Cabot Street Homes
• 325 & 321 Cabot Street •
Beverly, MA 01915

The YMCA of the North Shore is currently accepting applications for our Single Room Occupancy (SRO) units. These affordable units are for income qualifying applicants only. Please send or drop off your completed application to 325 Cabot Street # 100 Beverly, MA 01915. If you have any questions, please contact the housing office at 978-564-3460- TTY/Relay # 711.

Each unit has a private bathroom and a small kitchen area which includes a refrigerator and microwave. Units are supplied with a twin bed and a dresser. Upon approval residents will be required to sign a one year lease.

Included Amenities:
• Heat and hot water (studios also include electricity)
• Free YMCA of the North Shore individual membership
• First come first serve off-street parking with sticker
• Shared community room with full size kitchen
• On site management and maintenance team
• Coin operated laundry machines

Resident Rules:
• No overnight guests
• No pets
• No smoking

Rent:
• SRO single room occupancy 751.00
• SRO studio apartment 852.00

Application Process:
• Please fill out an application completely and return to get on our waitlist
• The waitlist is open. Please call the housing office for a current estimated wait time.
• We run a criminal background check, verify income and assets, and ask for personal as well as landlord references
• If a reasonable accommodation is needed please make the request at time of application

Please print this application single sided. Thank you!

<table>
<thead>
<tr>
<th>Income Limits per Household</th>
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<tr>
<td>1 Person</td>
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Equal Housing Opportunity

YMCA

North Shore Community Development Coalition

Handicap Accessible
Application
Cabot Street Homes Limited Partnership
321-325 Cabot Street
Beverly, MA 01915
978-922-0990

Please complete this application and return to Cabot Street Homes Limited Partnership at the address listed at the top of this page. Complete applications are placed in order of date and time received. An applicant may be interviewed only after a completed application is received.

A. GENERAL INFORMATION

Applicants name __________________________ S.S. # __________________________
Address
Street __________________________ Apt. # __________________________ City __________________________ State __________________________ Zip __________________________
Telephone # __________________________ Date of Birth __________________________
Do you own or Rent __________________________
If rental, amount of current monthly rental payment: $ __________________________

Check utilities paid by you:
   Heat __________________________ Gas __________________________ Approximately monthly cost of utilities paid by you __________________________
   Electricity __________________________ Other (excluding phone and cable TV) $ __________________________

Cabot Street Homes Limited Partnership is an Equal Housing Opportunity company, with projects in compliance with 504 Fair Housing Regulations. The Cabot Street Homes Limited partnership accommodates any applicants who need assistance in filling out this application.

B. INCOME: LIST ALL SOURCES OF INCOME AS REQUESTED BELOW:

a. Social Security Monthly Income $ __________________________
b. Pension Monthly Income $ __________________________
c. Veterans Benefits Monthly Income $ __________________________
d. SSI Benefits Monthly Income $ __________________________
e. Unemployment Compensation Monthly Income $ __________________________
f. RAEDC Monthly Income $ __________________________
g. Wages (Gross) Monthly Income $ __________________________
   Employer __________________________ Position Held __________________________ How Long Employed __________________________
   Employer __________________________ Position Held __________________________ How Long Employed __________________________
   Employer __________________________ Position Held __________________________ How Long Employed __________________________

h. Full Time Student Monthly Income $ __________________________
i. Alimony Monthly Income $ __________________________ Source __________________________
j. Child Support Monthly Income $ __________________________ Source __________________________
k. Interest Income Monthly Income $ __________________________ Source __________________________
l. Other Income Monthly Income $ __________________________ Source __________________________

TOTAL GROSS ANNUAL INCOME (Base this on the monthly amounts listed above and multiply x 12) $ __________________________

(1)
Do you anticipate any changes in this income in the next 12 months? Yes __________ No __________
If Yes, Explain: ____________________________________________________________________________

C. ASSETS:

<table>
<thead>
<tr>
<th>Checking Account(s) #</th>
<th>Bank</th>
<th>Balance $</th>
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<th>Savings Account(s) #</th>
<th>Bank</th>
<th>Balance $</th>
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<th>Trust Accounts #</th>
<th>Bank</th>
<th>Balance $</th>
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<tr>
<th>Certificates #</th>
<th>Bank</th>
<th>Balance $</th>
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<tr>
<th>Credit Union #</th>
<th>Name</th>
<th>Balance $</th>
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<tr>
<th>Savings Bonds #</th>
<th>Maturity Date</th>
<th>Balance $</th>
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Whole Life Insurance Policy # __________ Face Value $ __________
Cash Value of life insurance policy __________

Real Estate Property: Do you own any property? Yes _______ No ________
If yes, type of property ________________________________
Locations ________________________________
Appraised market value $ __________
Mortgage or outstanding loan balance due $ __________
Amount of Annual Insurance Premium $ __________
Amount of Most Recent Tax Bill $ __________

Have you sold/disposed of any property in the last 2 years? Yes _______ No ________
If yes, type of property ________________________________
Market value when sold/disposed $ __________
Amount sold/disposed $ __________
Date of transaction ________________________________

1. Have you disposed of any other assets in the last 2 years (Example: Given any money to relatives, set up irrevocable Trust Accounts)? Yes _______ No ________
If yes, describe assets ________________________________ Amount disposed $ __________
Date of disposition ________________________________

2. Do you have any other assets not listed above (Excluding personal property)?
Yes _______ No ________
If yes, list ____________________________________________________________________________

