



## **CARITAS COMMUNITIES** **APPLICATION FOR HOUSING**

You are applying for a Single Occupancy Room. These units are for one person only, no overnight guests. We are unable to rent to couples or families. Leases are year-long. We do not provide temporary housing. Applicants must make between \$17,000 and \$51,000 annually to qualify for our market rate rooms. Those making under that can apply to our subsidized housing in Salem, or if applicable our veterans housing in Bedford and New Bedford.

Please fill out the attached application. All questions must be answered – please send all parts together. Incomplete applications will not be accepted.

**Application**

Please fill out completely. If the question is not applicable please write N/A. You may apply for your desired properties by checking off the areas at the top of the application. If you are interested in our subsidized housing waitlist please check Salem.

**Waiver**

Please sign, date, and include your social security number.

**Income Verification**

- Please have your employer fill out the attached employee verification form. This is needed for EACH job you are currently employed at
- Attach 2 months of most recent paystubs. This is needed for EACH job you are currently employed at
- If you are receiving benefits (SSI, SSDI, EAEDC, unemployment, pension, etc) you must attach a copy of your benefits letter dated within the last 3 months.

**Bank Verification form** – to be filled out by your bank.

If you cannot obtain this, you may **instead** attach your most recent savings statement and last 6 months of checking statements

**Under \$5,000 Asset Certification** form

Completed applications should be mailed to:

Emily Perkins  
Caritas Communities, Suite 206  
25 Braintree Hill Office Park  
Braintree, MA 02184

Or faxed to:

781-356-1770

If you have any questions please call the vacancy line at 781-843-1606 or email:

[eperkins@caritascommunities.org](mailto:eperkins@caritascommunities.org)





**Please indicate which of our locations you are applying for:**

<input type="checkbox"/> Allston	<input type="checkbox"/> Brookline	<input type="checkbox"/> Medford	<input type="checkbox"/> Wakefield
<input type="checkbox"/> Arlington	<input type="checkbox"/> Chelsea	<input type="checkbox"/> Melrose	<input type="checkbox"/> Sean Brook – Veterans only
<input type="checkbox"/> Boston	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Quincy	<input type="checkbox"/> Cambridge – Men only
<input type="checkbox"/> Braintree	<input type="checkbox"/> Everett	<input type="checkbox"/> Roxbury	<input type="checkbox"/> Salem – Subsidized Waitlist

**An income under \$1,400 a month (\$16,900 yearly) is only eligible for Salem or Sean Brook**

Name:	DOB:	Social Security No:	
Address:		City:	Zip:
Phone:		Email:	
Where did you hear about us?			

Do you have a mobile section 8 voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Were you previously a resident of Caritas Communities? <input type="checkbox"/> Yes <input type="checkbox"/> No If so where?	
Are you a convicted sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No Circle Level/Status: 1 2 3 Pending	
Do you have a history of illegal drug use? <i>If yes attach description</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <i>If yes attach description</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been evicted from any housing? <i>If yes attach description</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be in the next year / have you been in the last 5 months a full-time student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently homeless or have you been homeless in the past (6) months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Source of Income	Gross Monthly Income	Do you expect a change in the next 12 months? Why?
Employment	\$	
SSI/SSDI Benefits	\$	
Pension or Retirement	\$	
Veteran's Benefits	\$	
Unemployment	\$	
Other - explain	\$	

Do you have checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have savings accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own any property? <i>If yes attach description</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you sold/dispensed of any assets, including real estate in the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No



**REFERENCES**

<b>Current Landlord:</b>	<b>Previous Landlord:</b>
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Length of Stay:	Length of Stay:

<b>Current Employer:</b>	<b>Former Employer:</b>
Position:	Position:
Supervisor:	Supervisor:
Phone:	Phone:
Dates Employed:	Dates Employed:

<b>Personal Reference:</b>	Relationship:	Phone:
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<b>In case of emergency notify:</b>	Relationship:
Address:	Phone:

<b>Checking Acct #:</b>	Bank:
<b>Saving Acct #:</b>	Bank:

I understand I must pay a security deposit for this room prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. Under penalty of perjury, I certify that the information presented in this application is true and accurate to the best of my knowledge. The undersigned further understands that providing false statements or information constitutes an act of fraud. False, misleading or incomplete information will lead to cancellation of this application or termination of a lease agreement after occupancy. I agree to comply with income recertification requirements, including the annual submission of information regarding all sources of income from employers and government programs, including income from assets such as bank accounts, CD’s, & 401K’s.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_



**VERIFICATION OF EMPLOYMENT  
TO BE COMPLETED BY EMPLOYER**

*All questions must be answered, if not applicable, please indicate N/A*

Applicant/Employee: \_\_\_\_\_ Job Title: \_\_\_\_\_

**Employer Contact**

Company: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Is the applicant currently employed?  Yes  No Are they in a probationary period?  Yes  No  
Date of employment \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of termination (if applicable) \_\_\_\_/\_\_\_\_/\_\_\_\_

Pay Frequency  Weekly  Biweekly  Monthly  Yearly  
Pay Method  Cash  Check  Direct Deposit  Other \_\_\_\_\_

