

# APPLICATION FOR HOUSING

## **SMNPHC** SOUTH MIDDLESEX NON-PROFIT HOUSING CORPORATION

- Main Office • 7 Bishop Street • Framingham, MA • 01702 • 508.879.6691 • FAX 508.620.2666
- Northbridge Office • 2223 Providence Road • Northbridge, MA • 01534 • 508.234.4041
- Open Pantry • 287 State Street • Springfield, MA • 01069 • 413.746.8701
- Lowell Transitional Living Center • 201 Middlesex Street • 978-458-9888
- Worcester Office • 237 Chandler Street • Worcester, MA • 01605 • 508.757.0103

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MINORITY CODE:

WHITE \_\_\_\_\_ BLACK \_\_\_\_\_ NATIVE AMERICAN \_\_\_\_\_

ASIAN \_\_\_\_\_ HISPANIC \_\_\_\_\_ OTHER \_\_\_\_\_

**HOW DID YOU HEAR ABOUT SMOC NON-PROFIT HOUSING CORPORATION?**

\_\_\_\_\_

**WHICH ARE YOU LOOKING FOR:**

(CHECK AT LEAST ONE)

\_\_\_\_\_ ROOMING HOUSE

\_\_\_\_\_ ONE BEDROOM

\_\_\_\_\_ STUDIO APARTMENT

\_\_\_\_\_ MULTI BEDROOM

**TOWN OF PREFERENCE:**

\_\_\_\_\_ FRAMINGHAM (rooms & apts)

\_\_\_\_\_ MARLBORO (apts only)

\_\_\_\_\_ WALTHAM (apts only)

\_\_\_\_\_ NORTHBRIDGE / WHITINSVILLE (apts only)

\_\_\_\_\_ SPRINGFIELD (rooms only)

\_\_\_\_\_ FITCHBURG (rooms only)

\_\_\_\_\_ HUDSON (rooms & apts)

\_\_\_\_\_ LEOMINSTER (rooms only)

\_\_\_\_\_ NATICK (rooms only)

\_\_\_\_\_ EASTHAMPTON/PALMER (rooms only)

\_\_\_\_\_ WORCESTER (rooms only)

\_\_\_\_\_ SPENCER (rooms & apts)

\_\_\_\_\_ GARDNER (rooms only)

\_\_\_\_\_ HARDWICK/GILBERTSVILLE (rooms only)

\_\_\_\_\_ LOWELL

**PLEASE DESCRIBE YOUR PRESENT LIVING SITUATION:**

\_\_\_\_\_

\_\_\_\_\_



**EMPLOYEMENT REFERENCES:**

1. PRESENT EMPLOYER:

\_\_\_\_\_

POSITION: \_\_\_\_\_

LENGTH OF EMPLOYEMENT: FROM: \_\_\_\_\_ TO PRESENT

SUPERVISOR \_\_\_\_\_

MAY WE CONTACT HIM/HER? YES \_\_\_\_\_ OR NO \_\_\_\_\_

PHONE: \_\_\_\_\_

GROSS INCOME PER WEEK: \_\_\_\_\_ ANNUALLY: \_\_\_\_\_

2. PAST EMPLOYER: \_\_\_\_\_

POSITION: \_\_\_\_\_

LENGTH OF EMPLOYEMENT: FROM: \_\_\_\_\_ TO \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

MAY WE CONTACT HIM/HER? YES \_\_\_\_\_ OR NO \_\_\_\_\_

PHONE: \_\_\_\_\_

GROSS INCOME PER WEEK: \_\_\_\_\_ ANNUALLY: \_\_\_\_\_

**HOUSING / RENTAL REFERENCES**

1. PRESENT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

LENGTH OF TIME AT PRESENT ADDRESS: FROM: \_\_\_\_\_

MONTHLY RENT: WITH UTILITIES \$ \_\_\_\_\_ WITHOUT UTILITIES \$ \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

2. PREVIOUS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

LENGTH OF TIME AT PREVIOUS ADDRESS: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

MONTHLY RENT: WITH UTILITIES \$ \_\_\_\_\_ WITHOUT UTILITIES \$ \_\_\_\_\_

LANDLORD'S NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_



**HOUSEHOLD COMPOSITION (Do NOT include yourself)**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_ ADULT \_\_\_\_ CHILD \_\_\_\_  
 NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_ ADULT \_\_\_\_ CHILD \_\_\_\_  
 NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_ ADULT \_\_\_\_ CHILD \_\_\_\_  
 NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ SS# \_\_\_\_-\_\_\_\_-\_\_\_\_ ADULT \_\_\_\_ CHILD \_\_\_\_  
 (IF ADDITIONAL PERSONS NEEDED TO BE ADDED – PROVIDE INFORMATION ON A SEPARATE SHEET)

