Winter Street Housing
• 81 Winter Street •
Haverhill, MA 01915

The YMCA of the North Shore is currently accepting applications for our Single Room Occupancy (SRO) units. These affordable apartments are for income qualifying applicants only. Please send your completed application to Haverhill YMCA housing, 81 Winter Street, Haverhill, MA 01830 or drop it off at the Haverhill YMCA. If you have any questions, please contact the housing office at 978-478-5021 TTY/Relay # 711.

Each unit has a private bathroom and refrigerator and microwave. Units are fully furnished with a twin bed, desk, and dresser. Upon approval residents will be required to sign a one year lease.

Included Amenities:
• Heat, hot water, and electricity
• Free YMCA of the North Shore individual membership
• Shared community room with full size kitchen and cable TV
• Off Street parking
• On site management and maintenance team
• Coin operated laundry machines

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

Rent:
• SRO $ 584.00

Application Process:
• Please fill out an application completely and return to get on our waitlist
• The waitlist for an SRO unit 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

<table>
<thead>
<tr>
<th>Income Limits per Household</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Person</td>
</tr>
<tr>
<td>$48,360.00</td>
</tr>
</tbody>
</table>

Equal Housing Opportunity

For Youth Development
For Healthy Living
For Social Responsibility

Accessible
WINTER STREET HOUSING LIMITED PARTNERSHIP
81 WINTER STREET
HAVERHILL MA 01830
978-374-0506
ATTN: HOUSING

HOUSING APPLICATION

Please complete this application and return to Winter Street Housing 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. An incomplete application will not be considered for placement on the waiting list.

The Winter Street Housing Limited Partnership is an equal housing opportunity in compliance with 504 Fair Housing Regulations. The Winter Street Housing Limited Partnership will accommodate any applicant with assistance completing this application.

A. GENERAL INFORMATION

Applicant’s Name ____________________________ S.S.# ____________________________
Address ____________________________

Street _____________ Apt.# _____________ City _____________ Date of Birth _____________
State _____________ Zip _____________

Tel.# _____________

Do you Own? ____ Rent? ______ Current monthly rental payment $ ____________________

Check utilities paid by you: _____ Heat _____ Gas _____ Electricity _____ Other ______
Approximate monthly utility cost: (exclude phone and cable) $ __________________

B. INCOME

List all sources of income as requested below:

a. Social Security ........................................ Monthly $ ____________________
b. Pension ........................................ Monthly $ ____________________
c. Veterans Benefits .................................. Monthly $ ____________________
d. SSI Benefits ......................................... Monthly $ ____________________
e. Unemployment Compensation ............. Monthly $ ____________________
f. EAEDC ........................................ Monthly $ ____________________
g. Wages (Gross) .................................... Monthly $ ____________________

1. Employer
   Position Held ____________________________ How Long Employed? __________________

2. Employer
   Position Held ____________________________ How Long Employed? __________________

3. Employer
   Position Held ____________________________ How Long Employed? __________________
h. Full Time Student........Monthly $_____________

i. Alimony................Monthly $_____________ Source

j. Child support...........Monthly $_____________ Source

k. Interest Income........Monthly $_____________ Source

l. Other Income.............Monthly $_____________ Source

**Total Gross Annual Income**
(Base on the monthly amounts listed above (a thru l) then multiply by 12) $_____________

Do you anticipate any income changes within the next 12 months?  Yes___ No___
If yes, please explain: ____________________________________________________________

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**C. ASSETS**

Checking Account(s) #_________Bank_________Bal $________

#_________Bank_________Bal $________

#_________Bank_________Bal $________

Saving Account(s) #_________Bank_________Bal $________

#_________Bank_________Bal $________

#_________Bank_________Bal $________

Trust Accounts #_________Bank_________Bal $________

#_________Bank_________Bal $________

#_________Bank_________Bal $________

Certificates #_________Bank_________Bal $________

#_________Bank_________Bal $________

Credit Union #_________Name_________Bal $________

#_________Name_________Bal $________

Savings Bonds #_________Maturity Date________Value $________

#_________Maturity Date________Value $________

Whole Life Insurance Policy #_________Face Value $________
Cash Value of life insurance policy______________________________$_________

**Real Property: Do you own any property?**  Yes___ No___
If Yes, Type of property ____________________________
Location: ________________________________________

Appraised Market Value...........................................$________
Mortgage or outstanding loan balance due..................$________
Annual Insurance Premium......................................$________
Most Recent Tax Bill...............................................$________

Have you sold/disposed of any property in the last two years?  Yes___ No___
If Yes, Type of property ____________________________
Market Value when sold/disposed..............................$________
Amount sold/disposed................................................$________
Date of transaction______________________________________

Have you disposed of any other assets in the last two years?  Yes___ No___
(Example: Given away money to relatives, set up irrevocable Trust Accounts)?
If yes, please describe
Date of disposition Amount disposed $

Do you have any other assets not listed above? Yes _____ No _____
(Exclude personal property.)
If yes, list:

