

**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: Jessica Danger 52 High Street, Worcester, MA 01609

FAX TO: 508-798-3299 OR EMAIL TO: [jessicad@abbyshouse.org](mailto:jessicad@abbyshouse.org)

**Note: Please fill in all sections completely. Failure to do so will result in 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.***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

Member # \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Address \_\_\_\_\_

Account # \_\_\_\_\_ Type of Account: \_\_\_\_\_ Current Balance \$ \_\_\_\_\_

Interest Rate: \_\_\_\_\_ If Stock, Number of Shares: \_\_\_\_\_ Dividends per Share: \_\_\_\_\_

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**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?**

<b>Source</b>	<b>Adult</b>	<b>Child 1</b>	<b>Child 2</b>
---------------	--------------	----------------	----------------

Withdrawn funds from any account? \_\_\_\_\_

Disposed of any assets? \_\_\_\_\_

Rec'd 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: \_\_\_\_\_

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**

1.	_____	_____	_____
	<i>Name</i>	<i>Address &amp; Zip</i>	<i>Telephone #</i>
2.	_____	_____	_____
	<i>Name</i>	<i>Address &amp; Zip</i>	<i>Telephone #</i>
3.	_____	_____	_____
	<i>Name</i>	<i>Address &amp; Zip</i>	<i>Telephone #</i>

=====

***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:**

- ☐ **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: Locksann Mateo 52 High Street, Worcester, MA 01609**

**FAX TO: 508-798-3299 OR EMAIL TO: [LOCKSANN@ABBYSHOUSE.ORG](mailto:LOCKSANN@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:  
\_\_\_\_\_