24 months or more
<input type="checkbox"/>	River Howard Homes*	River & Howard Streets	32	1,2,3,4	24 months or more
<input type="checkbox"/>	Roosevelt Towers Low-Rise	Windsor & Cambridge Streets	124	2,3,4	24 months or more
<input type="checkbox"/>	Roosevelt Towers Mid-Rise (New Construction)*	Windsor & Cambridge Streets	75	1,2	24 months or more
<input type="checkbox"/>	Scattered Sites – North Cambridge	Property details are provided in the Family Site Waiting List Handout at the Central Office and on-line at <a href="http://www.cambridge-housing.org">www.cambridge-housing.org</a>	26	2,3,4	24 months or more
<input type="checkbox"/>	Scattered Sites – East Cambridge		9	1,2,3,4	24 months or more
<input type="checkbox"/>	Scattered Sites – Mid Cambridge		36	1,2,3,4	24 months or more
<input type="checkbox"/>	Washington Elms*	Windsor & Washington Streets	175	1,2,3,4,5	24 months or more
<input type="checkbox"/>	Woodrow Wilson Court	Magazine & Chalk Streets	69	1,2,3	24 months or more

**7. NOTICE OF NONDISCRIMINATION**

The Cambridge Housing Authority does not discriminate on the basis of race, religion, sex, color, national origin, age, disability or familial status. We provide equal access to persons with disabilities to our programs, services and activities.

**8. APPLICATION CERTIFICATION**

***I understand that this form is not an offer of housing.*** Based on this form, I understand that I should not make any plans to move or end my present tenancy. I understand that it is my responsibility to inform the Housing Authority of any change of address, income, reasonable accommodation, development selection and/or family composition or my application will be withdrawn. I certify that the information I have given on this document is true and correct. I understand that any false statement or misrepresentations are criminal offenses punishable under state and federal laws. I also understand that providing false statements or information are grounds for rejection of my application or termination of tenancy or program participation.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**THIS ATTACHMENT APPLIES TO FEDERAL HOUSING**

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

**SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING**

This form is to be provided to each applicant for federally assisted housing

**Instructions: Optional Contact Person or Organization:** You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. **You may update, remove, or change the information you provide on this form at any time.** You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

<b>Applicant Name:</b>	
<b>Mailing Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>Name of Additional Contact Person or Organization:</b>	
<b>Address:</b>	
<b>Telephone No:</b>	<b>Cell Phone No:</b>
<b>E-Mail Address (if applicable):</b>	
<b>Relationship to Applicant:</b>	
<b>Reason for Contact:</b> (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
<b>Commitment of Housing Authority or Owner:</b> If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
<b>Confidentiality Statement:</b> The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
<b>Legal Notification:</b> Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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**Signature of Applicant****Date**

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

**Privacy Statement:** Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.

