

# **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 application to the 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 \$819.00
- SRO studio apartment \$930.00

#### **Application Process:**

- Please fill out an application completely and return to get on our waitlist
- The waitlist is open. Please call the housing office or 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

Income Limits per Household	
1 Person	\$69,480



**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. An applicant may be interviewed only after a completed application is received.

**A. GENERAL INFORMATION**

**Applicant's 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:**

Social Security	Monthly Income \$	_____	\$	_____
Pension	Monthly Income \$	_____	\$	_____
Veterans Benefits	Monthly Income \$	_____	\$	_____
SSI Benefits	Monthly Income \$	_____	\$	_____
Unemployment Compensation	Monthly Income \$	_____	\$	_____
EAEDC or TAFDC	Monthly Income \$	_____	\$	_____
Wages (Gross)	Monthly Income \$	_____	\$	_____
Employer	_____	Address	_____	
Position Held	_____	How Long Employed	_____	
Employer	_____	Address	_____	
Position Held	_____	How Long Employed	_____	
Employer	_____	Address	_____	
Position Held	_____	How Long Employed	_____	
Full Time Student	Monthly Income \$	_____		
Alimony	Monthly Income \$	_____	Source	_____
Child Support	Monthly Income \$	_____	Source	_____
Interest Income	Monthly Income \$	_____	Source	_____
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 \$ \_\_\_\_\_

**Savings Account (s)**

Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

**Trust Accounts and/or Certificates**

Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

**Credit Union**

Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

Bank \_\_\_\_\_ Balance \$ \_\_\_\_\_

**Savings Bond(s)**

Maturity Date \_\_\_\_\_ Balance \$ \_\_\_\_\_ Maturity Date \_\_\_\_\_ Balance \$ \_\_\_\_\_

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 \_\_\_\_\_

#### **G. CREDIT REFERENCES:**

1. Name \_\_\_\_\_ Address \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

#### **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 # \_\_\_\_\_ Driver's License \_\_\_\_\_

**J. CERTIFICATION / AUTHORIZATION****FIRST APPLICANT****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: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
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 application for housing. I further authorize Cabot Street Homes Limited Partnership to verify all information listed on this application.

Signature: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
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, 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(s) \_\_\_\_\_ Ethnic Group(s) \_\_\_\_\_ Sex(s) \_\_\_\_\_