

Una versión en Español de este documento está disponible en su Oficina de Gestión, en la Oficina Central del CHA o en la página web de CHA: www.cambridge-housing.org
 Yon vèsyon Kreyòl Ayisyen pou dokiman enpòtan sa-a disponib nan Biwo Administrasyon-a, nan Biwo Santral CHA, epi nan sit intènèt CHA: www.cambridge-housing.org.
 A versão em Português deste documento está a sua disposição no seu Escritório de Gerencia, no Local Central de Gerencia do CHA, e no Website do CHA: www.cambridge-housing.org

INITIAL APPLICATION – SINGLE ROOM OCCUPANCY (SRO)

Applicants are responsible for notifying CHA, in writing, if any information changes related to household composition, contact information, income and/or selection preferences. Application forms may be submitted in person or mailed to:

Cambridge Housing Authority
Attn: Admissions
675 Massachusetts Avenue
Cambridge, MA 02139

(CHA office use only)
F D E NE

If you need assistance completing this application or have questions about the application process, please contact CHA's Leased Housing Office at 617-497-4040.

IMPORTANT INFORMATION REGARDING ELIGIBILITY: In order to be eligible for assistance your income may not exceed \$31,550.

Please print neatly in ink. All fields are required.

1. HEAD OF HOUSEHOLD															
Last Name:	First Name:	Middle Initial:	Social Security Number (SSN): <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;">-</td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;">-</td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> <td style="width: 5%;"> </td> </tr> </table>						-			-			
			-			-									
Address (include Apt. # (best place for CHA to reach you by mail): 															
City:		State:		Zip:											
Primary Language Spoken:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Other: _____										
Preferred Language for Communication from CHA:	<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Portuguese	<input type="checkbox"/> Other: _____										
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Pacific Islander			Ethnicity: <input type="checkbox"/> American Indian/ Alaskan <input type="checkbox"/> Other <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic												
Best Phone Number to Contact You : (____) _____ - _____ Area Code	What is your age? _____	What is your date of birth? ____/____/____ MM/DD/YYYY	What is your gender? <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No											

2. REASONABLE ACCOMMODATIONS	
Do you require an accessible unit (zero step entry, accommodates a wheelchair or other device)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. 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.

Name of Applicant: _____

4. 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 _____	

5. OTHER REQUIRED INFORMATION

Answer each question below so that CHA may determine your eligibility for assistance under the SRO program.

Do you have a permanent place to live?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you homeless and living on the street?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you living in a shelter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you in a transitional program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Where did you hear about SRO Housing?	<input type="checkbox"/> Newspaper <input type="checkbox"/> Radio/TV <input type="checkbox"/> Family/Friends <input type="checkbox"/> CHA Mailing	

6. 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, including living in Congregate Housing and Single Room Occupancy (SRO)
- 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.
- Veteran** – You have veteran status
- None of the Above Apply**

7. 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: _____