Gross Year to Date Pay \$\_\_\_\_\_ From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Number of Included Pay Periods \_\_\_\_\_ Gross Pay from Prior Year: \$\_\_\_\_\_

Current wages  Hourly \$\_\_\_\_\_/hour **OR**  Salary \$\_\_\_\_\_/year  
Regularly scheduled hours per week: \_\_\_\_\_ hours  
Average amount of overtime/week: \_\_\_\_\_ hours Overtime Rate \$\_\_\_\_\_/hour  
Average amount of shift differential/wk \_\_\_\_\_ hours Shift Differential Rate \$\_\_\_\_\_/hour  
Commission/Bonus/Tips/Other \$\_\_\_\_\_ Frequency:  Weekly  Biweekly  Monthly [  
]Yearly

If the work is seasonal or sporadic, please indicate layoff period(s): \_\_\_\_\_  
Is the employee eligible for unemployment during the layoff?  Yes  No  
Does the employee participate in a retirement plan?  Yes  No

Most recent change in employee's rate of pay:  
 Increase  Decrease \$\_\_\_\_\_ per \_\_\_\_\_ Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Any anticipates change in the employee's rate of pay in the next 12 months?  Yes  No  
 Increase  Decrease \$\_\_\_\_\_ per \_\_\_\_\_ Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional Remarks: \_\_\_\_\_

\_\_\_\_\_  
*Employer Signature* *Name (print)* *Date*

*Note: Section 1001 of Title 18 of the US Code makes it a criminal offence to make willful false statement or misrepresentations to and Department or Agency of the United States as to any matter within its jurisdiction.*

**YOU MUST ALSO ATTACH 2 MONTHS OF YOUR MOST RECENT PAYSTUBS**



## **BANK ACCOUNT VERIFICATION**

### **Section 1 – To Be Filled Out By Applicant**

**RESIDENT:** \_\_\_\_\_

Address: \_\_\_\_\_

Social Security No: \_\_\_\_\_

*I authorize you to release to Caritas Communities, Inc., managing agent, all information specifically requested below. It is understood that all information released will be kept as confidential as possible. However, you should be aware, the information reported may be reviewed by someone other than a Caritas Communities, Inc. Staff person (i.e. attorney, auditor, etc.).*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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### **Section 2 - To Be Filled Out By Your Bank**

To Whom It May Concern:

The person named above has applied to a Caritas Communities housing project. Caritas is a non-profit housing company and it is necessary that they have documentation of asset accounts with your institution.

**BANK:** \_\_\_\_\_

Address: \_\_\_\_\_

Checking Acct#: \_\_\_\_\_ 6 Month Avg. Bal \_\_\_\_\_ Interest Rate: \_\_\_\_\_%

Savings Acct#: \_\_\_\_\_ Current Balance \_\_\_\_\_ Interest Rate: \_\_\_\_\_%

Other Acct#: \_\_\_\_\_ Current Balance \_\_\_\_\_ Interest Rate: \_\_\_\_\_%  
(CD, Money Market, Debit, etc)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_



## UNDER \$5,000 ASSET CERTIFICATION

For households whose combined net assets are less than \$5,000.00

**Applicant/Tenant:** \_\_\_\_\_ **Unit #:** \_\_\_\_\_

Complete 1 or 2:

1.  I/we do not have any assets at this time (skip to #5)
2.  I/we do have assets as follows:

Cash on hand	\$ _____	Interest/Dividend Income: _____
Balance on prepaid debit card	\$ _____	Interest/Dividend Income: _____
Avg 6 mo checking acct balance	\$ _____	Interest/Dividend Income: _____
Current savings acct balance	\$ _____	Interest/Dividend Income: _____
401k/IRA/CD/Money Market	\$ _____	Interest/Dividend Income: _____
Stocks/Bonds/Retirement	\$ _____	Interest/Dividend Income: _____
Life Insurance (except Term)	\$ _____	Interest/Dividend Income: _____
Safe Deposit Box	\$ _____	Interest/Dividend Income: _____
Equity in Real Estate	\$ _____	Rental Income: _____
Lump Sum Amounts received	\$ _____	<i>i.e. lottery/inheritance/insurance/lawsuit</i>
Other:	\$ _____	Interest/Dividend Income: _____
Other:	\$ _____	Interest/Dividend Income: _____
Other:	\$ _____	Interest/Dividend Income: _____

- For all assets list the cash value which is the market value minus the cost of converting the asset to cash such as broker fees, settlement costs, outstanding loans, early withdrawal penalties, etc.
- List only amounts accessible to the household members. For instance, do not list pension or retirement account balances that cannot be accessed without terminating employment
- Do not list necessary personal property such as clothing, furniture, televisions, etc.
- Include any personal property held as an investment such as artwork, antique cars, coin collections, gems, etc.

3. The net household assets above are less than \$5,000.0  YES  NO
4. Total annual income from all assets is: \_\_\_\_\_
5. In the past 2 years I/we have sold or given away assets (such as cash, real estate, etc.) for less than fair market value:  YES  NO  
 If YES list asset disposed: \_\_\_\_\_ Date of disposal: \_\_\_\_\_  
 Fair market value: \_\_\_\_\_ Amount received: \_\_\_\_\_

*Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand that providing false representation herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of a lease agreement.*

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

