



Creating and Preserving Affordable Housing Opportunities in Cambridge, MA



Cambridge Community Housing, Inc. RENTAL APPLICATION

Please answer all questions fully. If a particular question does not apply to you, write "Not Applicable" in the space provided.

Date: _____ Apartment type requested (# of Bedrooms): _____

Apartment type you live in now: _____

Rent per month: _____

Applicants' Information

Applicant Name: _____ Date of Birth: _____

Social Security Number: _____ Sex: _____

Home Telephone: _____ Work Telephone: _____

Co-Applicant Name: _____ Date of Birth: _____

Social Security Number: _____ Sex: _____

Home Telephone: _____ Work Telephone: _____

Do you have a Section 8 Certificate? _____ Who issued the certificate? _____

Does any household member require an architecturally altered unit? Please describe: _____

Co-tenants/Dependents' Information

Co-Applicant Name: _____ Date of Birth: _____

Social Security Number: _____ Sex: _____

Co-Applicant Name: _____ Date of Birth: _____

Social Security Number: _____ Sex: _____

Co-Applicant Name: _____ Date of Birth: _____

Social Security Number: _____ Sex: _____

Co-Applicant Name: _____ Date of Birth: _____

Social Security Number: _____ Sex: _____

Co-Applicant Name: _____ Date of Birth: _____

Social Security Number: _____ Sex: _____

Co-Applicant Name: _____ Date of Birth: _____
Social Security Number: _____ Sex: _____

Rental History—Present and all previous for last five (5) years:

Present Address

Street Address: _____
_____ Apt# _____
City: _____
State: _____ Zip: _____

Present Landlord's Address

Street Address: _____
_____ Apt# _____
City: _____
State: _____ Zip: _____

Date you moved in to your Present Address: ___/___/___

Previous Addresses for the last five (5) years, start with most recent:

1. Street Address: _____ Apt# _____ To: ___/___/___
City, State, Zip: _____ From: ___/___/___
2. Street Address: _____ Apt# _____ To: ___/___/___
City, State, Zip: _____ From: ___/___/___
3. Street Address: _____ Apt# _____ To: ___/___/___
City, State, Zip: _____ From: ___/___/___
4. Street Address: _____ Apt# _____ To: ___/___/___
City, State, Zip: _____ From: ___/___/___

If not noted in rental history, were you ever a Cambridge resident? If so, when?: _____

Household Income

Current Household Income before taxes. Please list ALL income of ALL household members. For example: employment, alimony, pension, bonuses, child support, SSI, AFDC or interest from investments:

Household Member	Employer/Source	Monthly Income
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total: _____

Credit References

Bank Name/Account# _____ Balance \$ _____
Bank Name/Account# _____ Balance \$ _____

Miscellaneous Information

Are any members of your household full-time students? Please list: _____

Please Provide three (3) personal references (NOT family members or friends). Examples: Priests, Reverends, Social Workers, Teachers, Supervisors, etc.

Name: _____ Phone: _____ Relationship: _____

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Have you ever experienced credit problems, such as those involving collection agencies, creditors, or student loans in the last ten (10) years? Were they resolved? Please Explain: _____

Does any member of your household have a criminal record? Please explain: _____

Are you or have you ever been displaced? Please Explain: _____

Do you consider where you live to be substandard housing? _____

How did you hear of us? (ex. Friend, newspaper, etc.): _____

Reasons you are applying for housing: _____

How much notice do you need to give your landlord? _____

Race of head of household (you do NOT have to answer this question, but we may be asked to report this information to the City of Cambridge, and/or the Department of Housing and Urban Development): _____

Application Terms

(Applicant Read Carefully)

I, _____ (any person over the age of eighteen), hereby authorize the release of information from financial institutions, credit bureaus, and/or other agencies, both public and private, that have relevant information on my credit history, personal references, employment, and history as a tenant to Winn Residential on behalf of Homeowner’s Rehab Inc.

I also authorize the release of information from all law enforcement and judicial institutions of the United States, as well as financial institutions, credit bureaus, and/or other agencies, both public and private, that have relevant information on my criminal history to WinnResidential.

I am aware that information received by WinnResidential though this criminal check will be used in determining the acceptability of my application.

I certify the information I have provided on this application to be true and accurate to the best of my/our knowledge. I UNDERSTAND THAT FAILURE TO REPORT COMPLETE AND ACCURATE INFORMATION WILL RESULT IN TERMINATION OF MY APPLICATION. I acknowledge that any change in residence, employment or phone number must be reported to update this application; out-of-date information may result in removal from the waiting list.

Applicant Signature Date

Co-tenant Signature Date

Co-Tenant Signature Date

Please mail or deliver this application to:

Cambridge Community Housing, Inc.
c/o WinnResidential
810 Memorial Drive, Suite 102
Cambridge, MA 02139
(617) 491-5466



“If you believe you have been discriminated against in seeking housing, you should contact the Massachusetts Commission Against Discrimination, (617) 727-3990 or the U.S. Department of Housing and Urban Development, (617) 565-5308.”