

CHERITON GROVE APARTMENTS
20 Cheriton Road
West Roxbury, MA 02132
 Tel: (617) 325-1913 Fax: (617) 325-4169

FOR OFFICE USE ONLY
Application #
Interviewer:
Applicant's Last Name:
Date Received:
Time Received:
VLJ LI NS H/C

APPLICATION FOR SUBSIDIZED HOUSING

Cheriton Grove Apartments does not discriminate on the basis of race, color, creed, religion, sex, national origin, age, familial status, socio-economic class, membership in the sponsoring organization, or handicap.

1.

Family Composition: Complete the following information for each member of your family (including yourself) who will be occupying the apartment. (NOTE: A Social Security number must be provided for all persons age six (6) and older.) Applicants will be required to provide proof for each social security number.

	NAME	Soc Sec #	Birth Date	Age	Sex	Relationship
Applicant						
Co-head						
Other						
Other						
Other						
Other						
Other						

Use reverse if more space is needed

2. **Do you anticipate any changes in your family composition?** _____ Yes _____ No
 When? (For example, in the next 2 weeks? 6 months? 12 months?)
 If yes, please explain:

3. **What is your present address?**

Street Apt. #

City State Zipcode

Telephone #

4. **How long have you lived here?** _____ Years _____ Months

5. Do you:

a. Rent your home? _____ Yes _____ No (if Yes, go to #6)

b. Own your home? _____ Yes _____ No (if Yes, go to #7)

c. Live in a home owned or rented by others? _____ Yes _____ No

If Yes, please explain (include who you are living with), then skip to #7:

d. Have other living arrangements? _____ Yes _____ No

If Yes, please explain:

6. Who is your landlord now?

Name _____

Street _____

City _____

State _____

Zipcode _____

Telephone # _____

7. Please list your previous addresses during the last 5 years:

(Optional if you have lived at current address for more than 5 years)

a.

Street _____

Apt. # _____

City _____

State _____

Zipcode _____

From ____/____(MM/YY) to ____/____(MM/YY)

b.

Street _____

Apt. # _____

City _____

State _____

Zipcode _____

From _____ / _____ (MM/YY) to _____ / _____ (MM/YY)

8. **Have you ever been evicted?** _____ Yes _____ No
If Yes, please explain:

9. **Are you being forced to move form your home?** _____ Yes _____ No
If Yes, please explain:

10. **Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an education institution (other than a correspondence school) with regular faculty and students?**

_____ Yes _____ No

- a. Are there any full-time student (s) married & filing a joint tax return? _____ Yes _____ No
- b. Are any student(s) enrolled in a job-training program receiving assistance under the Job Traning Partnership Act? _____ Yes _____ No
- c. Are any full-time students a TANF or a Title IV recipient? _____ Yes _____ No
- d. Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another's tax return? _____ Yes _____ No

11. **Please indicate below your current housing expenses:**

Rent: \$_____ per month; Gas \$_____ per month; Oil \$_____ per month;

Electricity: \$_____ per month; Water/Sewer \$_____ per _____.

Other (Specify) _____

12. Please indicate if you have:	YES	NO	Please check if there is a current sanitary or building code violation
a. Running hot water:	_____	_____	_____
b. Usable flush toilet:	_____	_____	_____
c. Usable tub or shower	_____	_____	_____
d. Safe electrical wiring:	_____	_____	_____
e. Central heating system:	_____	_____	_____
f. Overcrowded conditions:	_____	_____	_____
If YES to f, please specify: # of bedrooms: _____			
# of others living with you: _____			

13. Please identify the racial or ethnic group of which you are a member (Optional):

Black: _____ Asian/Pacific Islander _____ Native American _____

Hispanic: _____ White: _____ Other: _____ (please indicate)

14. Is the Head of Household or Spouse handicapped or disabled? _____ Yes _____ No

15. Certain units have been made accessible for persons with mobility impairments. State whether you wish to be considered for such a unit and the reason:

16. Do you own any real estate? _____ Yes _____ No

If you own real estate other than your present address, please give address and specify use:

Street	City	State	Use
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17. Does anyone in your household have paid employment? _____ Yes _____ No

If Yes, please specify:

Position: Employer & Address

Applicant's position: Employer: _____

Street: _____

City: _____

State, Zipcode: _____

Co-head's position: Employer: _____

Street: _____

City: _____

State, Zipcode: _____

Other (who?): Employer: _____

Street: _____

Position: City: _____

State, Zipcode: _____

Other (who?): Employer: _____

Street: _____

Position: City: _____

State, Zipcode: _____

(use reverse if more space is needed.)

