Abby Kelley Foster House Inc.
2 BEDROOM APARTMENT APPLICATION
77 Chatham St Worcester, MA 01609

Management will provide help in reviewing this document. Large print is available on request. La gerencia proporcionará ayuda en la revisión de este documento. Pueden solicitar esta solicitud en letra grande.

Abby Kelley Foster House Inc. provides meaningful access to its programs and activities by individuals with limited English proficiency (LEP). In accordance with federal guidelines, Abby's House will make reasonable efforts to provide or arrange free language assistance for its LEP clients.

Abby Kelley Foster House Inc. proporciona acceso significativo a sus programas y actividades por parte de personas con dominio limitado del inglés (LEP). De acuerdo con las pautas federales, Abby's House hará esfuerzos razonables para proporcionar u organizar asistencia lingüística gratuita para sus clientes LEP.

Abby Kelley Foster House Inc. provides access to its programs and activities to people with Limited English. In accordance with federal law, Abby's House will make an effort to provide language assistance to its clients with Limited English.

Abby Kelley Foster House Inc. provee acceso a sus programas y actividades a gente con Ingles Limitado. En acuerdo con leyes federales, Abby’s House ara un esfuerzo a proveer asistencia lingüística a sus clientes con Ingles Limitado.

PLEASE RETURN THIS APPLICATION IN ITS ENTIRETY.
A complete application consists of the following:

☐ Application
☐ CORI Acknowledgement Form
☐ General Release of Information

You send to Abby’s House in the following ways.

MAIL TO: Abby’s House, Attn: Locksann Mateo 52 High Street, Worcester, MA 01609
FAX TO: 508-798-3299 OR EMAIL TO: LOCKSANN@ABBYSHOUSE.ORG

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 Office.
There are 9 total pages in this application.

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. ____________________________ ____________________________

3. ____________________________ ____________________________

Unit Type Requested:
Accessible Unit [ ] Yes or [ ] No

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.

________________________________________

________________________________________

________________________________________
### 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: ____________

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: ____________

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: ____________________________________________
   
   Landlord’s Name: ___________________________ Phone: ___________________________

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**52 High Street, Worcester, MA 01609 • Phone 508-756-5486 • Fax 508-798-3299**

[www.abbyshouse.org](http://www.abbyshouse.org)  

RV: 8.2023 LM _AH 2brm App
OTHER SOURCES OF INCOME BY HOUSEHOLD MEMBER:
List all other income such as Welfare, Social Security, SSI, Pensions (including Veteran's Benefits), Disability Compensation, Unemployment Compensation, Interest, Alimony, Child Support, Annuities, Dividends, Income from Rental Property, Military Pay, Scholarships, and/or Grants.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Source of Income</th>
<th>Name and Address of Income Source</th>
<th>Gross Monthly Amount</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

Are there any changes expected in income within the next 12 months? ______________________
If yes, please note that these units are for single person households.

INCOME FROM ASSETS:
Assets include Checking Accounts, Savings Accounts, Term Certificates, Money Markets, Stocks, Bonds, Mutual Funds and Savings Bond.

Member # ____________
Name of Financial Institution: __________________________________________________________
Address __________________________________________________________
Account # ______ Type of Account: __________ Current Balance $ __________
Interest Rate: ____________ If Stock, Number of Shares: ______ Dividends per Share: __________

Member # ____________
Name of Financial Institution: __________________________________________________________
Address __________________________________________________________
Account # ______ Type of Account: __________ Current Balance $ __________
Interest Rate: ____________ If Stock, Number of Shares: ______ Dividends per Share: __________

Member # ____________
Name of Financial Institution: __________________________________________________________
Address __________________________________________________________
Account # ______ Type of Account: __________ Current Balance $ __________
Interest Rate: ____________ If Stock, Number of Shares: ______ Dividends per Share: __________

Member # ____________
Name of Financial Institution: __________________________________________________________
Address __________________________________________________________
Account # ______ Type of Account: __________ Current Balance $ __________
Interest Rate: ____________ If Stock, Number of Shares: ______ Dividends per Share: __________
OTHER ASSETS Certificate of Deposits, Trust Account, Savings Bond, Life Insurance, IRA, Money Market Funds, (Real Estate, Cash Value of Life Insurance, Treasury Bills, etc.)

