



5 Piedmont Street
Worcester, MA 01610
Voice: 508.754.0908
Fax: 508.754.8771
Email: jluyando@wgc-cdc.com
Website: <http://www.wgc-cdc.org>

Please provide the following to have your application complete.

1. 2017 and 2018 Tax Return
2. 8 Most Recent Pay Stubs
3. Proof of Section 8
4. Proof of any Income in the household over the age 18 that you are receiving.
5. Bank Account Statements (Checking and/or Savings).
6. 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.
7. **If you do not bring any of this information in with your application, your application will not be processed.**
8. Please make sure you write 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 Jeshenia Luyando at 508.754.0908

The Community Development Corporation of Piedmont

Worcester Common Ground, Inc.
5 Piedmont Street
Worcester, MA 01610
508.754.0908
Fax 508.754.8771
Jeshenia Luyando

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 Jeshenia Luyando at Worcester Common Ground. The office hours are 9am – 5pm, Monday – Friday.

Documento Importante Favor Haga Traducirlo Inmediatamente

***Please Note:**

An applicant may be rejected for any of the following reasons:

1. Substantial risk that the applicant may be unable or unwilling to pay rent.
2. Substantial risk that the applicant or members of the applicant's household will interfere with the health, safety and/or security of the property.
3. Substantial risk that the applicant or members of the applicant's household will interfere with the right other resident have to the peaceful enjoyment of the leased premises.
4. Substantial risk of intentional damage or destruction of the unit and/or surrounding premises by the applicant or members of the applicant's household.
5. Substantial risk of committing criminal acts on the property (including, but not limited to, acts related to drug abuse).
6. Substantial risk of interference with the management of the property.
7. Submitting an incomplete or falsified application.

In making determinations relative to rejecting an applicant, the following considerations will be made:

1. The possible biases, attitudes and motives of all references and sources of information will be considered.
2. ALL information used in consideration of an applicant will be current. The possibility of mitigating factors will be considered in every case.
3. Consideration will be given to the applicant's present income to rent ratio and whether the rent level for the unit for which the applicant is applying would help eliminate a present financial hardship when judging an applicant's payment record or credit report.

All completed, qualified, rental applications not selected will be placed on file for six months from the date of application completion.

I have read and understand Worcester Common Grounds application procedures:

Applicant's Name

Date

Worcester Common Ground
5 Piedmont Street
Worcester MA 01610
508.754.0908/508.754.8771

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:

Current Landlord	_____	Telephone	_____
Landlord Address	_____		
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. (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. (Verification is required)

Source of Income _____	Monthly Amount _____
Contact Person _____	Telephone _____
Source of Income _____	Monthly Amount _____
Contact Person _____	Telephone _____
Case Worker _____	

VEHICLE

Make _____	Model _____	Year _____
Color _____	Registration / Plate # _____	

BANK REFERENCES

Bank Name _____	Checking Account # _____
Bank Name _____	Savings Account # _____
Bank Name _____	Loan Account # _____

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 _____



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I, _____ am
applying for an apartment with name and address. **I give
permission for a CREDIT, HOUSING and CORI check** to be
run on me for purposes of determining eligibility for an apartment
rental.

My Signature below authorizes this to be done:

Applicant Signature

Date



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EMPLOYMENT VERIFICATION REQUEST

Name & Address of Employer:

Employer's Telephone:

Employee Name:

Social Security #

AUTHORIZATION: My signature below authorizes you to release the requested information.

Signature:

Date:



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Employer's Telephone:

Employee Name:

Social Security #

AUTHORIZATION: My signature below authorizes you to release the requested information.

Signature:

Date:

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Contact: Jeshenia Luyando

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 BEYOND 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? _____
 - a. 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 _____
 - a. 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: _____

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Name & Address of Landlord _____

Date of Request _____

Telephone _____

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Dates of Tenancy / From _____

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PERSONAL REFERENCE

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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PERSONAL REFERENCE

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.

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.....

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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ATTENTION:

If you receive **Social Security, Unemployment or Child Support** please bring proof of benefits.

If you **do** receive **Public Assistance, Worker's Compensation** **please fill out only top part of the form.**

VERIFICATION OF: Public Assistance Income

Authorization: Federal Regulations require us to verify Public Assistant Income of all member of the household applying for participation in the HOME Program which we operate and to reexamine 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 information will be appreciated. A self-addressed return envelope is enclosed.

Release: I hereby authorize the release of the requested information
Signature: _____ **Date:** _____ or a copy of
the executed "Home Program Eligibility Release Form," Which authorizes the
release of the information requested, *is attached.*

Name _____
Address _____
Phone _____

APPLICANT: DO NOT WRITE BEYOND THIS POINT

Public Assistant Data _____ Rate per Month _____

Number in Family _____

Aid to families with dependent children \$ _____

General Assistant \$ _____

Does this amount include court-awarded support payments? Yes _____ No _____

Amount specifically designated for shelter and utilities \$ _____

Other assistant type: \$ _____ Total Monthly Grant _____

Other income Sources \$ _____

Maximum allowance for rent and utilities (as-paid States) \$ _____

Amount of public assistance received during past 12 months \$ _____

Signature of or Authorized Representative _____

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 State Government.

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VERIFICATION OF: Social Security Benefits

Authorization: Federal Regulations require us to verify social security benefits income of all member of the household applying for participation in the HOME Program which we operate and to reexamine 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 information will be appreciated. A self-addressed return envelope is enclosed.

Release: I hereby authorize the release of the requested information
Signature: _____ **Date:** _____ or a copy of the
executed "Home Program Eligibility Release Form," Which authorizes the release of the
information requested, *is attached.*

Name _____

Address _____

Telephone _____

APPLICANT: DO NOT WRITE BYOND THIS POINT

Social Security Data _____

Date of Birth _____

Gross Monthly Social Security Benefit amount, type benefit _____

Gross monthly Supplemental Security income payment amount (Including State Supplement),
type of benefit

Signature of or Authorized Representative _____

Date _____ Telephone _____

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VERIFICATION OF: Worker's Compensation Benefits

Are benefits being paid now? Yes _____ No _____

If Yes, what is Gross Weekly Payment? \$ _____

Date of initial payment _____

Duration of benefits _____ Weeks

Is claimant eligible for future benefits? Yes _____ No _____

If yes, how many weeks? _____ weeks

If no, what is the termination date of benefits _____

Signature of or Authorized Representative _____

Date _____ Telephone _____

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VERIFICATION OF: Unemployment Benefits

Authorization: Federal Regulations require us to verify unemployment benefits income of all member of the household applying for participation in the HOME Program which we operate and to reexamine 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 information will be appreciated. A self-addressed return envelope is enclosed.

Release: I hereby authorize the release of the requested information

Signature: _____ Date: _____ or a copy of the executed "Home Program Eligibility Release Form," Which authorizes the release of the information requested, is attached.

Name _____

Address _____

Telephone _____

APPLICANT: DO NOT WRITE BEYOND THIS POINT

Benefits

Are benefits being paid now? Yes _____ No _____

If Yes, what is Gross Weekly Payment? \$ _____

Date of initial payment _____

Duration of benefits _____ Weeks

Is claimant eligible for future benefits? Yes _____ No _____

If yes, how many weeks? _____ weeks

If no, what is the termination date of benefits _____

Signature of or Authorized Representative _____

Date _____ Telephone _____

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