

AFFORDABLE HOUSING APPLICATION

CAMBRIDGE

real estate services

PLEASE FILL OUT THIS APPLICATION COMPLETELY. ALL BLANKS MUST BE FILLED IN BEFORE THE APPLICATION WILL BE CONSIDERED COMPLETE AND CAN BE PROCESSED FOR ELIGIBILITY. IF THE BLANK DOES NOT APPLY TO YOUR SITUATION PUT N/A IN THE BLANK.



ID Verified

MANAGER USE ONLY

DATE RECEIVED _____
 TIME RECEIVED _____
 MANAGER INITIAL _____

PROJECT CODE/PROPERTY NAME			UNIT #
----------------------------	--	--	--------

HEAD OF HOUSEHOLD (Last, First, Middle Initial)	DRIVER'S LICENSE #	PHONE #	EMAIL
---	--------------------	---------	-------

CURRENT STREET ADDRESS	CITY	STATE	ZIP
-------------------------------	-------------	--------------	------------

HOW LONG AT CURRENT ADDRESS?	ARE YOU PRESENTLY RENTING?	MONTHLY RENT	REASON FOR MOVING
------------------------------	----------------------------	--------------	-------------------

CURRENT LANDLORD NAME	CURRENT LANDLORD PHONE NUMBER
-----------------------	-------------------------------

CURRENT LANDLORD ADDRESS	CITY	STATE	ZIP
--------------------------	------	-------	-----

PREVIOUS STREET ADDRESS	CITY	STATE	ZIP
--------------------------------	-------------	--------------	------------

HOW LONG AT PREVIOUS ADDRESS?	PLEASE LIST ALL COUNTIES YOU HAVE RESIDED IN THE PREVIOUS 7 YEARS
-------------------------------	---

PREVIOUS LANDLORD NAME	PREVIOUS LANDLORD PHONE NUMBER
------------------------	--------------------------------

PREVIOUS LANDLORD ADDRESS	CITY	STATE	ZIP
---------------------------	------	-------	-----

If you did not live at your current or previous residence for at least two (2) years, please complete the following information:

OTHER PREVIOUS STREET ADDRESS	CITY	STATE	ZIP
--------------------------------------	-------------	--------------	------------

HOW LONG AT OTHER PREVIOUS ADDRESS?	OTHER PREVIOUS LANDLORD NAME
-------------------------------------	------------------------------

OTHER PREVIOUS LANDLORD ADDRESS	CITY	STATE	ZIP
---------------------------------	------	-------	-----

LIST ALL PERSONS WHO WISH TO RESIDE IN YOUR UNIT:
 Please print full name – last, first, middle initial. Include unborn children, if applicable.

APPLICANT'S FULL NAME (Last, First, Middle Initial)	STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---

SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE
------------------------	--------------------	------------

Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---

SPOUSE (Last, First, Middle Initial)	STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---

SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE
------------------------	--------------------	------------

Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---

NAME (Last, First, Middle Initial)	STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---

SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE
------------------------	--------------------	------------

Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	---

NAME (Last, First, Middle Initial)		STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE
Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME (Last, First, Middle Initial)		STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE
Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME (Last, First, Middle Initial)		STUDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE #	BIRTH DATE
Is this person a legal dependant of the Head of Household? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you declare that all members of the household are legal U.S. citizens, including holding registered alien status? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES ANYONE IN HOUSEHOLD REQUEST A SPECIAL HANDICAP ACCESSIBLE UNIT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE SPECIFY UNIT TYPE REQUIRED		
HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD BEEN A FULL TIME STUDENT AT ANY TIME DURING THIS CALENDAR YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE THERE ANY HOUSEHOLD MEMBERS OVER THE AGE OF 17 THAT ARE PART-TIME/FULL-TIME STUDENTS? (HUD PROPERTIES ONLY) <input type="checkbox"/> YES <input type="checkbox"/> NO		
SOURCES OF INCOME: List all income sources.		
This includes, but is not limited to, full and/or part-time employment, all income from Welfare Agencies, Social Security, Pensions, SSI, Disability, Armed Forces Reserves, Unemployment Compensation, Child Care, Alimony, Child Support, Student Grants, Income from sale of property, Interest on Assets, Dividends, Annuities, and Regular Contributions from people not residing with you. Income earned by members temporarily absent from the household must be included. Furthermore, household income must include income received by members 18 years of age or older; include pro-rata income for those members of the household anticipated to reach 18 years of age during the upcoming 12 month period.		
FAMILY MEMBER NAME (Last, First, Middle Initial)		
EMPLOYER, AGENCY, BANK, ETC. WHO ARE SOURCES OF INCOME TO YOU - LIST NAME AND ADDRESS OF SOURCES		
ANNUAL GROSS INCOME		
FAMILY MEMBER NAME (Last, First, Middle Initial)		
EMPLOYER, AGENCY, BANK, ETC. WHO ARE SOURCES OF INCOME TO YOU - LIST NAME AND ADDRESS OF SOURCES		
ANNUAL GROSS INCOME		
FAMILY MEMBER NAME (Last, First, Middle Initial)		
EMPLOYER, AGENCY, BANK, ETC. WHO ARE SOURCES OF INCOME TO YOU - LIST NAME AND ADDRESS OF SOURCES		
ANNUAL GROSS INCOME		
FAMILY MEMBER NAME (Last, First, Middle Initial)		
EMPLOYER, AGENCY, BANK, ETC. WHO ARE SOURCES OF INCOME TO YOU - LIST NAME AND ADDRESS OF SOURCES		
ANNUAL GROSS INCOME		

ASSETS

BANK				ACCOUNT #			
STOCKS/BONDS <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CHECKING <input type="checkbox"/>	TRUST <input type="checkbox"/>	IRA / 401K <input type="checkbox"/>	CD <input type="checkbox"/>	MONEY MARKET <input type="checkbox"/>	BALANCE
BANK				ACCOUNT #			
STOCKS/BONDS <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CHECKING <input type="checkbox"/>	TRUST <input type="checkbox"/>	IRA / 401K <input type="checkbox"/>	CD <input type="checkbox"/>	MONEY MARKET <input type="checkbox"/>	BALANCE
BANK				ACCOUNT #			
STOCKS/BONDS <input type="checkbox"/>	SAVINGS <input type="checkbox"/>	CHECKING <input type="checkbox"/>	TRUST <input type="checkbox"/>	IRA / 401K <input type="checkbox"/>	CD <input type="checkbox"/>	MONEY MARKET <input type="checkbox"/>	BALANCE
LIFE INSURANCE POLICY NUMBER					FACE VALUE		
REAL PROPERTY: DO YOU OWN ANY PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO				IF YES, TYPE OF PROPERTY			
LOCATION OF REAL PROPERTY					APPX. MKT. VALUE		
HAVE YOU SOLD/DISPOSED OF ANY PROPERTY/ASSETS IN THE LAST 2 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF YES, TYPE OF PROPERTY/ASSETS					DATE SOLD/DISPOSED OF		
DO YOU HAVE ANY OTHER ASSETS NOT LISTED ABOVE (EXCLUDING) HOUSEHOLD GOODS? <input type="checkbox"/> YES <input type="checkbox"/> NO							
IF YES, WHAT?							

PERSONAL REFERENCES: (2 PERSONS NOT RELATED OR LIVING WITH YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR)

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

AUTOMOBILES

MAKE/MODEL	YEAR	LICENSE #
MAKE/MODEL	YEAR	LICENSE #

WHO SHOULD BE CONTACTED IN CASE OF EMERGENCY? NAME
ADDRESS
PHONE #

HOW DID YOU FIND OUT ABOUT OUR BUILDING? NEWSPAPER DRIVE BY RENTAL MAGAZINE ACQUAINTANCE OTHER _____

WHEN DO YOU DESIRE TO OCCUPY THE APARTMENT?

DO YOU INTEND TO HAVE AN ANIMAL AT THIS RESIDENCE? YES NO IF YES, WHAT KIND?

