



**APPLICATION FOR HOUSING**  
**Abby Kelley Foster House**  
**Single Room Occupancy (SRO)**

*This application is for a single occupancy unit. Residents have a private bedroom with a door that locks. The kitchen, bathroom, living room, and laundry rooms are shared. All rooms are furnished with a bed, dresser, and small refrigerator.*

**Completed applications may be submitted**  
**in person or via mail to**

**Abby's House**  
**Attn. Property Management**  
**52 High St**  
**Worcester, MA 1609**

**Fax: 508-798-3299**

**Or Email: [propertymanagement@abbyshouse.org](mailto:propertymanagement@abbyshouse.org)**

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.

Applications are placed in order of the date and time received. Every question **must be** answered. **Do NOT** leave blanks. Use N/A when not applicable.

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**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.**

**A. General Information**

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

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Are you currently homeless  Yes  No (check one) If yes, for how long? \_\_\_\_\_

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

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Agency/Organization: \_\_\_\_\_

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

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

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

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

I understand that I am applying for Single Room Occupancy (SRO) meaning that this room is only suitable for one occupant and common areas: kitchen, bathrooms, laundry, living rooms, are shared.  
 Yes  No (check one)

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Current or Most Recent Physical Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of residence: From: \_\_\_\_\_ To: \_\_\_\_\_

Do You  Rent or  Own (check one) Amount of Monthly Rent or Mortgage Payment \$ \_\_\_\_\_

If owned, do you receive monthly rental income from the property?  YES  No (check one)

<b>B. HOUSEHOLD COMPOSITION</b>						
	Name	Relationship to head	Birth Date	Age (optional)	SS# (last 4 digits)	Student Y/N
Head		Self				

1. Have there been any changes in household composition in the last twelve months?	Yes	No
<i>If yes, explain:</i>		
2. Do you anticipate any changes in household composition in the next twelve months?	Yes	No
<i>If yes, explain:</i>		
3. Is there someone not listed above who would normally be living with the household?	Yes	No
<i>If yes, explain:</i>		
4. Are you living with anyone now who will not be moving into this unit with you?	Yes	No
<i>If yes, explain:</i>		
5. Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		

**IF YES, ANSWER THE FOLLOWING QUESTIONS (6-10):**

6. Are any full-time student(s) married and filing a joint tax return?	Yes	No
7. Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act?	Yes	No
8. Are any full-time student(s) a TANF or a title IV recipient?	Yes	No
9. Are any full-time student(s) a single parent living with his/her child(ren) who is not a dependent on another's tax return and whose children are not dependents of anyone other than a parent?	Yes	No
10. Is any student a person who was previously under the care and placement of a foster care program (under Part B or E of Title IV of the Social Security Act)?	Yes	No

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**C. INCOME**

List ALL sources of income as requested below. If a section doesn't apply, cross out or write NA.

<b>Household Member Name</b>	<b>Source of Income</b>	<b>Gross Monthly Amount</b>
11.	Social Security	\$
12.	Social Security	\$
13.	SSI Benefits	\$
14.	SSI Benefits	\$
15.	Pension (list source)	\$
16.	Pension (list source)	\$
17.	Veteran's Benefits (list claim #)	\$
18.	Veteran's Benefits (list claim #)	\$
19.	Unemployment Compensation	\$
20.	Unemployment Compensation	\$
21.	Public Assistance (Title IV/TANF etc.)	\$
22.	Contributions to the Household (monetary or not)	\$
23.	Full-Time Student Income (18 & Over Only)	\$
24.	Financial Aid (excluding loans)	\$
25.	Annuities (list sources)	\$
26.	Long Term Medical Care Insurance Payments in excess of \$180/day	\$
27.	Scheduled Payments from Investments	\$
28.	Retirement Account Payments (including RMDs)	\$
29.	Income From Rental Property	\$

<b>Household Member Name</b>	<b>Source of Income</b>	<b>Monthly Amount</b>
30.	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
31.	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	