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Asset Type/Account #</th>
<th>Name and Address of Asset</th>
<th>Market Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

In the past two years, have you sold or given away any assets (house, business property, personal property, investments, cash) which were worth more than $1,000.00? Yes ______ or No ______ If yes, please describe:
______________________________________________________________________________
______________________________________________________________________________

ADJUSTMENTS FOR INCOME:
Some applicants may qualify for a medical adjustment or other income adjustment. Do you qualify for any of the following?

Are you disabled or over the age of 62 years? Yes [ ] No [ ]
If yes, do you have medical expenses that are not covered by insurance? Yes [ ] No [ ]
If yes, what is the anticipated annual out-of-pocket medical expenses $____________

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

<table>
<thead>
<tr>
<th>Source</th>
<th>Adult</th>
<th>Child 1</th>
<th>Child 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family or Friends</td>
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<tr>
<td>Inheritance</td>
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<tr>
<td>Insurance Settlement</td>
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<tr>
<td>Lottery Winnings</td>
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<tr>
<td>Mortgage or Deed</td>
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</tbody>
</table>
HAS ANY HOUSEHOLD MEMBER… IN THE PAST 12 MONTHS?

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</tbody>
</table>

Withdrawn funds from any account? __________________________________________

Disposed of any assets? __________________________________________

Rec’d interest from personal property? __________________________________________

DOES ANY HOUSEHOLD MEMBER …

<table>
<thead>
<tr>
<th>Source</th>
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<th>Child 1</th>
<th>Child 2</th>
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</tr>
</tbody>
</table>

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: __________________________________________

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:____________________

Personal References – Not a Relative

1. ________________________________
   Name       Address & Zip    Telephone #

2. ________________________________
   Name       Address & Zip    Telephone #

3. ________________________________
   Name       Address & Zip    Telephone #

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 IN ITS ENTIRETY.
A complete application consists of the following:

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☐ General Release of Information

You may send to Abby’s House in the following ways.

52 High Street, Worcester, MA  01609 ∙ Phone 508-756-5486 ∙ Fax 508-798-3299
www.abbyshouse.org
GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: ____________________________________________________________________________

ADDRESS: ________________________________________________________________________

City, State, Zip code

I, the above-named individual, have authorized Abby House to verify the accuracy of the information which I have provided to them, from the following sources including, but not limited to):

- Child Care Expenses
- Courts
- Family Composition
- Law Enforcement Agency
- Credit Bureau
- Employment
- Self Employment
- Unemployment Compensation
- Pensions
- Annuities
- Social Security
- Supplemental Security Income
- State Welfare Agencies
- State Employment Security Agency
- Workman's Compensation
- Health & Accident Insurance
- School & College Tuition Fees
- Veteran's Benefits
- Federal, State, or Local Benefits
- Banks, Credit Unions
- IRA’s, CDs, 401k, 403b
- Interest, Dividends
- Financial Institutions, Brokerages
- Mutual Funds
- Alimony, Child Support
- Other Income - Regular Gifts or Allowances from Another Person
- Commissions, Tips, Bonus
- Landlords, Rental History
- Identity & Marital Status
- Handicapped Assistance Expenses
- Medical Insurance Premiums
- Un-reimbursed Medical Expenses

I HEREBY GIVE YOU MY PERMISSION TO RELEASE THIS INFORMATION TO: Abby's House 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 Abby House 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.

Signed under the pains and penalties of perjury.

______________________________________________________________________________
Head of Household Date Other Adult Member Date
AKFH Renovations LLC, & Abby Kelly Forster House is registered under the provisions of M.G.L.c.6, S172 to receive CORI for the purposes of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing. As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing. I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from date of my signature. I may withdraw this authorization at any time by providing written notice of my intent to withdraw consent to a CORI check. By signing below, I provide my consent to a CORI check and acknowledge that the information provided on this Acknowledgement Form is true and accurate.

Applicant Signature ______________________________ Date ______________________________

SUBJECT INFORMATION: (An asterisk (*) denotes a required field)

*Last Name ______________________________ *First Name ______________________________ Middle Name ___________ Suffix ________

Maiden Name (Or name(s) by which you have been known)

*Date of Birth ______________________________ Place of Birth ______________________________ *Social Security Number ______________________________

Sex: ___________ Height: _____ ft. _____ in. Eye Color: _________ Race: _________________

Mother’s Full Maiden Name ______________________________ Father’s Full Name ______________________________

Current and Former Address

Driver’s License or State ID: ______________________________ State of Issue: ______________________________

The information above was verified using the following Government Issued Identification:

______________________________