DO YOU WISH TO CLAIM A \$400 DEDUCTION FROM YOUR HOUSEHOLD INCOME BASED ON AN "ELDERLY HOUSEHOLD" STATUS, WHERE THE TENANT OR CO-TENANT IS 62 OR OLDER, HANDICAPPED, OR DISABLED? YES NO

DO YOU HAVE A LETTER OF PRIORITY ISSUED BY USDA-RURAL DEVELOPMENT DUE TO DISPLACEMENT FROM ANOTHER PROPERTY? YES NO

ARE YOU CURRENTLY A USER OF AN ILLEGAL CONTROLLED SUBSTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A DRUG VIOLATION (USE, ATTEMPTED USE, POSSESSION, MANUFACTURE, SALE OR DISTRIBUTION)? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN EVICTED FROM A RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU SUCCESSFULLY COMPLETED A CONTROLLED SUBSTANCE ABUSE RECOVERY PROGRAM OR PRESENTLY ENROLLED IN SUCH A PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU BEEN CONVICTED, PLED GUILTY OR PLED NO CONTEST TO ANY CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT CRIME(S), WHEN, AND WHERE?
WILL THIS APARTMENT SERVE AS THIS HOUSEHOLD'S PRIMARY RESIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

The undersigned authorize Cambridge Real Estate Services or any screening service to contact my present and previous landlords, my credit references and employers (as listed above) and any credit reporting agency. It is understood and agreed that the sum paid at the time of application will be used as follows: A screening fee will be retained by the landlord as payment for the cost of application screening. Applicant screening entails the checking of your credit, income and other criteria for residency. As part of the application process, Landlord may obtain an Investigative Consumer Report which may include information of your character, general reputation, personal characteristics and mode of living. You have a right to request a written summary of your rights under the Federal Fair Credit Act as well as a complete and accurate disclosure of the nature and scope of the investigation requested. The request should be made to the Landlord or the credit reporting firm listed on the Criteria for Residency. You have the right to dispute the accuracy of any information provided to the landlord by the screening service or credit reporting agency. The name and address of the screening company can be obtained from either the Criteria for Residency form or the manager. Applicant's copy of this application shall be the receipt for the screening fee. If this application is approved, applicants will have 72 hours from the time of notification to return to execute a Rental Agreement and to pay the amount required as a security deposit, as determined by the application screening process. If applicants fail to execute a rental agreement and to pay the security deposit referenced above, they will be deemed to have refused the unit and the next application for the unit will be processed. Landlord shall have no liability to applicant until such time as a rental agreement is signed by both parties. I/We understand that giving incomplete or false information is grounds for rejection of this application. If any information supplied on this application is later found to be false, this will be grounds for termination of tenancy. Applicant acknowledges receipt of a copy of the Criteria for Residency. The information contained in this application is true and complete. By signing below, and through the process of applying for housing, I/we do hereby certify that the apartment applied for shall serve as our primary residence.

Applications and background screening will be valid for a 90 day period from the date of screening report. If the applicant(s) fails to execute a rental agreement within the states 90 day period, an updated application/background screening will need to be obtained with costs paid by the applicant.

By signing this application you consent to the release of wage matching data to RHS and the borrower.

Applicant's Signature _____ Date _____

Applicant's Signature _____ Date _____

Agent's Signature _____ Date _____

**The Federal Government has asked managing agents to track this information.
Answering these questions is on a voluntary basis.**

SEX: MALE FEMALE

ETHNICITY: HISPANIC OR LATINO (OF ANY RACE) NOT HISPANIC OR LATINO

RACE: AMERICAN INDIAN/ALASKA NATIVE
 ASIAN
 BLACK OR AFRICAN AMERICAN
 NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
 WHITE

The information regarding race, ethnicity and sex designations solicited on this application is requested in order to assure the Federal Government, acting through the Rural Housing Service, that the Federal laws prohibiting discrimination against tenant applications on the basis of race, color, national origin, religion, sex, familial status, age and disability are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race, ethnicity and sex of individual applicants on the basis of visual observation or surname.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).