D. MEDICAL / CHILD CARE / HANDICAP ASSISTANCE EXPENSES:

Medical Cost: Complete this part ONLY if 62 or older, disabled or handicapped:
1. Medicare premiums Monthly Amount $ __________
2. Medical insurance coverage
   Name of insurance company ________________________________
   Address Street ___________________________ City __________ State __________ Zip __________
   Monthly Amount $ __________
3. Anticipated medical / drug / prescription / non prescription cost NOT covered by insurance OR reimbursed Monthly Amount $______

4. Medical bills or outstanding cost you are making monthly payments for: Balance Due $______ Monthly Amount $______ Payable To ______ 

5. Medical related travel costs $______

6. Are you seeing a physician regularly? Yes _____ No _____

   Name ____________________________________________

   Address ________________________________________

   Street City State Zip

   Projected costs NOT covered by insurance OR Reimbursed for the next 12 months $______

7. Any other medical expenses: List type and amount: $______ $______

Childcare Costs: Complete ONLY for children 12 and younger:

8. Name (s) of children cared for

   Age _______ Age _______ Age _______

9. Name and address of person or agency caring for children

   Name ____________________________________________

   Address ________________________________________

   Street City State Zip

10. Weekly cost for childcare due to employment $______

11. Weekly cost for childcare due to education $______

Handicapped Assistance Expenses: Attendant care and / or apparatus expenses that enables handicapped applicants to work. Complete ONLY if handicap expenses allow you to work.

12. List type of expenses, weekly amount, paid to whom: __________________________________________________________

E. PROGRAM INFORMATION:

1. Are you displaced? Yes _____ No _____

   If YES, displacement agency ____________________________________________

2. Is your current unit condemned / substandard? Yes _____ No _____

   If YES, describe _______________________________________________________

3. Are you paying more than 50% of your gross income for rent and utilities?

   Yes _____ No _____

4. Are you paying for status as an “Elderly Household”, where the tenant or where you are 62 or older, handicapped, or disabled as defined by FmHA? Yes _____ No _____

5. Would you benefit from a wheelchair or other handicapped accessible unit?

   Yes _____ No _____

6. If so, would you like to request an adapted unit? Yes _____ No _____

7. Are you currently living in subsidized housing? Yes _____ No _____

8. Have you ever resided in a project financed and / or subsidized by the government?

   Yes _____ No _____

   If Yes, Name and address ____________________________________________

(3)
9. Have you ever been evicted from public housing or any other Federal Housing Program?
   Yes ______ No ______ If Yes, where ____________________________
   When __________________ Describe reason ________________________

10. Have you ever been evicted from other housing? Yes ______ No ______
11. Have you ever been convicted of a felony? Yes ______ No ______
12. Are you currently using illegal drugs? Yes ______ No ______
13. Have you ever been convicted of sale, distribution, or possession of illegal drugs?
    Yes ______ No ______
14. Are you now or will you become a part time or full time student prior to move-in?
    Yes ______ No ______
15. How did you hear about this housing? ______________________________________

16. Will you take a unit when one is available? Yes ______ No ______
17. Briefly describe your reasons for applying ______________________________________

F. REFERENCE INFORMATION:

Current Landlord: Name __________________________
   Address __________________________
   Home Phone (_____) _______ Business ______

Previous Landlord: Name __________________________
   Address __________________________
   Home Phone (_____) _______ Business ______

Previous Landlord: Name __________________________
   Address __________________________
   Home Phone (_____) _______ Business ______

List any other states where you lived in the past 7 year’s
(continue on back of application as needed)

G. CREDIT REFERENCES:
1. Name __________________________ Address __________________________ Phone _____
2. Name __________________________ Address __________________________ Phone _____
3. Name __________________________ Address __________________________ Phone _____

H. PERSONAL NON-RELATED REFERENCES:
1. Name __________________________ Address __________________________
2. Name __________________________ Address __________________________
3. Name __________________________ Address __________________________

I. OTHER REQUIRED INFORMATION:
List any car, truck, or other vehicle owned:
Type of vehicle __________________________ Year/Make __________________________ Color __________
License Plate # __________________________ Drivers License __________________________
CERTIFICATION

I hereby certify that I will not maintain a separate subsidized rental unit in another location. I further certify that this will be my permanent residence. I understand I must pay a security deposit for this unit. I understand that my eligibility for housing will be based on Federal guidelines and Cabot Street Homes Limited Partnership selection criteria. I certify that all information in this application is true to the best of my knowledge and I understand that false statements of information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

Signature: __________________________

Applicant __________________________ Date __________

AUTHORIZATION

I do hereby authorize Cabot Street Homes Limited Partnership and its staff or authorized representative to contact any agencies, local police departments, offices, groups or organizations to obtain and verify any information or materials which are deemed necessary to complete my applications for housing. I further authorize Cabot Street Homes Limited Partnership to verify all information listed on this application.

Signature: __________________________

Applicant __________________________ Date __________

FAMILY HOUSEHOLD COMPOSITION

The information solicited on this application is requested by Cabot Street Homes Limited Partnership in order to assure the Federal Government, acting through the Farmers Home Administration, that Federal Laws prohibiting discrimination against tenant applications on the basis of race, color, national; origin, religion, sex, marital status, age, and handicap are complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the owner is required to note the race/national origin and sex on the individual applicants on the basis of visual observation or surname.

Race __________________________ Ethnic Group __________ Sex __________