



Please provide the following to have your application complete.

1. Two Most Recent Tax Returns
2. 4 Most Recent Pay Stubs
3. Proof of Section 8
4. Proof of any Income in the Household Over the Age of 18 that you are Receiving
5. If there is anyone living with you over the age of 18 and is not working. **Please have them write a letter stating that they are unemployed.** There will also be a form for them to be signed.

If you do not bring any of this information in with your application, your application will not be processed.

Please make sure you writes a **full address and phone number** for your landlord reference forms, employer verification form, and personal reference forms. **If this information is incorrect your application can not be processed.**

*If you have any questions, feel free to call Rose Rodriguez
(774)262-3265*



APPLICATION INSTRUCTIONS

1. Please fill out the application and all attached forms **completely** – a 2nd application will be necessary for all non-related applicants over the age of 18
*****Worcester Common Ground will not consider incomplete applications*****
2. **Property Management Policy** – read **thoroughly**, sign, date & return with application
3. **Employment Verification** – complete top portion **ONLY** (print clearly), sign, date & return with application – **we will contact your employer**
4. **Other Income Verification** – (if applicable) a printout is needed from the agency providing income
5. **Landlord Verification** – we require current & previous landlord references Complete top portion **ONLY** (print clearly), sign, date & return with application – **we will contact the landlords**
6. **Personal References** - two required – complete top portion (print clearly) & return with application – **we will contact references**
7. **Housing Subsidy** – proof of subsidy needed, along with agency name & case worker

If you need assistance or have any questions, feel free to contact Worcester Common Ground. The office hours are 9am – 5pm, Monday – Thursday.

Documento Importante Favor Haga Traducirlo Inmediatamente



5 Piedmont Street
Worcester MA 01610
Tel. 508-754-0908
Fax. 508-754-8771
Website: <https://www.wcgcdc.org>
Email: info@wcg-cdc.com

RENTAL APPLICATION

GENERAL INFORMATION: *Please provide all information requested.*

Name _____ SS# _____ DOB _____

Spouse _____ SS# _____ DOB _____

Address _____ City_State _____ Zip _____

Email Address _____

Telephone (h) _____ (w) _____ Housing Subsidy? Y ___ N ___

of Bedrooms _____ Section 8? Y ___ N ___

Emergency Contact:

Name _____ Phone number _____

Name _____ Phone number _____

*****Please list ALL persons who will be living in apartment.**

<u>Name</u>	<u>Relationship</u>	<u>SS#</u>	<u>DOB</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

RENTAL HISTORY: (5 years history)

Current Address _____

Landlord Address _____ *Telephone* _____

Current Rent _____ *Heat Included? Y* ____ *N* ____ *Move-In Date* _____

Reason for Leaving _____

Applicant's Previous Address #1 _____

Applicant's Previous Landlord _____ *Telephone* _____

Previous Landlord's Address _____

Previous Rent _____ *Heat Included? Y* ____ *N* ____ *Length of Stay* _____

Reason for Leaving _____

Applicant's Previous Address #2 _____

Applicant's Previous Landlord _____ *Telephone* _____

Previous Landlord's Address _____

Previous Rent _____ *Heat Included? Y* ____ *N* ____ *Length of Stay* _____

Reason for Leaving _____

EMPLOYMENT INCOME: ALL sources of employment income must be listed for ALL household members over the age of 18. (2 months of verification is required.)

Head of Household: (Name) _____

Current Employer _____ *Telephone* _____

Address _____

Supervisor _____ *Hrly Rate* _____ *Years at Job* _____

Position _____ *Hours Per Week* _____ *Weekly Pay* _____

Previous Employer _____ **Telephone** _____

Address _____

Supervisor _____ **Hrly Rate** _____ **Years at Job** _____

Position _____ **Hours per Week** _____ **Weekly Pay** _____

Household Member # 2 (Name) _____

Current Employer _____ **Telephone** _____

Address _____

Supervisor _____ **Hrly Rate** _____ **Years at Job** _____

Position _____ **Hours Per Week** _____ **Weekly Pay** _____

Household Member #3 (Name) _____

Current Employer _____ **Telephone** _____

Address _____

Supervisor _____ **Hrly Rate** _____ **Years at Job** _____

Position _____ **Hours Per Week** _____ **Weekly Pay** _____

OTHER INCOME: *Please list ALL sources of income received other than employment. (For example, child support, SSI, unemployment, disability, AFDC, etc. (Recent verification is required))*