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**D. MEDICAL / CHILD CARE / HANDICAP ASSISTANCE EXPENSES**

**i. Medical Cost:**

*Complete this part ONLY if 62 or older, disabled, or handicapped.*

<table>
<thead>
<tr>
<th>Insurance Coverage:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Insurance Company</td>
</tr>
<tr>
<td>Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Premiums</th>
<th>Monthly $</th>
</tr>
</thead>
</table>

Anticipated medical / drug / prescription / non prescription cost
NOT covered by insurance OR reimbursed

<table>
<thead>
<tr>
<th>Medical bills / outstanding costs: Balance Due</th>
<th>Monthly Payments $</th>
</tr>
</thead>
</table>

Payable To: ____________________________ Medical related Travel costs $ 

Are you seeing a physician regularly? Yes _____ No _____
If yes, Name ____________________________ Address ____________________________

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

Other medical expenses: Type ____________________________ Amount $ 

**ii. Childcare Costs:**

*Complete ONLY for Children ages 12 and under.*

<table>
<thead>
<tr>
<th>Name(s) of Children cared for</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of person or agency caring for children:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Weekly cost for childcare due to employment $</td>
<td></td>
</tr>
<tr>
<td>Weekly cost for childcare due to education $</td>
<td></td>
</tr>
</tbody>
</table>

**iii. Handicap Assistance Expenses:**

(Attendant care and/or apparatus expense that enables handicapped applicants to work.)

*Complete ONLY if handicap expenses allow you to work.*

Type of expenses: ____________________________
Weekly amount paid $ Payable To: ____________________________
E. PROGRAM INFORMATION
Are you displaced? Yes _____ No _____
If YES, displacement agency ____________________________

Is your current unit condemned / substandard? Yes _____ No _____
If YES, describe ____________________________

Are you paying more than 50% of your gross income for rent and utilities? Yes ___ No ___

Are you applying for status as an "Elderly Household"? Yes _____ No _____
Are you 62 years or older, handicapped, or disabled as defined by FMHA? Yes ___ No ___

Would you benefit from a wheelchair or a handicapped accessible unit? Yes ___ No ___
If so, would you like to request an adapted unit? Yes _____ No _____

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

Have you ever resided in a project financed / subsidized by the government? Yes ___ No ___
If yes, Name: ____________________________
Address: ____________________________

Have you ever been evicted from public housing or any other Federal Housing Program? Yes _____ No _____
If yes, Where & When: ____________________________
Describe Reasons: ____________________________

Have you ever been evicted from other housing? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

Are you currently using illegal drugs? Yes _____ No _____

Have you ever been convicted of sale, distribution, or possession of illegal drugs? Yes ___ No ___

Are you now or will you become a part time or full time student prior to move in? Yes ___ No ___

How did you hear about this housing? ____________________________

Are you able to take a unit when one becomes available? Yes _____ No _____

Briefly describe your reasons for applying: ____________________________
F. REFERENCE INFORMATION

Current Landlord: Name ________________________________
Address ____________________________________________
Home Phone _________________________________________

Previous Landlord: Prior Landlord ________________________
Address ____________________________________________
Home Phone _________________________________________

Prior Landlord ________________________________
Address ____________________________________________
Home Phone _________________________________________

List any other states where you have lived in the past 7 years:

G. CREDIT REFERENCES

i. Name __________________ Address __________________ Phone __________
ii. Name __________________ Address __________________ Phone __________
iii. Name __________________ Address __________________ Phone __________

H. PERSONAL REFERENCES

ALL Personal References must NOT be family members.

i. Name __________________ Address __________________ Phone __________
ii. Name __________________ Address __________________ Phone __________
iii. Name __________________ Address __________________ Phone __________

EMERGENCY REFERENCE: Name __________________ Address __________ Phone __________

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 RESIDENCE. I UNDERSTAND THAT I MUST PAY A SECURITY DEPOSIT FOR THIS UNIT. I UNDERSTAND THAT MY ELIGIBILITY FOR HOUSING WILL BE BASED ON FEDERAL GUIDELINES AND WINTER STREET HOUSING 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 OR INFORMATION ARE PUNISHABLE BY LAW AND WILL LEAD TO ANCELLATION OF THIS APPLICATION OR TERMINATION OF TENANCY AFTER OCCUPANCY.

Signature:

Tenant ___________________________ Date __________

AUTHORIZATION

I DO HEREBY AUTHORIZE THE WINTER STREET HOUSING LIMITED PARTNERSHIP AND IT'S 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 APPLICATION FOR HOUSING. I FURTHER AUTHORIZE THE WINTER STREET HOUSING LIMITED PARTNERSHIP TO VERIFY ALL INFORMATION LISTED ON THIS APPLICATION.

Signature:

Tenant ___________________________ Date __________
FAMILY HOUSEHOLD COMPOSITION

The information solicited on this application is requested by the Winter Street Housing Limited Partnership in order to assure the Federal Government, acting through the Farmers Home Administration, that Federal laws prohibiting discrimination against tenant applicants 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 of the individual applicants on the basis of visual observation or surname.

Race
Ethnic Group
Sex

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