

Winter Street Housing

• 81 Winter Street •
Haverhill, MA 01830

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 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 Starting at \$637.00

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



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



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 and added to the wait list. 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

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) \$ _____

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 _____

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 \$ _____

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 _____

Have you disposed of any other assets in the last 2 years? Yes _____ No _____

(Example: Given away money to relatives, set up irrevocable Trust Accounts)?

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:

i. Medical Cost:

Complete this part ONLY if 62 or older, disabled or handicapped:

Medicare premiums Monthly Amount \$ _____

Medical insurance coverage

Name of insurance company _____

Address _____ Monthly \$ _____

Anticipated medical / drug / prescription / non-prescription cost

NOT covered by insurance OR reimbursed Monthly Amount \$ _____

Medical bills / outstanding costs: Balance Due \$ _____ Monthly Payments \$ _____

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 12 and under.

Name(s) of Children cared for _____ Age _____

_____ Age _____

_____ Age _____

Name of person or agency caring for children _____

Address _____

Weekly cost for childcare due to employment \$ _____

Weekly cost for childcare due to education \$ _____

iii. Handicapped 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 other 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 and / or 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? _____

Will you take a unit when one is available? Yes _____ No _____

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:

*All Personal References must **NOT** be family members.*

1. Name _____ Address _____
2. Name _____ Address _____
3. Name _____ Address _____

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 # _____ 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 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 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 Winter Street Housing 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 Winter Street Housing 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 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 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) _____