**INCOME AND ASSET INFORMATION**

<u>PERSON'S NAME</u>	<u>WAGES</u>	<u>PENSION</u>	<u>SOC. SEC.</u>	<u>PUB. ASSIST.</u>	<u>OTHER</u>
TOTALS					

TOTAL INCOME FROM ALL SOURCES

\$ \_\_\_\_\_

**ASSETS**

<u>ASSET</u>	<u>CASH VALUE</u>	<u>INCOME EARNED</u>	<u>PROPERTY OF</u>
Checking			
Savings			
Stocks/Bonds			
Real Estate			
Other Financial			

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?** \_\_\_\_ YES \_\_\_\_ NO

REASON \_\_\_\_\_

PAROLE OFFICER \_\_\_\_\_ LOCATION \_\_\_\_\_ PHONE \_\_\_\_\_

**PLEASE NOTE: READ CAREFULLY!!**

**THIS IS A PRELIMINARY APPLICATION AND GIVES THE APPLICANT NO LEASE OR RENT RIGHTS. ADDITIONAL INFORMATION MAY BE REQUESTED AT A LATER DATE TO COMPLETE THE PROCESSING OF THIS APPLICATION.**

**YOUR SIGNATURE BELOW GIVES CONSENT TO MANAGEMENT TO VERIFY THE INFORMATION CONTAINED IN THIS APPLICATION. ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION IS CONFIDENTIAL.**

**THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND I AUTHORIZE SMOC HOUSING TO MAKE INQUIRIES FOR THE PURPOSE OF VERIFYING FACTS HEREIN STATED. I/WE UNDERSTAND THAT GIVING FALSE INFORMATION ARE PUNISHABLE UNDER FEDERAL LAW AND WILL RESULT IN IMMEDIATE TERMINATION OF THIS PRELIMINARY APPLICATION.**

**I UNDERSTAND THAT I WILL NEED TO PROVIDE INCOME VERIFICATION ON AN ANNUAL BASIS.**

\_\_\_\_\_  
 APPLICANT SIGNATURE

\_\_\_\_\_  
 DATE





**SOUTH MIDDLESEX NON-PROFIT HOUSING CORPORATION**

**NOTICE OF**

**VIOLENT CRIME POLICY**

SMOC may deny eligibility, admission, or the opportunity to transfer to SMOC Housing for a violent criminal activity.

The undersigned agrees to sign a release for SMOC Housing to conduct a criminal record investigation. Furthermore, the undersigned understands that the outcome of the investigation may disqualify me from SMOC Housing.

Signed under the pains and penalties of perjury:

\_\_\_\_\_

Housing Applicant Printed Name

\_\_\_\_\_

Date

\_\_\_\_\_

Housing Applicant Signature



## Verification of Employment

<p>(Name of HOME Participating Jurisdiction) _____</p> <p><b>Applicant's Printed Name</b></p> <hr/> <p><b>AUTHORIZATION:</b> <b>Federal Regulations require us to verify Employment Income of all members of the household applying for participation in the HOME Program which we operate and to reexamine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household.</b></p> <p><b>Your prompt return of the requested information will be appreciated.</b></p> <hr/> <p><b>Name of Employer</b></p> <hr/> <p><b>Address of Employer</b></p> <hr/> <p><b>City, State, Zip of Employer</b></p> <hr/> <p><b>Telephone #</b></p> <hr/>	<p>Employed since: _____ Occupation: _____</p> <p>Salary: _____ per _____</p> <p>Effective date of last increase: _____</p> <p>Base pay rate: \$_____/Hour; or \$_____/Week; or \$_____/Month</p> <p>Average hours/week at base pay rate: ____ Hours</p> <p>No. weeks ____, or No. weeks ____ worked/Year</p> <p>Overtime pay rate: \$_____/Hour</p> <p>Expected average number of hours overtime worked per week during next 12 months _____</p> <p>Any other compensation not included above (specify for commissions, bonuses, tips, etc.): For: _____ \$_____ per _____</p> <p>Is pay received for vacation? • Yes • No</p> <p>If Yes, no. of days per year ____</p> <p>Total base pay earnings for past 12 mos. \$_____</p> <p>Total overtime earnings for past 12 mos. \$_____</p> <p>Probability and expected date of any pay increase: _____</p> <p>Does the employee have access to a retirement account? • Yes • No</p> <p>If Yes, what amount can they get access to: \$_____</p>
<p><b>RELEASE: I HEREBY AUTHORIZE THE RELEASE OF THE REQUESTED INFORMATION.</b></p> <hr/> <p><b>SIGNATURE OF APPLICANT</b></p> <p>Date: _____</p> <p><b>OR A COPY OF THE EXECUTED "HOME PROGRAM ELIGIBILITY RELEASE FORM," WHICH AUTHORIZES THE RELEASE OF THE INFORMATION REQUESTED, IS ATTACHED.</b></p>	<p>Signature of _____ or Authorized Representative</p> <hr/> <p>Title: _____</p> <p>Date: _____</p> <p>Telephone: _____</p>
<p><b>WARNING: TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.</b></p>	

**Mail to:**  
**SMOC Non-Profit Housing Corporation**  
**7 Bishop Street**  
**Framingham, MA 01702**  
**Fax to: 508-620-2666**