18. What is the monthly gross amount of your:

	Applicant	Co-head	Other household member: Name _____
a. Salary (Gross Amt)* per month			
b. Social Security per month			
c. Supplemental Security Income per month			
d. Pension/Retirement income per month (Name of Fund _____)			
e. Pension/Retirement income per month (Name of Fund _____)			
f. Other pension or annuity per month (Name of Fund _____)			
g. Unemployment per month			
h. Worker's Compensation per month			
i. General relief/assistance per month			
j. AFDC per month			
k. Child support per month			
l. Alimony per month			
m. Other (Specify: _____) per month			
n. Other (Specify: _____) per month			

19. Does anyone in your household have a checking and/or savings account? _____ Yes _____ No
If Yes, list below:

Bank Name	Account #	Balance	Type (Circle One)
			Checking / Savings
			Checking / Savings
			Checking / Savings
			Checking / Savings
			Checking / Savings

20. Does anyone in your household have Certificates of Deposit, Money Markets or Mutual Funds?

_____ Yes _____ No

Account #	Rate of interest	Term	Principal Amount	Bank

21. Does anyone in your household own any stocks or bonds? _____ Yes _____ No

If Yes, please specify

STOCKS (Value will be verified by office)

Name of Company _____

of Shares of stock _____ Dividend paid \$ _____ per _____

BONDS

Paying Company _____

Interest Earned \$ _____ per _____ Value \$ _____

22. Does anyone in your household own U.S. Savings Bonds? _____ Yes _____ No

(If Yes, please list on a separate sheet of paper: Who, Date purchased, Series # and Amount and attach to your application.)

23. Does anyone in your household have any other assets? _____ Yes _____ No

If Yes, please specify:

24. Has anyone in your household disposed of any assets in excess of \$2,000 or put any assets into trust during the two years preceding the date of this application?

_____ Yes _____ No If Yes, please specify:

Type of Asset: _____ Type of Asset: _____

Date Disposed: _____ Date Disposed: _____

Amount Received: _____ Amount Received: _____

25. Do you expect any change in your household income or assets during the next twelve months?

_____ Yes _____ No If Yes, please explain:

26. Do you own a pet? _____ Yes _____ No If Yes, please specify: _____

27. Please give three (3) references (other than family members):

NAME	ADDRESS	TELEPHONE

APPLICANT CERTIFICATION
PLEASE READ EACH ITEM BELOW CAREFULLY BEFORE YOU SIGN.

- 1) **I hereby certify** that the information provided in this application is correct to the best of my knowledge
- 2) **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.
- 3) **I hereby give** The Community Builders, Inc. authorization to verify the information in this application. I also give authorization to check my credit history and to run a check of arrests and housing court history.
- 4) **WARNING:** Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the U.S. as to any matter within its jurisdiction. It is a criminal offense to make willful false statements or misrepresentations on this application and is grounds for denying residency.

Date _____

Date _____

OPTIONAL

Why do you want to move to this property? (Please use another sheet of paper if additional space is required.)

PROPERTY MANAGED BY THE COMMUNITY BUILDERS, INC.

In the event of any dispute or differences in interpretation, the parties agree that the form of the application in English shall prevail. The applicant shall submit and sign the English language application with any translated application attached thereto.

APPLICATION ADDENDUM

You may be eligible for a higher priority on our wait list if you can verify, at the time of your pre-occupancy interview, that you fall into one of the following categories: (Please check those descriptions listed below that describe your current housing situation.)

- a. _____ You have been Involuntarily Displaced by public or private action and have not been rehoused in standard replacement housing. Reasons for displacement include: fires, disasters, victim of actual or threatened violence. Evictions for cause are NOT considered involuntary displacement.

- b. _____ You are living in Substandard Housing. Examples include: (1) Living in a dwelling which fails to meet local housing codes (i.e.no plumbing, no usable bath tub or shower, no electricity or unsafe electrical service, no safe or adequate source of heat). (2) having no fixed, regular adequate

- c. _____ You are paying more than 50% of your gross monthly income for rent.

- d. _____ None of these apply.

Your name will be removed from the priority portion of the wait list and placed in chronological order by application date in the "No Priority" portion of the wait list if, at the time we formally process your application, you are unable to satisfactorily certify your priority status.

Applicant's Signature:

Date:

Co-head's Signature:

Date:

In the event of any dispute or differences in interpretation, the parties agree that the form of the application in English shall prevail. The applicant must submit and sign the English language application with any translated application attached thereto.