Source of Income _____ **Monthly Amount** _____

Contact Person _____ **Telephone** _____

Source of Income _____ **Monthly Amount** _____

Contact Person _____ **Telephone** _____

VEHICLE

Make _____ Model _____ Year _____

Color _____ Registration / Plate # _____

Make _____ Model _____ Year _____

Color _____ Registration / Plate # _____

BANK REFERENCES AND ASSETS (Verification is required)

Bank Name _____ Address _____

Checking Account # _____ Savings Account# _____

Bank Name _____ Address _____

Checking Account # _____ Savings Account# _____

IRA/401K Company _____ Member# _____

GENERAL

Please answer the following questions for yourself and any proposed applicants.

1. Have you ever been evicted or asked to leave your apartment? Y _____ N _____

Please Explain _____

2. Have you ever been convicted of a drug offense? Y _____ N _____

3. Are you or anyone in your household subject to a **life-time** Sex Offender Registry? Yes () No () Name of Member(s) _____

The applicant certifies that all information provided is correct and to the best of his/her knowledge and understands that credit, housing court and CORI checks will be run to determine eligibility for rental of a unit managed by. The applicant hereby authorizes references to release appropriate information to the owner for this purpose. Landlord and employment forms are to be signed separately.

APPLICANT _____ Date _____

WCG Rep _____ Date _____



RELEASE OF INCOME & HOUSEHOLD INFORMATION

As a tenant residing in a property owned and / or operated by Worcester Common Ground, Inc. I agree to comply with requests for household and income information.

This information may include but is not limited to household composition and all sources of income received by all occupants. This may include, but is not limited to, all monies received from employment, social security, unemployment, disability, AFDC, etc.

Worcester Common Ground, Inc. has the right to request copies of W-2's (for all household members) and copies of the most recent year to date Tax Return (for all household members) filed with the IRS. Worcester Common Ground has the right to request printouts from agencies providing income. If a tenant is self-employed, a copy of the most recent tax return will be used as proof of income.

I understand that this information is a requirement for funding received by Worcester Common Ground. Failure to sign this release will result in non- renewal of tenancy and tenancy will be terminated. I understand compliance is mandatory and failure to provide requested information in a timely manner or providing false information or omitting information will also lead to termination of tenancy.

Tenant

Date

Tenant

Date

Worcester Common Ground

Date

Documento Importante Favor De Traducirlo Inmediatamente

5 Piedmont Street, Worcester MA 01610 Tel. 508-754-0908 Fax. 508-754-8771



LANDLORD REFERENCE FORM

Name & Address of Landlord

Date of Request _____

Telephone _____

Tenant Name _____

Dates of Tenancy / From _____

To _____

AUTHORIZATION: My signature authorizes release of the requested information.

Signature _____ Date _____

APPLICANT: DO NOT WRITE BYOND THIS POINT

Dear Landlord:

We are required to obtain a landlord reference for the above named tenant to assess their eligibility to rent a unit from Worcester Common Ground. Please provide the requested information and return the form as soon as possible.

1. What was the address of the above named tenant? _____ Did you also live at that location? _____
2. What was the amount of rent paid? _____ Heat included? Y _____ N _____
3. Was the rent paid on time? Y _____ N _____ If no, how often was the rent late? _____ How late? _____
4. Was the apartment kept in good condition? Y _____ N _____
5. Were you told of maintenance problems before they became major problems? _____
6. Did the family's lifestyle disturb neighbors? Y _____ N _____
7. Did the tenant get along reasonably well with others? Y _____ N _____
8. If there were differences with neighbors, was the tenant able to resolve them in a constructive manner? Y _____ N _____
9. Did the tenant take any initiative to maintain common areas? Y _____ N _____
10. Did the tenant own pets? Y _____ N _____ Were they responsible pet owners?
Y _____ N _____ Explain _____
11. Did the tenant give written notice to vacate before moving? Y _____ N _____ How much notice? _____
12. Would you recommend this person for a unit? Y _____ N _____

Landlord Signature: _____

5 Piedmont Street, Worcester MA 01610 Tel. 508-754-0908 Fax. 508-754-8771



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Landlord Signature: _____

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Name of Applicant _____

Name of Reference _____

Street / Road _____

City / State / Zip _____

Telephone _____

The above-named applicant has given your name as a personal reference and is aware we are contacting you. They have applied for housing through Worcester Common Ground. We would appreciate your answering the following questions to the best of your ability.

