

Abby Kelley Foster House Inc.
SINGLE ROOM OCCUPANCY APPLICATION
52 High 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 note:

You are applying for a single occupancy unit. This means, congregate living, otherwise known as, shared living. You share a kitchen, bathroom, living room, and laundry room. You will have a private bedroom with its own lock.

PLEASE RETURN THIS APPLICATION IN ITS ENTIRETY.

A complete application consists of the following:

- Application
- CORI Acknowledgement Form
- General Release of Information

You may send to Abby's House in the following ways:

DROP OFF: 52 High Street, Worcester, MA 01609

MAIL TO: Abby's House, Attn: Property Management 52 High Street, Worcester, MA 01609

FAX TO: 508-798-3299 OR EMAIL TO: propertymanagement@abbyshouse.org

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www.abbyshouse.org

UPDATED: 3/2/2026 _ AKFH SRO

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.

Applicant Name: _____ Date: _____

Address: _____ Zip: _____

Telephone: _____ Cell Phone: _____

E-mail Address: _____

Social Security #: _____ Date of Birth _____

Unit Type Requested:

Accessible Unit Yes 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: _____

Landlords Address: _____ Zip: _____

2. Previous Address: _____ Zip: _____

Length of Time at 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: _____

Landlords Address: _____ Zip: _____

3. Previous Address: _____ Zip: _____

Length of Time at 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: _____

Landlords Address: _____ Zip: _____

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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.

Household Member	Source of Income	Name and Address of Income Source	Gross Monthly Amount

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: _____

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.*)

Household Member	Asset Type/Account #	Name and Address of Asset	Market Value

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?

Source	Adult	Child 1	Child 2
Family or Friends:	_____	_____	_____
Inheritance:	_____	_____	_____
Insurance Settlement:	_____	_____	_____
Lottery Winnings:	_____	_____	_____
Mortgage or Deed:	_____	_____	_____

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

Source	Adult	Child 1	Child 2
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Withdrawn funds from any account? _____			
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Disposed of any assets? _____			
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Rec'd interest from personal property? _____			
--	--	--	--

DOES ANY HOUSEHOLD MEMBER ...

Source	Adult	Child 1	Child 2
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Own real estate? _____			
------------------------	--	--	--

Own rental property? _____			
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Own other assets? _____			
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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 previous job position: _____

Dates of Employment: From (Date) _____ To (Date) _____

Previous Gross Monthly Income: _____ Present Annual Income: _____

Previous 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 for 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.

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DROP OFF: 52 High Street, Worcester, MA 01609

MAIL TO: Abby’s House, Attn: Jessica Danger 52 High Street, Worcester, MA 01609

FAX TO: 508-798-3299 OR EMAIL TO: jessicad@abbyshouse.org

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

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

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CRIMINAL OFFENDER RECORD INFORMATION

CORI

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:
