



Central Grammar
10 Dale Ave.
Gloucester, MA 01930

APPLICATION FOR SUBSIDIZED HOUSING

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

Central Grammar 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

(use reverse side if more space is needed)

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

9. Are you being forced to move from 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 and filing a joint tax return? _____ Yes _____ No
- b. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training 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: _____

12A Please identify the racial or ethnic group of which you are a member (Optional):

Black: _____ Asian/Pacific Islander _____ Native American _____

Hispanic: _____ White: _____

13 Is the Head of Household or Spouse handicapped or disabled? _____ yes _____ no

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

15 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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16 Does anyone is 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.)

17 What is the gross amount of your:

Salary (Gross Amt)* per month	Applicant	Co-head	Other household member: <u>Amount</u> <u>Name</u>	
Social Security per month				
Supplemental Security Income per month				
Pension/Retirement income per month (Name of Fund				
Pension/Retirement income per month (Name of Fund				
Other pension or annuity per month (Name of Fund				
Unemployment per month				
Worker's Compensation per month				
General relief/assistance per month				
AFDC per month				
Child support per month				
Alimony per month				
Other (Specify: _____) per month				
Other (Specify: _____) per month				

18 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

19 Does anyone in your household have Certificates of Deposit, Money Markets or Mutual Funds ?
 _____ yes _____ no If yes, list below:

Account #	Rate of interest	Term	Principal Amount	Bank

20 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 \$ _____

21 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.

22 Does anyone in your household have any other assets? _____ Yes _____ No
 If yes, please specify:

23 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: _____

Date Disposed: _____

Amount Received: _____

24 Do you expect any change in your household income or assets during the next twelve months?
_____ Yes _____ No

If yes, please explain:

25 Do you own a pet? _____ Yes _____ No

If yes, please specify: _____

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

Name	Address	Phone

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
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.
- 2) 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.
- 3) **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.
- 4)

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.

Applicant's Signature: _____ Date: _____

Co-head's Signature: _____ Date: _____