THE INFORMATION YOU PROVIDE WILL REMAIN CONFIDENTIAL.

APPLICANT: DO NOT WRITE BEYOND THIS POINT

1. *How long and in what capacity have you known the applicant?*
2. *To your knowledge, has the applicant volunteered to work with any organizations, such as schools, church, or local community?*
3. *In your opinion, how well does the applicant get along with others (i.e. people of different cultures / races, religions, sexual orientation)?*
4. *In your opinion, how does the applicant resolve conflicts with others?*
5. *In your opinion, do you think the applicant would be a participating resident by attending meetings if requested and show an interest in other residents?*
6. *Do you know other members of the applicant's family?*

If so, would recommend the family for a unit?

Why / or why not?

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Name of Applicant _____

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Street / Road _____

City / State / Zip _____

Telephone _____

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If so, would recommend the family for a unit?

Why / or why not?

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ATTENTION:

If you receive **Public Assistance, Worker's Compensation, Social Security, Child Support or Unemployment** please bring proof of benefits, dated no more than two months from the time of filing the rental application. Thank you.



5 Piedmont Street
Worcester MA 01610
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Fax. 508-754-8771

YEARLY INCOME BY TENANT FAMILY

Household Information

Household name: _____

Household size (total number in household): _____

Household members (list):

Income Information

Annual (gross) income (total of all household members): \$ _____

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to (Name of PJ and/or Property Owner/Manager).

Signature of

or Authorized Representative _____

Title: _____

Date: _____

Telephone: _____

WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.



5 PIEDMONT STREET
WORCESTER MA 01610
TEL. 508-754-0908
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EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			
Employer Contact:					
Business Name:		Contact Person:			
Address:		Phone:		Fax:	
City:		State:		Zip:	Email:

My Signature Authorizes Verification of My Employment Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

Sincerely,

RETURN THIS FORM TO:

Project Owner/Management Agent

THIS SECTION TO BE COMPLETED BY EMPLOYER

- Please answer all questions fully leaving no blanks
- Please provide an employee pay history report when returning this completed form

Employee Name: _____

Job Title: _____

Presently Employed: Yes ☐ Date First Employed: ____/____/____ No ☐ Last Date of Employment: ____/____/____

Current Wages (check one) ☐ Hourly ☐ Salary \$ _____ Pay Frequency ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Semi-monthly ☐ Yearly
Pay Method ☐ Cash ☐ Check ☐ Direct Deposit ☐ Other _____

Number of regular hours scheduled per week: _____
(If hours vary please list maximum anticipated)

Gross pay from prior year: \$ _____

Gross Year to Date Pay: \$ _____

From ____/____/____ Through ____/____/____

Number of pay periods included in the YTD earnings above: _____

Overtime Rate: \$ _____ per hour

Average number of OT hours per week: _____

Shift Differential Rate: \$ _____ per hour

Average number of shift differential hours per week: _____

(CIRCLE ONE)

COMMISSIONS, BONUS, TIPS, OTHER: \$ _____ Frequency ☐ Weekly ☐ Bi-weekly ☐ Monthly
☐ Semi-monthly ☐ Yearly ☐ Other _____

List the most recent change in the employee's rate of pay/hours: \$ _____ % _____; Effective date: ____/____/____

List any anticipated change in the employee's rate of pay/hours within the next 12 months: \$ _____ % _____; Effective date: ____/____/____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____ ☐ ☐ ☐ ☐

Is employee eligible for unemployment during the layoff? No ☐ Yes ☐ Does employee participate in a retirement plan i.e. 401k? No ☐ Yes ☐

Employer Signature

Employer Printed Name & Title

Date

Employer Name and Address

Phone #

Fax #

E-Mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction



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EMPLOYMENT VERIFICATION

(The use of white out, black out, or alteration of original information will void this document)

Project Name:		Unit ID:		Date:	
Applicant/Tenant:		SSN:			
Employer Contact:					
Business Name:		Contact Person:			
Address:		Phone:		Fax:	
City:		State:		Zip:	Email:

My Signature Authorizes Verification of My Employment Income Information:

Applicant/Tenant Signature

Date

The individual named directly above is an applicant/tenant of the IRC § 42 **Low Income Housing Tax Credit Program**. The information provided will be used to determine eligibility for the program and remains confidential to the satisfaction of that stated purpose only. Your prompt response is crucial and would be greatly appreciated.

