

**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!***

Income Limits per Household	
1 Person	\$58,920



**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. EAEDC	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) \$ \_\_\_\_\_**

Do you anticipate any changes in this income in the next 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, Explain: \_\_\_\_\_

**C. ASSETS:**

Checking Account (s) # _____	Bank _____	Balance \$ _____
# _____	Bank _____	Balance \$ _____
# _____	Bank _____	Balance \$ _____
Savings Account (s) # _____	Bank _____	Balance \$ _____
# _____	Bank _____	Balance \$ _____
Trust Accounts # _____	Bank _____	Balance \$ _____
Certificates # _____	Bank _____	Balance \$ _____
# _____	Bank _____	Balance \$ _____
Credit Union # _____	Name _____	Balance \$ _____
# _____	Name _____	Balance \$ _____
Savings Bonds # _____	Maturity Date _____	Balance \$ _____
# _____	Maturity Date _____	Balance \$ _____

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 \_\_\_\_\_

Date of disposition \_\_\_\_\_

Amount disposed \$ \_\_\_\_\_

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. Compete 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

## **J. CERTIFICATION / AUTHORIZATION**

### **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 residences. 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 COMPOSTION**

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, martial 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 \_\_\_\_\_