

**ABBY'S HOUSE ~ HOUSING APPLICATION  
2 BEDROOM APARTMENT**

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Social Security #:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Names of Children Who Will Occupy Apartment** (D/O/B) **Date of Birth**

1. \_\_\_\_\_

2. \_\_\_\_\_

***HOW DID YOU HEAR ABOUT ABBY'S HOUSING?***

**Agency or Organization:** \_\_\_\_\_

**Case Manager/Social Worker Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

***HAVE YOU EVER STAYED IN A SHELTER BEFORE?***

**Shelter:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Length of Stay:** \_\_\_\_\_

**How Long Have You Been Homeless?** \_\_\_\_\_

***DESCRIBE YOUR PRESENT LIVING SITUATION OR WHY YOU WISH TO MOVE.***

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**PLEASE LIST THE LAST THREE ADDRESSES WHERE YOU HAVE LIVED.**

**1. Present Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Tel:** \_\_\_\_\_ **Work Tel:** \_\_\_\_\_

**Length of Time at Present Address:** \_\_\_\_\_ **From(Date):** \_\_\_\_\_ **To(Date):** \_\_\_\_\_

**Monthly Rent \$** \_\_\_\_\_ **Utilities Included in Rent?** \_\_\_ YES \_\_\_ NO

**Were You Asked To Leave by the Landlord?** \_\_\_ YES \_\_\_ NO \* **May We Contact Landlord?** \_\_\_ YES \_\_\_ NO

**Reason for Leaving:** \_\_\_\_\_

**Present Landlord's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**2. Previous Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Tel:** \_\_\_\_\_ **Work Tel:** \_\_\_\_\_

**Length of Time at Present Address:** \_\_\_\_\_ **From(Date):** \_\_\_\_\_ **To(Date):** \_\_\_\_\_

**Monthly Rent \$** \_\_\_\_\_ **Utilities Included in Rent?** \_\_\_ YES \_\_\_ NO

**Were You Asked To Leave by the Landlord?** \_\_\_ YES \_\_\_ NO \* **May We Contact Landlord?** \_\_\_ YES \_\_\_ NO

**Reason for Leaving:** \_\_\_\_\_

**Present Landlord's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**3. Previous Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Tel:** \_\_\_\_\_ **Work Tel:** \_\_\_\_\_

**Length of Time at Present Address:** \_\_\_\_\_ **From(Date):** \_\_\_\_\_ **To(Date):** \_\_\_\_\_

**Monthly Rent \$** \_\_\_\_\_ **Utilities Included in Rent?** \_\_\_ YES \_\_\_ NO

**Were You Asked To Leave by the Landlord?** \_\_\_ YES \_\_\_ NO \* **May We Contact Landlord?** \_\_\_ YES \_\_\_ NO

**Reason for Leaving:** \_\_\_\_\_

**Present Landlord's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**PLEASE LIST ALL SOURCES ON MONTHLY INCOME FOR EACH HOUSEHOLD MEMBER**

<b>Source</b>	<b>Adult</b>	<b>Child 1</b>	<b>Child 2</b>
Job 1			
Job 2			
Alimony			
Child Support			
Pension/Annuity			
SSI			
SSDI			
TANF			
Unemployment			
Veterans Benefits			
Worker's Compensation			
Other			
Other			

**PLEASE LIST ALL ASSETS FOR EACH HOUSEHOLD MEMBER**

<b>Source</b>	<b>Adult</b>	<b>Child 1</b>	<b>Child 2</b>
Checking Account			
Checking Account			
Savings Account			
Certificates of Deposit			
Trust Account			
Savings Bonds			
Life Insurance Policy			
IRA			

**PLEASE LIST ALL ASSETS FOR EACH HOUSEHOLD MEMBER**

<b>Source</b>	<b>Adult</b>	<b>Child 1</b>	<b>Child 2</b>
Pension			
Annuity			
Stocks or Bonds			
Mutual Funds			
Money Market Funds			
Property for Investment			

**HAS ANY HOUSEHOLD MEMBER RECEIVED A LUMP SUM IN THE PAST 12 MONTHS?**

<b>Source</b>	<b>Adult</b>	<b>Child 1</b>	<b>Child 2</b>
Family or Friends			
Inheritance			
Insurance Settlement			
Lottery Winnings			
Mortgage or Deed			

**HAS ANY HOUSEHOLD MEMBER... IN THE PAST 12 MONTHS?**

<b>Source</b>	<b>Adult</b>	<b>Child 1</b>	<b>Child 2</b>
Withdrawn funds from any account?			
Disposed of any assets?			
Recd interest from personal property?			

**DOES ANY HOUSEHOLD MEMBER ...**

<b>Source</b>	<b>Adult</b>	<b>Child 1</b>	<b>Child 2</b>
Own real estate?			
Own rental property?			
Own other assets?			

**PLEASE LIST THE LAST TWO JOBS THAT YOU HAVE HELD**

**1. Present Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Your present job position:** \_\_\_\_\_

**Dates of Employment: From(Date) \_\_\_\_\_ To(Date) \_\_\_\_\_**

**Present Gross Monthly Income:** \_\_\_\_\_ **Present Annual Income:** \_\_\_\_\_

**Present Supervisor:** \_\_\_\_\_ **Contact by Phone?** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

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**2. Previous Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Your present job position:** \_\_\_\_\_

**Dates of Employment: From(Date) \_\_\_\_\_ To(Date) \_\_\_\_\_**

**Present Gross Monthly Income:** \_\_\_\_\_ **Present Annual Income:** \_\_\_\_\_

**Present Supervisor:** \_\_\_\_\_ **Contact by Phone?** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Reason for Leaving:** \_\_\_\_\_

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**Personal References – Not a Relative**

Name & Address & Zip

Telephone #

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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***CERTIFICATION ~ All tenants over 18 years of age must sign the application***

I declare under penalty of perjury that the foregoing is true and correct. All information in this application is true to the best of my knowledge and I understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

I agree to inform this agency of any changes in my address, household members, or income. I understand that these changes may affect my eligibility of housing benefits. I acknowledge the right of this agency to adjust my position on the wait list based upon these changes.

I understand that the information attested to in this application may be independently verified for the purpose of determining eligibility.

Please note that this is a preliminary application and gives no lease or tenant 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 in this application is confidential. It is a criminal offense to make a willingly false statement or misrepresentation on this rental application.

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

\_\_\_\_\_  
DATE

**PLEASE RETURN THIS APPLICATION, AND THE FOLLOWING:**

- CORI Acknowledgement Form**
- First Page of Latest Tax Return**
- Employment Verification Letter**
- Statement of SSI/SSDI Benefits**
- Documentation of Assets**

**TO: Abby’s House, attn.: Glamedys Rodriguez, 52 High Street, Worcester, MA 01609**