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Employee Name: _____

Job Title: _____

Presently Employed: Yes ☐ Date First Employed: ____/____/____ No ☐ Last Date of Employment: ____/____/____

Current Wages (check one) ☐ Hourly ☐ Salary \$ _____ Pay Frequency ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Semi-monthly ☐ Yearly
Pay Method ☐ Cash ☐ Check ☐ Direct Deposit ☐ Other _____

Number of regular hours scheduled per week: _____
(If hours vary please list maximum anticipated)

Gross pay from prior year: \$ _____

Gross Year to Date Pay: \$ _____

From ____/____/____ Through ____/____/____

Number of pay periods included in the YTD earnings above: _____

Overtime Rate: \$ _____ per hour

Average number of OT hours per week: _____

Shift Differential Rate: \$ _____ per hour

Average number of shift differential hours per week: _____

(CIRCLE ONE)

COMMISSIONS, BONUS, TIPS, OTHER: \$ _____ Frequency ☐ Weekly ☐ Bi-weekly ☐ Monthly
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List the most recent change in the employee's rate of pay/hours: \$ _____ % _____; Effective date: ____/____/____

List any anticipated change in the employee's rate of pay/hours within the next 12 months: \$ _____ % _____; Effective date: ____/____/____

If the employee's work is seasonal or sporadic, please indicate the layoff period(s): _____

Is employee eligible for unemployment during the layoff? ☐ No ☐ Yes Does employee participate in a retirement plan i.e. 401k? ☐ No ☐ Yes

Employer Signature

Employer Printed Name & Title

Date

Employer Name and Address

Phone #

Fax #

E-Mail

NOTE: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to any matter within its jurisdiction



Verification of Assets on Deposit

Bank Address: _____ City _____ State _____ ZipCode _____ SS# _____	Checking Account No.	Average Monthly Balance for Last 6 Months	Current Interest rate	
	Savings Account No.	Current Balance	Current Interest Rate	Current Interest Rate
AUTHORIZATION: Federal regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household. Your prompt return of the requested	Certificate of Deposit Account No.	Amount	Withdrawal Penalty	
Retirement Savings (IRA, Keogh, 401(k))	Account No.	Amount	Withdrawal Penalty	Current Interest Rate
Money Market Funds	Money Market Funds	Amount (Average 6-month Balance)	Interest Rate	
RELEASE: I hereby authorize the release of the requested information. Name: _____	Signature of _____ or Authorized Representative _____			
(Signature of Applicant) Date: _____				
WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.	Title: _____ Date: _____ Telephone: _____			



Verification of Assets on Deposit

Bank Address: _____ City _____ State _____ ZipCode _____ SS# _____	Checking Account No.	Average Monthly Balance for Last 6 Months	Current Interest rate	
	Savings Account No.	Current Balance	Current Interest Rate	Current Interest Rate
AUTHORIZATION: Federal regulations require us to verify Assets on Deposit of all members of the household applying for participation in the HOME Program which we operate and to re-examine this income periodically. We ask your cooperation in supplying this information. This information will be used only to determine the eligibility status and level of benefit of the household. Your prompt return of the requested	Certificate of Deposit Account No.	Amount	Withdrawal Penalty	
Retirement Savings (IRA, Keogh, 401(k))	Account No.	Amount	Withdrawal Penalty	Current Interest Rate
Money Market Funds	Money Market Funds	Amount (Average 6-month Balance)	Interest Rate	
RELEASE: I hereby authorize the release of the requested information. Name: _____	Signature of _____ or Authorized Representative _____			
(Signature of Applicant) Date: _____	Title: _____ Date: _____ Telephone: _____			
WARNING: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.				