

Watertown Community Housing
63 Mt. Auburn Street Watertown MA 02472
617-923-3505 FAX: 617-923-8241
www.watertowncommunityhousing.org



PRE-APPLICATION FOR 1060 BELMONT ST., WATERTOWN

- 1) A complete pre-application must be submitted to be further considered
- 2) Copies of the following must be submitted with this application:
 - Two (2) most recent pay stubs for all members of the household over 18
 - One copy of the most recent statement for ALL savings, checking, retirement and other asset accounts
- 3) Once all the relevant information is received and clarified, the documentation will be processed to determine eligibility and suitability for occupancy. You will be notified shortly.

If you have questions or need assistance filling out this form please contact Robyn to schedule an appointment. She can be reached at 617-923-3505 x 5. She can provide a translator if necessary

Creemos que la solicitud es muy extensa y complicada. Nos gustaría ayudarle a rellenarla. Por favor, póngase en contacto con Robyn para fijar fecha de ayudarle a hacerlo. Puede llamarla al teléfono 617-9233505 x 5.

Nos entendemos que esta aplicacáo e longa e complicado. Nos ficaremos muito feliz p/ ajudar a priencher. Por favor contate Robyn para ajudar a priencher e traduzir. Ela pode ser encontrada no telefone: 617-923-3505 x 5.

Մենք կը հասկնանք, որ այս դիմումագիրը երկար եւ խրթին է, բայց պատրաստ ենք օգնելու ձեզի: Հանիս անհողջացուր այս հարցարանը: Թարգմանութեան օգնութեան համար կարելի է կապ պահել Բայրնի հետ հետեւեալ թիւին.- (617) 923-3505

Please return to Robyn at:

WCH, 63 Mt. Auburn St., Watertown, MA
02472

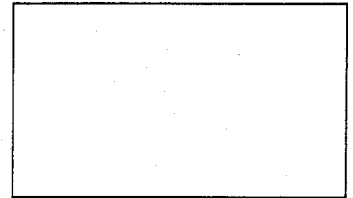
Or fax to: 671-923-8241

Or e-mail to:

Robyn@watertowncommunityhousing.org



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Watertown Community Housing
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Applicant's Name _____

Current Address _____ City _____ State _____

Telephone: Home _____ Work _____ Cell _____

E-Mail Address _____

Do you currently _____ OWN _____ RENT _____ OTHER please specify _____

Amount of currently monthly rental or mortgage payment: \$ _____

Which utilities are paid by you: _____ Heat _____ Electricity _____ Gas _____ Other _____

Total Number of People in Household _____ Non-English Speaking Applicant? _____ Yes _____ NO

Language Preference _____

Landlord contact information: Is this your _____ Current or _____ Prior Landlord? Phone: _____

Name: _____

Address of apt. rented from above landlord: _____ Town: _____

BEDROOM SIZE REQUESTED: _____ STUDIO _____ 1BR _____ 2 BR _____ 3BR _____ 4BR

Are you currently a Watertown resident? _____ Yes _____ No

Are you the parent or child of a Watertown resident? _____ Yes _____ No

Do you work in Watertown? _____ Yes _____ No (if yes, employer _____)

HOUSEHOLD COMPOSITION Please list ALL person will live in your home:

	NAME	Relation- ship to head	Marital Status	Date of Birth	Age	SSN#	Student? Y/N
Head							
2							
3							
4							
5							
6							
7							
8							

Is there someone currently living in your home that will not be moving in with you? If yes, please explain _____

Do you anticipate any additions to the household in the next 12 months? ____ Yes ____ No If yes, please explain _____

Will you be applying for a handicapped accessible unit? ____ Yes ____ No

Accommodation requested: _____

Will you or will any member of you household require a reasonable accommodation in order to occupy a unit?

_____ Yes please specify _____ No

Do you own any pets? ____ Yes ____ No If yes, describe: _____

Will all of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution. ____ Yes ____ No

IF YES, please answer the following questions:

Are any full-time student(s) married and filing a joint tax return?		
Are any student(s) enrolled in a job-training program receiving assistance under the Job Training Partnership Act (JTPA)?		
Are any full-time student(s) a TANF or Title IV recipient?		
Are any full-time student(s) a single parent living with his/her minor child who is not a Dependant on another person/tax return?		

Are you or any member of your family currently using an illegal substance?
____ Yes ____ No

Have you or any member of your family ever been convicted of a crime other than a traffic violation?
____ Yes ____ No If yes, please describe:

Have you or any member of your family ever been evicted from any housing?
____ Yes ____ No If yes, please describe:

Does anyone outside of your household pay for any of your bills or give you money on a regular basis?
____ Yes ____ No If yes, please describe

Have you or anyone in your household ever used any name(s) or Social Security number(s) other than those you are currently using?
____ Yes ____ No If yes, please describe _____

In the Event of an Emergency, who should we contact:

Name: _____

Address: _____ Relationship: _____

Phone: _____ Cell: _____

EMPLOYMENT INCOME AND HISTORY

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME:
	CURRENT EMPLOYER:
	ADDRESS
	POSITION HELD:
	How long employed? Supervisor:
	Phone Number
	Income/Pay Rate:
	CURRENT EMPLOYER:
	ADDRESS
	POSITION HELD:
	How long employed? Supervisor:
	Phone Number
	Income/Pay Rate:
	PAST EMPLOYER:
	ADDRESS
	POSITION HELD:
	How long employed? Supervisor:
	Phone Number
	Income/Pay Rate:
	PAST EMPLOYER:
	ADDRESS
	POSITION HELD:
	How long employed? Supervisor:
	Phone Number
	Income/Pay Rate:
OTHER EMPLOYMENT INCOME	

OTHER INCOME

Please list ALL SOURCES of income as requested below. If a section does not apply, cross it out or write N/A.

HOUSEHOLD MEMBER NAME	SOURCE OF INCOME	GROSS MONTHLY AMOUNT
	<i>Social Security</i>	
	<i>Social Security</i>	
	<i>Social Security</i>	
	<i>Social Security</i>	
	<i>SSI Benefits</i>	
	<i>SSI Benefits</i>	
	<i>SSI Benefits</i>	
	<i>SSI Benefits</i>	
	<i>SSI Benefits</i>	
	<i>Pension – list source</i>	
	<i>Pension – list source</i>	
	<i>Pension – list source</i>	
	<i>Veteran's Benefits</i>	
	<i>Veteran's Benefits</i>	
	<i>Unemployment Compensation</i>	
	<i>Unemployment Compensation</i>	
	<i>Title IV / TANF</i>	
	<i>Title IV / TANF</i>	
	<i>Title IV / TANF</i>	
	<i>Interest Income (source)</i>	
	<i>Interest Income (source)</i>	
	<i>Interest Income (source)</i>	
	<i>Interest Income (source)</i>	

Do you anticipate any changes in income in the next 12 months?

Yes No If yes, please explain: _____

Please list any vehicles that you own.

TYPE of VEHICLE / YEAR and MAKE	LICENSE PLATE #
TYPE of VEHICLE / YEAR and MAKE	LICENSE PLATE #