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Household Member Name	Source of Income	Monthly Amount
32.	<b>Employment amount</b>	\$
	Employer:	
	Position Held	
	How long employed:	
33.	<b>Previous Employment amount (last 60 days)</b>	\$
	Employer:	
	Position Held	
	How long employed:	
34.	<b>Alimony</b>	
	Do you receive alimony?	Yes No
	If yes list amount you receive.	\$
35.	<b>Child Support</b>	
	Do you receive formal/informal (money, items, etc.) child support?	Yes No
	If yes, list the amount you receive.	\$
36.	<b>Other Income</b>	\$
37.	<b>Other Income</b>	\$
38.	<b>Other Income</b>	\$
39. <b>TOTAL GROSS ANNUAL INCOME</b> (Based on the monthly amounts listed above x 12)		\$
40. TOTAL GROSS ANNUAL INCOME FROM PREVIOUS YEAR (Do <b>NOT</b> leave this blank)		\$
41. Do you anticipate any changes in this income in the next 12 months?		Yes No
42. Is any member of the household legally entitled to receive income assistance?		Yes No
43. Is any member of the household likely to receive income or assistance ( <i>monetary or not</i> ) from someone who is not a member of the household as listed on Page 2 etc.)?		Yes No
44. <i>If yes to any of the above, explain:</i>		
.....		
.....		
45. Is the income received?		Yes No

#### D. ASSETS (even if jointly held)

If your assets are too numerous to list here, please request an additional form.  
If a section doesn't apply, cross out or write NA.

46. Checking Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

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47. Savings Accounts	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$
	#	Bank	Balance \$

48. Trust Account	#	Bank	Balance \$	
49. Debit cards not associated with a checking account	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
50. Certificates of Deposit	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
51. Money Market Accounts	#	Bank	Balance \$	
	#	Bank	Balance \$	
	#	Bank	Balance \$	
52. Savings Bonds	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
	#	Maturity Date	Value \$	
53. Life Insurance Policy	#		Cash Value \$	
54. Life Insurance Policy	#		Cash Value \$	
55. Mutual Funds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$
56. Stocks	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
	Name:	#Shares:	Dividend Paid \$	Value \$
57. Bonds	Name:	#Shares:	Interest or Dividend \$	Value \$
	Name:	#Shares:	Interest or Dividend \$	Value \$

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58. Real Estate Property: <b><i>Do you own any property?</i></b>	Yes	No
<b><i>If yes</i></b> , Type of property		
59. Location of property		
60. Appraised Market Value	\$	
61. Mortgage or outstanding loans balance due	\$	<input type="checkbox"/>
62. Amount of annual insurance premium	\$	<input type="checkbox"/>
63. Amount of most recent tax bill	\$	
64. Is the property subject to foreclosure, bankruptcy or eviction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b><i>If yes</i></b> , describe:		
65. Have you sold/disposed of any property in the last 2 years?	Yes	No

<b><i>If yes</i></b> , Type of property:		
66. Market value when sold/disposed	\$	
67. Amount sold/disposed for	\$	
68. Date of transaction:		

69. Have you disposed of any other assets in the last 2 years (Example: Given away money to relatives, set up Irrevocable Trust Accounts)?			Yes	No	
<b><i>If yes</i></b> , describe the asset:					
70. Date of disposition:					
71. Amount disposed				\$	
72. Do you have any other assets not listed above (excluding personal property)?			Yes	No	
<b><i>If yes</i></b> , please list:					

### E. ADDITIONAL INFORMATION

73. Are you currently using an illegal substance?	Yes	No
74. Have you ever been convicted of a felony?	Yes	No
<b><i>If yes</i></b> , describe:		
75. Have you ever been evicted from any housing?	Yes	No
<b><i>If yes, describe</i></b>		

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## F. REFERENCE INFORMATION

76. Current Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	

77. Prior Landlord	Name:	
	Address:	
	Cell Phone:	
	Email:	
	How Long?	

78. Personal Reference #1:	
Address:	
Relationship:	Phone #:
79. Personal Reference #2:	
Address:	
Relationship:	Phone #:
80. Personal Reference #3:	
Address:	
Relationship:	Phone #:

81. In case of emergency notify:	
Address:	
Relationship:	Phone #:

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**G. APPLICATION ASSISTANCE CERTIFICATION**

82. Did anyone help/assist you in filling out this application?	Yes	No
<i>If yes, who assisted and what was the reason for the assistance:</i>		
83. Do you wish you allow this person or agency to follow up on this application for you?	Yes	No
84. Do you wish for us to contact this person or agency regarding this application if we are unable to reach you?	Yes	No
<i>If yes, please provide contact information:</i>		
Name: _____ Relationship to Applicant: _____		
Phone #: _____ e-mail: _____		

I hereby certify that I Do Not & Will Not maintain a separate subsidized rental unit in another location I further certify that this will be my only permanent residence. I understand I must pay a security deposit for this unit prior to occupancy. I understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria. I certify that 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. All adult applicants, 18 or older, must sign and date the application.

SIGNATURE (***Must be dated***):

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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