This institution is an equal opportunity provider, and employer.

If you are applying for residency under the HOME Program: This application and your occupancy of the premises are governed by the Regulations of the State of California, Department of Housing and Community Development, HOME Investment Partnerships Program (HOME Program), Title 25 of the California Code of Regulations, Section 9200, et. Seq. and the Federal Final Rule 24 CFR Part 92 (Rule).

CAMBRIDGE

real estate services

MOVE-IN REQUIREMENT SUMMARY

We are focused on providing you with the most efficient and highest quality service possible during the complex process of approving your application for housing.

This community shall be operated in accordance with certain local, state and federal guidelines which establish income eligibility guidelines. The information contained in this summary will help you prepare for certain compliance-related aspects of the application screening process.

In order to approve your application for housing, we will need the following documents. All documents received must be legible and verifiable.

- 1) If you are presently employed, we will require three months (or 6-8 for HUD properties) of **CONSECUTIVE** pay stubs indicating your wages earned, hours worked and certain deductions. Pay stubs must be current within the past 90 days. If you hold more than one job, pay stubs will be required for all jobs.
- 2) If currently unemployed and receiving unemployment benefits, please bring in current statement of benefits.
- 3) Bank contact information for all bank accounts, or six months of consecutive bank statements for **EACH** bank account that you have.
- 4) If applicable, a divorce decree and/or documentation regarding child support or alimony received or to which you are entitled.
- 5) Federal Tax Return for most recent one year; second year may be requested. (If applicable)
- 6) For self-employed applicants, we will require your business profit and loss statement (IRS Form Schedule C) as well as your most recent Federal Tax Return.
- 7) Current documentation (within the last 90 days) of any 401k, IRA, stocks, or pension funds you hold.
- 8) If applicable, a copy of the benefit award letter documenting Social Security, Supplemental Social Security, Pension or Military Benefits paid to all members of your household.

Additional information may be required depending on your individual circumstances. We will notify each applicant on a case by case basis of additional documentation needed and/or forms required for signature. Such a notification will follow within one to three business days of your completed application reaching the on-site manager.

The items noted above will be requested from you only after your background screening has been approved. Please do not forward this information to the on-site manager with your application for housing. Instead, please gather and hold this information until you are notified by the on-site manager that your application for housing has received preliminary approval.



In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).

This institution is an equal opportunity provider, and employer.

SUPPLEMENT TO APPLICATION

Thank you for your interest in _____ Apartments.

Application Fee(s) \$ _____
(Application fees must be paid before screening initiated) (excludes HUD properties)

BELOW PLEASE FIND A LIST OF ALL APPLICABLE CHARGES AND DEPOSITS. AMOUNTS LISTED ARE SUBJECT TO CHANGE PRIOR TO SIGNING OF THE LEASE AGREEMENT.

Security Deposit Amount \$ _____
(Security deposit must be paid within 72 hours of approval)

Pet Deposit (if applicable) \$ _____

Other Deposit (if applicable) \$ _____

Other Deposit (if applicable) \$ _____

Monthly Stated Rent \$ _____ (may reflect range of rents offered)

Other Monthly Charge (if applicable) \$ _____

Other Monthly Charge (if applicable) \$ _____

Late Fee \$ _____ (10% of monthly stated rent, excluding HUD properties)

NSF Fee \$25 plus applicable bank charges (excludes HUD properties)

Non-Compliance Fees \$50 per non-compliance (excludes HUD properties)

- Late Payment of Utility
- Failure to Clean Pet Waste (\$5.00 HUD properties)
- Failure to Clean Garbage/Rubbish
- Parking Violations or Improper Use of Vehicles

Smoke Alarm/Carbon Monoxide Alarm Tampering Fee \$250 (excludes HUD properties)

Lease Break Fee Equal to 1.5 x monthly stated rent (excludes HUD properties)
(applicable only if tenant vacates prior to lease end date)

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).

This institution is an equal opportunity provider, and employer.