

RENTAL APPLICATION - EQUAL HOUSING OPPORTUNITY

ASSISTANCE WILL BE PROVIDED IN REVIEWING THIS DOCUMENT. IF NECESSARY, PERSONS WITH DISABILITIES MAY ASK FOR THIS APPLICATION IN LARGE PRINT TYPE, OR OTHER ALTERNATE FORMATS.

SITE NAME St. Anne's Rectory SRO
ADDRESS 116 Ruth Street
CITY, STATE New Bedford, MA
Owner: Community Action for Better Housing
Management Agency: Catholic Social Services
Phone #: 508-997-7337 FAX #: 508-984-1667

Note: Please fill in all sections completely. Failure to do so will result in processing delays or rejection of your application. Should you need help in completing this application, please contact the management agency at the number listed above.

Applicant: _____ Home Tel _____

Present Address _____

_____ City State Zip

Race: (Optional Section: Information will be used for fair housing programs only, as required by State and Federal Laws.)

- | | |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Black(not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> White(not of Hispanic origin) | |

UNIT TYPE REQUESTED: (Check all that apply)

Basic _____

Adapted Unit _____

Do you have any accessibility or reasonable accommodation requests or changes in a unit or development or alternate ways we need to communicate with you? If yes, please explain. _____

Present Housing Cost Per Month \$ _____ Including Utilities? Yes No

How Long Have You Lived at Present Address? _____ Years.
What are the reasons for Moving? _____

HOUSEHOLD INFORMATION COMPOSITION - Please provide the following

FULL NAME _____

SOCIAL SECURITY NUMBER _____

SEX _____

AGE: _____

REFERENCES - Full name and address of Landlords or Officials at other places you have lived over the last five years, such as shelters.

Name of PRESENT Landlord/Official _____ Telephone _____

Address _____

Name of PREVIOUS Landlord/Official _____ Telephone _____

Address _____

NOTE: If you are unable to furnish a landlord or other housing reference, please furnish character references. They must have known you for one (1) year or more and not be related to you.

Name of Character Reference _____ Telephone _____

Address _____

Name of Character Reference _____ Telephone _____

Address _____

Please indicate the income received and assets held by you.

EMPLOYMENT INCOME BY HOUSEHOLD MEMBER

Member # _____

Name of Present Employer _____ Telephone _____

Address _____

Years Employed _____ Position _____ Current Salary \$ _____

[] weekly [] bi-weekly [] monthly

OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:

List all other income such as Welfare, Social Security, SSI, Pensions, Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, or other (please specify).

Type of Income	Gross Earnings (Before Taxes)
_____	_____
_____	_____
_____	_____
_____	_____
	(per week, month or year)

INCOME FROM ASSETS:

Assets include Checking Accounts, Savings Accounts, and Cash Value of a Life Insurance Policy.

Type of Income	Gross Earnings (Before Taxes)
_____	_____
_____	_____
_____	_____
_____	_____
	(per week, month or year)

I/We hereby certify that the information furnished on this application is true and complete, to the best of my/our knowledge and belief. **Inquiries may be made to verify the statements herein.** All information is regarded as confidential in nature, and a **consumer credit report and a Criminal Offenders Record Information (CORI) report may also be requested.** I/We certify that I/We understand that false statements or information are punishable applicable under State or Federal Law.

I/We hereby certify that we have received a notice form the management agent describing the right to reasonable accommodations for persons with disabilities.

Signed under the pains and penalties of perjury.

_____	_____	_____	_____
Head of Household/Applicant	Date	Co-Applicant	Date

Community Action for Better Housing nor Catholic Social Services acting as its management agent, does not discriminate on the basis of race, color, religion, sex, national origin, sexual orientation, age, familial status or physical or mental disability in the access or admission to its programs or employment, or in its programs, activities, functions or services.

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ Phone: _____

Address: _____

I, the above named individual, have authorized Community Action for Better Housing, Inc. or its designated management agent to verify the accuracy of the information that I have provided, from the following sources (specify):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby give you my permission to release this information to Community Action for Better Housing, Inc., or its designated management agent subject to the condition that it be kept confidential. I would appreciate your prompt attention in supplying the information requested on the attached page to Community Action for Better Housing, Inc. or its designated management agent within five (5) days of receipt of this request.

I understand that a photocopy of this authorization is as valid as the original.

Thank you for your assistance and cooperation in this matter.

Signed under the pains and penalties of perjury.

Signature

Date